

# Nevus Lipomatosis Deemed Suspicious by Airport Security

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## PRACTICE POINTS

- Nevus lipomatosis is a benign fatty lesion that most commonly is found on the medial thighs or trunk of adults.
- Both benign and malignant skin conditions have been detected on airport scanning devices.
- At times, patients must go through the hassle of having the benign lesions removed to avoid repeated problems at airport security.

To the Editor:

A 47-year-old man presented at the dermatology clinic with a growing lesion on the left medial thigh. The patient traveled frequently for work. Although asymptomatic, the lesion was interfering with the patient's ability to get through security because it routinely was getting detected by airport full-body scanners. These scanners use high-frequency radio waves or x-rays to detect nonmetallic objects under a traveler's clothing. The patient would be frisked by security and had to explain that he had a growth in that location. He thankfully would be released by security on those occasions, but the delay in getting through security was becoming a nuisance.

Physical examination revealed a 5-cm, pedunculated, fatty nodule on the left medial thigh that was clinically consistent with nevus lipomatosis (NL)(Figure). Although benign, trouble traveling through airport security prompted the patient to request shave removal, which subsequently was performed. Histology showed a large

pedunculated nodule with prominent adipose tissue, consistent with NL. At 3-month follow-up, the patient reported getting through airport security multiple times without incident.

Nevus lipomatosis is a benign fatty lesion most commonly found on the medial thighs or trunk of adults. The lesion usually is asymptomatic but can become irritated by rubbing or catching on clothing. Our patient had symptomatic NL that caused delays getting through airport security; he experienced full resolution after simple



Nevus lipomatosis on the left medial thigh.

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doi:10.12788/cutis.0563

shave removal. In rare instances, both benign and malignant skin conditions have been seen on airport scanning devices since the introduction of increased security measures following September 11, 2001. In 2016, Heymann<sup>1</sup> reported a man with a 1.5-cm epidermal inclusion cyst detected by airport security scanners, prompting the traveler to request and carry a medically explanatory letter used to get through security. In 2015 Mayer and Adams<sup>2</sup> described a case of nodular melanoma that was detected 20 times over a period of 2 months by airport scanners, and in 2016, Caine et al<sup>3</sup> reported a case of desmoplastic melanoma that was detected by airport security, but after its removal was not identified by security for the next 40 flights. Noncutaneous pathology also can be detected by airport scanners. In 2013, Naraynsingh et al<sup>4</sup> reported a man with a large left reducible inguinal hernia who was stopped by airport security and subjected to an invasive physical examination of the area. These instances demonstrate the breadth of conditions that can be cumbersome when individuals are traveling by airplane in our current security climate.

Our patient had to go through the trouble of having the benign NL lesion removed to avoid the hassle of repeatedly being stopped by airport security. The patient had the lesion removed and is doing well, but the procedure could have been avoided if systems existed to help patients with dermatologic and medical conditions at airport security. Our patient likely will never be stopped again for the suspicious lump on the left inner thigh, but many others will be stopped for similar reasons.

#### REFERENCES

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