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A 50-year-old musician presents for an evaluation of a reddened area of the neck.

What is your diagnosis?

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The Diagnosis



Discussion

Fiddler's neck describes a hyperpigmented and lichenified plaque near the angle of the jaw.^{1,2} A fiddle is defined as any stringed instrument played with a bow, but is a term used most often to refer to a violin. Fiddler's neck results from pressure, friction, sweating, and occlusion. It was one of the first occupationally identified dermatoses, and was first cited in 1713.3 Musicians and physicians recognized Fiddler's neck as a sign of virtuosity achieved from many hours of practice. Holding the violin in a dropping position seems to enhance this problem.³ Various treatments that have been recommended include soap-and-water cleansing, astringent solutions, as well as keratolytic and antibacterial products (benzoyl peroxide gel, topical antibiotic gel). Cortisone injections into cystic areas have also been noted to be of benefit. In the original text, rubbing French brandy or alcohol onto the affected areas was encouraged.4 Surgical excision has been tried but should be discouraged because of the scarring that may result. It is important to recognize this dermatosis to exclude other conditions such as cervical adenopathy, which may clinicaly resemble Fiddler's neck. In some instances, antibiotic therapy has been inappropriately prescribed for Fiddler's neck because of confusion about diagnosis and clinical suspicion of a ruputured and inflamed epidermal inclusion cyst or reactive lymphadenopathy.5

Many other skin problems have been identified in performing artists. Callosities due to mechanical forces are most common.¹ Violinists and cellists develop oval calluses on the four left fingers. The calluses of cellists are closer to the palm, allowing the astute observer to differentiate the two. Some cellists are expert enough to play the "thumb position" and may develop a cal-

Table I

Skin Problems of Performing Artists

Rosin Violin Cello Ballet Wood
Violin (rosewood) Drumsticks (cocobollo wood) Flute (cocus wood) Nickel Potassium dichromate Violin Harp
Calluses
Violin Viola Cello Double bass Saxophone Clarinet Oboe Drum Bassoon Trombone Tuba Harp Guitar

lus on the left thumb. Some violinists develop calluses and soft-tissue changes on the left second and third fingers overlying the proximal interphalangeal joints. These changes are known as "Garrod's pads."

Soft tissue and bony changes may occur and are thought to be due to recurrent forces on surrounding tissue. Woodwind players are more likely to have a gothic palate, large palatal volume, and narrower dental arch, whereas brass players typically have a broad anterior dental arch. Whether playing an instrument over time causes the soft tissue and bony changes, or whether players with a particular physiognomy chose certain instruments, is not entirely clear.

Allergic contact dermatitis is yet another abnormality commonly encountered in performing artists. Metal parts between the chin and shoulder rests of violins and violas may contain nickel and cause contact dermatitis. Chromium in harp strings, rosin (colophony) allergy in cellists, and wood allergy from coccobollo wood in drumsticks, rosewood in violin chin rests, and cocus wood in flutes have all been known to produce allergic contact dermatitis.

Awareness of the different dermatoses encountered by performing artists can help practitioners advise their patients on how to control and improve dermatoses to enhance performance.

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