



Growing scalp nodule

Was this a malignant lesion or an unusual presentation of a benign nodule?

A **38-YEAR-OLD WOMAN** presented to the primary care clinic with a growing nodule on her head (**FIGURE**) of 4 to 6 months' duration. The nodule was painless but was getting caught on her hairbrush.

Physical exam revealed a firm 8 × 10-mm lobulated pink nodule near the vertex of her scalp. It did not bleed with manipulation or appear friable. There were no other lesions on

the scalp or the rest of her body. A shave excision was performed.

- WHAT IS YOUR DIAGNOSIS?
- HOW WOULD YOU TREAT THIS PATIENT?

FIGURE

Lobulated pink nodule on the scalp



PHOTO COURTESY OF J. LANE WILSON, MD

The patient had a painless, lobulated pink nodule near the vertex of her scalp. It did not bleed with manipulation or appear friable. It was, however, getting caught on her hairbrush.

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Diagnosis:
Cherry hemangioma

A benign hemangioma was suspected; however, given its unusually large size and uncharacteristic location, other entities such as amelanotic melanoma and lobular capillary hemangioma (pyogenic granuloma) needed to be ruled out. Pathology following a shave excision (with electrocautery) confirmed that this was a cherry hemangioma.

Cherry hemangiomas, also known as senile hemangiomas or Campbell de Morgan spots, are a nearly ubiquitous benign vascular proliferation that increase in frequency and number with age.^{1,2} They also have been associated with pregnancy and some chemical exposures.^{3,4} In general, they are of no clinical consequence. Typically, they are 1- to 5-mm bright pink or bright to dark red papules located on the arms and trunk, a description that has persisted since at least 1947.¹ Scalp involvement is considered rare.⁵

Differential includes malignant entities

The large size of the lesion in addition to its unusual location on the scalp prompted consideration of a malignant entity despite many features of a benign process.

■ **Amelanotic melanomas** classically are described as flesh-colored, but up to 70% of amelanotic melanomas may actually be red. Red amelanotic melanomas may account for nearly 4% of all melanomas and frequently are underrecognized.⁶ Pathology ruled out melanoma for this patient.

■ **Lobular capillary hemangiomas** (also known as pyogenic granulomas) typically manifest as rapidly growing, painless, friable

papules or nodules in young adults and adolescents. Cutaneous lobular capillary hemangiomas are most often located on the head and neck, nose, face, extremities, and upper trunk. These benign lesions may grow to several centimeters in diameter and are prone to bleeding and ulceration, which this patient notably did not have.⁷

Treatment often isn't required

Most cherry hemangiomas are asymptomatic and small enough that they don't catch on clothing or jewelry. For larger lesions, shave excision with or without electrocautery of the base may be performed. Curettage and laser therapy also have been used with success.⁵

■ **The patient** in this case had no recurrence or development of new cherry hemangiomas 2 years after her scalp lesion was removed. **JFP**

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➤ **Consider biopsy to rule out malignancies in large scalp lesions.**

CLINICAL INQUIRIES

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Editor's Takeaway

Meta-analyses of multiple small, lower-quality studies yield uncertain conclusions.

If cinnamon does improve glycemic control, the benefit is minimal—but so is the risk. **JFP**

References

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