Alarming Lesion Speaks for Itself

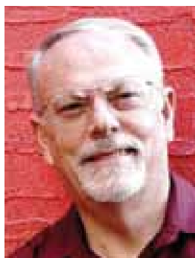
Two years ago, this 82-year-old man developed a lesion on his forehead that has since grown large enough to cause pain with trauma. Furthermore, he recently reunited with some estranged family members, who upon seeing the lesion for the first time expressed alarm at its appearance. As a result, he requests a referral to dermatology for evaluation.

The patient's history includes several instances of skin cancer; these began when he was in his 40s and have all occurred on his face and scalp. Examination of those areas reveals heavy chronic sun damage, including solar elastosis, solar lentigines, and multiple relatively minor actinic keratoses. The patient has type II skin.

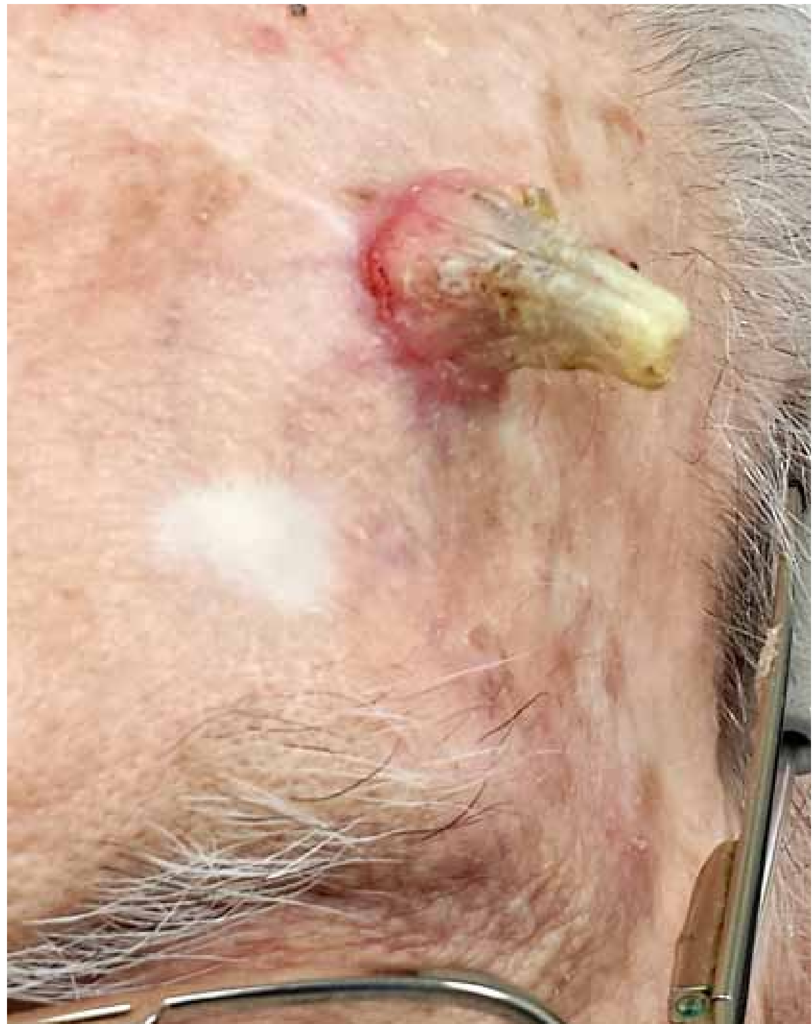
An impressive 3 x 2.8–cm horn-like keratotic lesion projects prominently from his left forehead. The distal two-thirds is horny and firm, while the proximal base is pink, fleshy, and telangiectatic. The lesion is removed by saucerization under local anesthesia and submitted to pathology.

Pending the pathologist's report, the differential includes which of the following?

a) Wart
b) Actinic keratosis
c) Squamous cell carcinoma
d) All of the above



Joe R. Monroe, MPAS, PA, practices at Dawkins Dermatology Clinic in Oklahoma City. He is also the founder of the Society of Dermatology Physician Assistants.



ANSWER

The correct answer is "all of the above" (choice "d"), for reasons discussed in the next section.

DISCUSSION

Cutaneous horn is the term given to this type of keratotic lesion, for obvious reasons. They range in size from a pinpoint to the larger lesion seen on this patient (and sometimes, even larger). The pathology report in this case confirmed the clinical impression of well-differentiated squamous cell carcinoma (SCC; choice "c"); sun exposure is the most likely causative factor, given the location and the patient's history of sun damage.

The lesion might have been a wart (choice "a") caused by a human papillomavirus, some of which can trigger the formation of a type of SCC. Evidence of HPV involvement is often noted in the pathology report.

When skin lesions transition

Oh, Deer! Accident Leaves Man in Pain

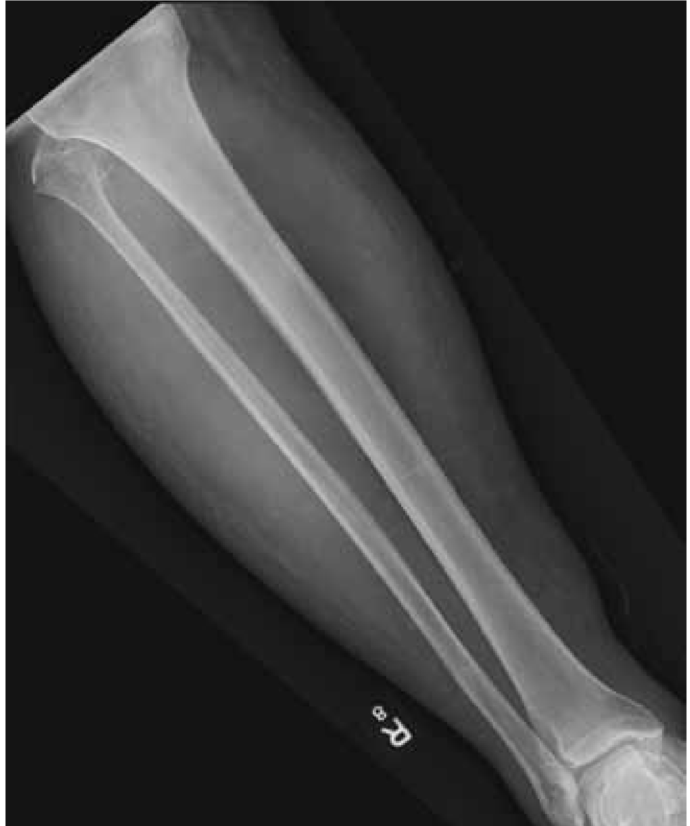
A 50-year-old man is brought to your facility by EMS personnel for evaluation after a motor vehicle crash. He was an unrestrained driver who swerved suddenly to avoid hitting a deer that jumped in front of him. He lost control of his vehicle, which rolled over several times and eventually landed in a ditch. His airbag deployed.

The patient's primary complaint is neck and right leg pain. His medical history is essentially unremarkable. He is awake, alert, and oriented, with stable vital signs.

Primary survey shows a large laceration of his right leg over the tibia, with extensive soft-tissue injury and loss through the muscle. He has good range of motion in his knee, with no evident pain or swelling. His ankle and foot also show no injury and appear to be neurovascularly intact.

You obtain a radiograph of the right tibia. What is your impression?

see answer on page 24 >>



Nandan R. Hichkad, PA-C, MMSc, practices at the Georgia Neurosurgical Institute in Macon.

from normal to sun-damaged to cancerous, they often go through an actinic keratosis (choice "b") stage, usually as a tiny hyperkeratotic papule on the forehead, ears, nose, or other directly sun-exposed area. Some consider actinic keratoses to be a form of early SCC; more prevalent is the view that they are merely "precancerous" with the potential to develop into either a frank SCC or, less often, a basal cell carcinoma. Some actinic keratoses, left completely unmolested, can develop into tag-like lesions and then horny outward projections.

Even when cutaneous horns are found to represent SCC, they are termed *well-differentiated*, a descriptor meant to denote a relatively benign and nonaggressive prognosis. This is the opposite of a *poorly differentiated* SCC, which would be expected to behave in a more aggressive, less predictable manner.

For well-differentiated lesions, a deep shave biopsy is probably an adequate method of removal. As such, the case patient did not require re-excision. He was, however, scheduled for a return visit to check the site for the (albeit unlikely) possibility of recurrence. **CR**