

More Than a Plantar Wart

Claudio Guarneri, MD¹
Giancarlo Valenti, MD²

¹ Section of Dermatology, Department of Social Territorial Medicine, University of Messina, Messina, Italy.

² Operative Unit of Dermatology, "Pugliese-Ciaccio" Regional Hospital, Catanzaro, Italy.

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A 56-year-old man with a 1-year history of a verrucous nodule on his left foot presented to our department due to the unexpected growth. He was previously diagnosed with a



FIGURE 1. A: Verrucous, partially ulcerated, hypopigmented exophytic lesion of the sole. B: Close up of the lesion. Note the smaller pinkish papule in the adjacent skin.

plantar wart so underwent salicylic ointment application, liquid-nitrogen cryotherapy and electrocoagulation, with no improvement of the condition.

Clinical examination revealed a 22-mm flesh-colored, centrally hypopigmented and ulcerated, exophytic nodule, with an adjacent 5 × 4 mm pink papule with telangiectasia (Figure 1A and B).

Histological examination established the diagnosis of ulcerated amelanotic malignant melanoma (Clark's level IV, Breslow's thickness of 3 mm) with a satellite nodule. Radical inguinal lymph node dissection yielded a negative result. Total-body computed tomographic scan was unremarkable. One-year follow-up revealed no metastatic disease.

Melanoma of the foot accounts for 3% to 15% of all cutaneous melanoma. In acral skin, melanomas tend to have unusual clinical appearances. Amelanotic variants may masquerade as several benign hyperkeratotic dermatoses (warts, calluses, fungal disorders, foreign bodies, moles, keratoacanthomas, hematomas) increasing misdiagnosis and inadequate treatment rates, with a poorer patient outcome.¹ Pedal lesions require close observation and biopsy when diagnostic uncertainty exists or when therapeutic interventions fail.

Address for correspondence and reprint requests:

Claudio Guarneri, MD, Department of Social Territorial Medicine, Section of Dermatology, University of Messina, Messina, Italy; c/o Policlinico Universitario "G. Martino", Via Consolare Valeria, Gazzi, I-98125 Messina, Italy; Telephone: 39 090 2212891; Fax: 39 090 2927691; E-mail: cguarneri@unime.it Received 20 August 2009; revision received 13 November 2009; accepted 31 December 2009.

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