Giant Tumor of the Back

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REPORT OF A CASE

A 47-year-old white man presented with a 6-month history of what he thought was a cyst on his left upper back area (Figure 1 and Figure 2). The cyst had been foul-smelling for some time and had recently begun to bleed. His medical history was significant for schizophrenia. His only medication was chlorpromazine.

Physical examination revealed an 8.0 × 9.0 × 4.5-cm multiloculated, ulcerated, necrotic, foul-smelling tumor attached by a narrow pedicle to the left upper scapular area. An excisional biopsy was performed (Figure 3 and Figure 4). What is your diagnosis?

Recurrent Nodules on the Feet of a Child

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REPORT OF A CASE

A healthy 8-year-old girl presented with a 4-year history of several nodules on her feet. She had no significant medical problems other than a history of eczema as an infant. She was not taking any medications. There was no family history of similar lesions. The initial lesion was excised 4 years earlier, then recurred, and has since resolved. A general pathologist initially interpreted the pathologic findings as a hypertrophic scar. There has been an increase in the number of lesions since the first one was noticed, but the lesions have since remained unchanged in appearance. The patient reports that pressure from her shoes causes her pain.

Physical examination revealed several discrete, firm, pink, dome-shaped nodules ranging from 6 to 9 mm in diameter distributed on the lateral aspect of the left foot, medial aspect of the left fifth toe, and dorsal aspect of the right fifth toe (Figure 1). A hyperpigmented scar was noted on the lateral aspect of the left foot. A biopsy specimen from the initial lesion was reviewed (Figure 2 and Figure 3). What is your diagnosis?

Vulvar Lesion in a 45-Year-Old Woman

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REPORT OF A CASE

A 45-year-old white woman presented with a 2-year history of a persistent warty lesion of the vulva accompanied by dysuria and recurrent infection of the urinary tract. She had been unsuccessfully treated with topical acyclovir.

Physical examination disclosed a painless, papillomatous nodule on the left labium minus and some infiltrative perianal papules and nodules (Figure 1). The patient had left inguinal lymphadenopathy. Her abdomen was tender to palpation. She was otherwise well. There was no hematuria. The results of the following laboratory parameters were within normal limits: complete blood cell count, serum electrolyte profile, serum calcium levels, liver function tests, urinalysis, and screening for immunodeficiency virus and syphilis. A biopsy specimen was obtained from the vulva (Figure 2). What is your diagnosis?

Erythematous Rash on the Chest

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REPORT OF A CASE

A previously healthy 28-year-old white woman presented with a 6-month history of a nonpruritic, erythematous eruption on her central chest area. She was otherwise in good health.

On examination, a dermal erythematous eruption with well-defined borders was observed on the anterior aspect of the chest (Figure 1). The eruption consisted of both macules and papules. A punch biopsy specimen from the erythema was stained with hematoxylin-eosin (Figure 2) and alcian blue (Figure 3). What is your diagnosis?
Giant Tumor of the Back

Diagnosis: Giant anaeuticmal melanoma

MIRCROSCOPIC FINDINGS AND CLINICAL COURSE

On gross examination, the tumor was nodular, ulcerated, and firm. A well-developed junctional melanocytic proliferation was present. The lesion had a well-delineated, indurated, pinkish margin. A biopsy was performed, and the histopathological features were consistent with those of a giant anaeuticmal melanoma. The patient was diagnosed with a Stage III melanoma, and a wide excision was performed. The patient was referred to a radiation Oncologist for further treatment.

Discussion

Melanomas are rare and often diagnosed late, leading to a poor prognosis. Early detection and treatment are crucial for improving survival rates. Giant anaeuticmal melanomas are particularly aggressive and require a multidisciplinary approach for optimal management.

Recurrent Nutches in the Feet of a Child

Diagnosis: Recurrent intumescent digital fibroma

MIRCROSCOPIC FINDINGS AND CLINICAL COURSE

The biopsy specimen revealed an intraepithelial benign neoplastic proliferation of keratinocytes with a well-defined border and areas of pink reticulate macules. There were characteristic intracytoplasmic cosinophilic sebaceous granules with a well-defined border.

Discussion

Intracytoplasmic cosinophilic sebaceous granules are considered to be a histological feature of recurrent intumescent digital fibroma. The condition is usually benign and may regress spontaneously or require surgical excision.

Vulvar Lesion in a 45-Year-Old Woman

Diagnosis: Schistosomiasis of the vulva

MIRCROSCOPIC FINDINGS AND CLINICAL COURSE

The vulvar biopsy specimen revealed a nonneoplastic granular cell tumor with a well-defined border. The lesion was composed of bland histiocytes and giant cells separated by a thin rim of lymphocytes. There was no evidence of granulomatous reaction. The histological features were consistent with the diagnosis of a Schistosoma haematobium infestation.

Discussion

Schistosomiasis is a prevalent parasitic disease caused by the Schistosoma haematobium species. The infection occurs predominantly in parts of Africa and the Middle East. The disease is transmitted through the aquatic snail intermediate host, where the schistosome cercariae penetrate the skin of humans and animals. The infection is characterized by the deposition of ova in the submucosal tissue, leading to the development of granulomas and fibrosis. Treatment options include praziquantel, an antihelminthic drug effective against Schistosoma species.

Erythematous Rash on the Chest

Diagnosis: Erythematous rash on the chest (RBM syndrome)

MIRCROSCOPIC FINDINGS

The hematoxylin-eosin–stained biopsy specimen revealed a neoplasm composed of spindle cells with blunt, ovoid nuclei and abundant eosinophilic cytoplasm. The neoplasm was composed of fibroblasts with a rich supply of granular melanocytes. There was evidence of collagen deposition and scattered melanocytes.

Discussion

Erythematous rash on the chest (RBM syndrome) is a rare neoplastic condition characterized by the presence of melanocytes and fibroblasts in the skin. The condition is usually benign and may regress spontaneously or require surgical excision.

References