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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 multilobulated, 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?



Figure 1.

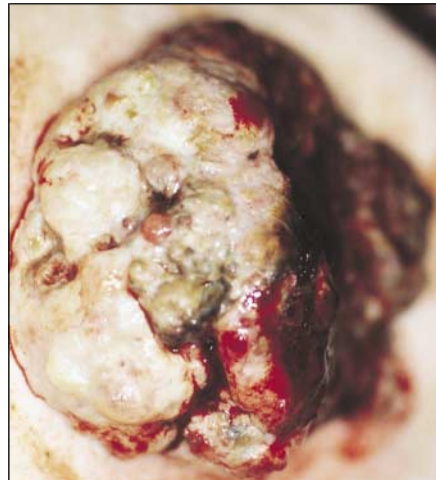


Figure 2.

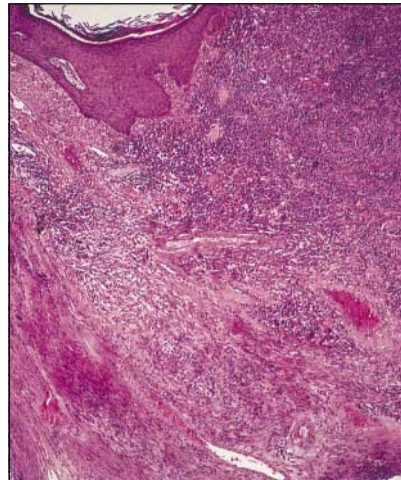


Figure 3.

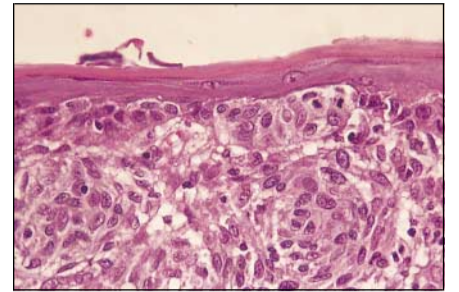


Figure 4.

Recurrent Nodules on the Feet of a Child

Adam Rotunda, MD; Deborah Schappell, MD; Leslie Robinson-Bostom, MD; University of California, Los Angeles (Dr Rotunda), and Brown University School of Medicine, Providence, RI (Drs Schappell and Robinson-Bostom)

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?



Figure 1.

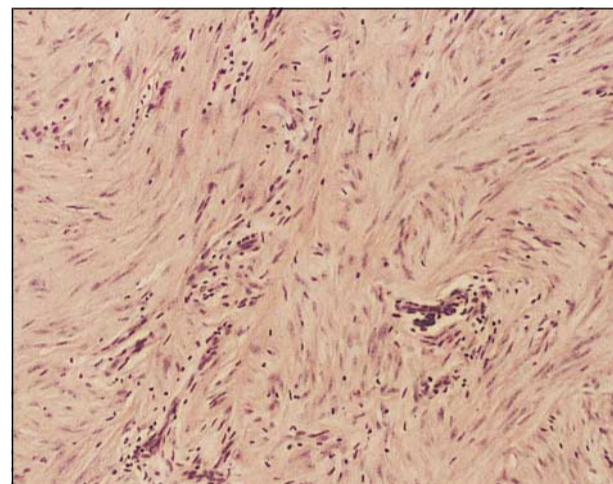


Figure 2.

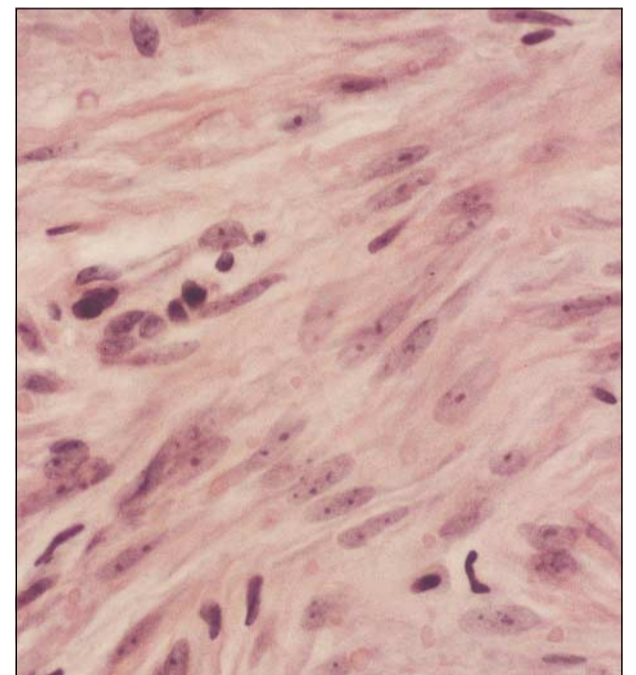


Figure 3.

Vulvar Lesion in a 45-Year-Old Woman

Sophie Frayssé-Consigny, MD; Olivier Chosidow, MD; Pierre-André Becherel, MD; Annick Datry, MD; Camille Frances, MD; Hôpital Pitié-Salpêtrière, Paris, France

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?



Figure 1.

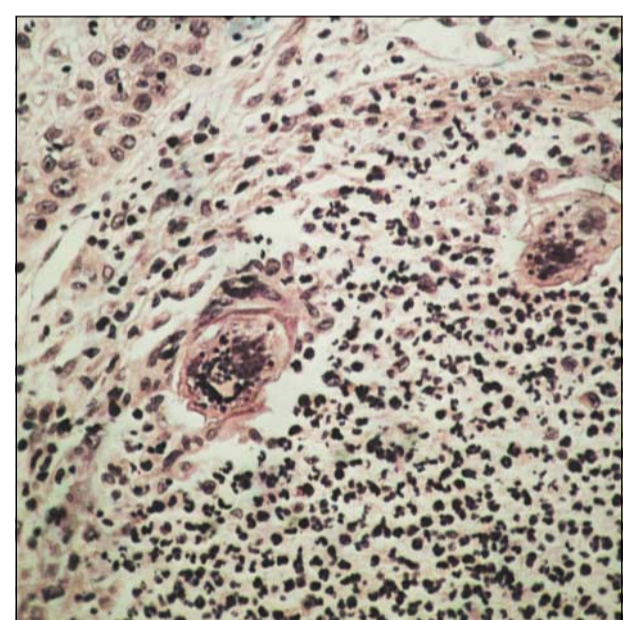


Figure 2.

Erythematous Rash on the Chest

Arjida Woollons, MD, MRCP; Charles R. Darley, MD, FRCP; Brighton Health Care NHS Trust, Brighton, England

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?



Figure 1.

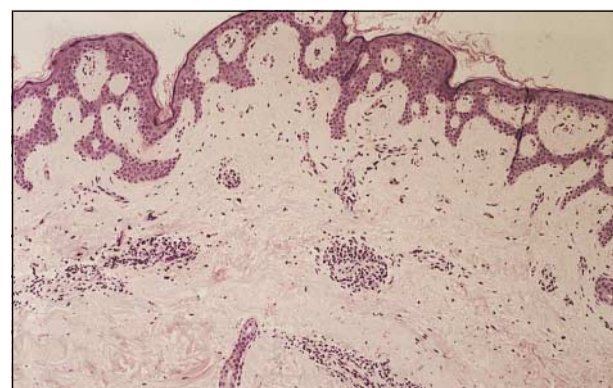


Figure 2.

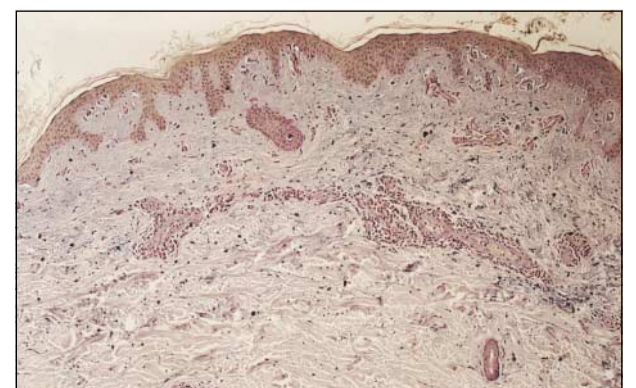


Figure 3.

