

# Seborrhoeic keratosis with a black nodule

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The diagnosis of pigmented lesions is a daily challenge in general practice. Dermatoscopy can provide extra clues, but requires significant expertise. This series will help you hone your skills.

## Case presentation

A 56-year-old man presented with a smooth shiny black nodule (1.8 cm in diameter) that was superimposed on a longstanding seborrhoeic keratosis on his chest wall (Figure 1). The nodule had appeared over a six-month period between skin checks. Dermatoscopy revealed a central homogeneous jet black surface and irregular periphery that merged with a blue–grey honeycombed corona containing linear and small round sandy deposits. The outer margin had an irregular border with further dark centres that merged with mottled sun-damaged skin (Figure 2). Excision biopsy showed a seborrhoeic keratosis with a hyperplastic epidermis, hyperpigmentation, keratin pseudocysts and inflammation, but no atypia (Figure 3).

## Diagnosis

The black nodule was the result of benign pseudoepitheliomatous hyperplasia in an irritated seborrhoeic keratosis.

## Discussion

At the time of consultation, the main differential diagnosis for the black nodule was a nodular melanoma or pigmented nodular basal cell carcinoma superimposed on a seborrhoeic keratosis. Dermatoscopic examination of irritated seborrhoeic keratoses may produce equivocal findings. In this case, the honeycombed pattern (representing surface crypts) and the sandy deposits (reflecting keratin pseudocysts) were the main clues to the correct diagnosis. However, these findings still did not exclude the possibility of a mixed lesion, and excision of the tumour was required for a final diagnosis.

## Keypoint

Irritation of a seborrhoeic keratosis may produce a benign nodular black component that may be difficult to diagnose both clinically and with the dermatoscope. Diagnosis may require skin biopsy.

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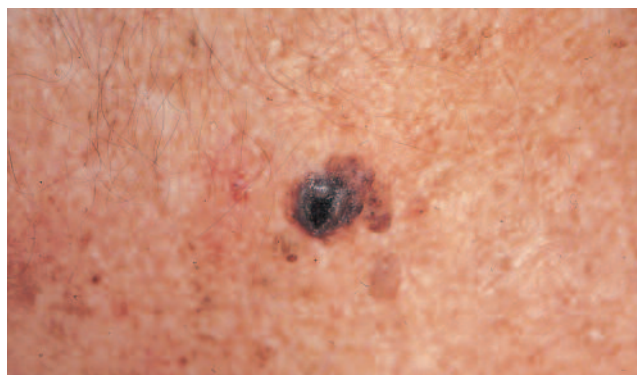


Figure 1. Seborrhoeic keratosis with elevated shiny black nodule.

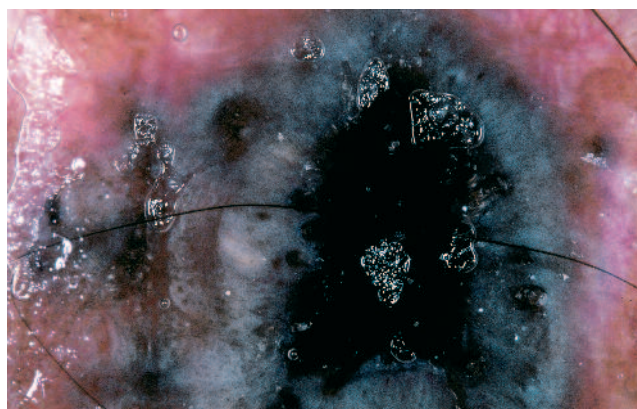


Figure 2. Dermatoscopy of the black nodule revealing homogeneous jet black central zone with a blue–grey irregular corona that has a honeycomb pattern with sandy round and linear deposits.

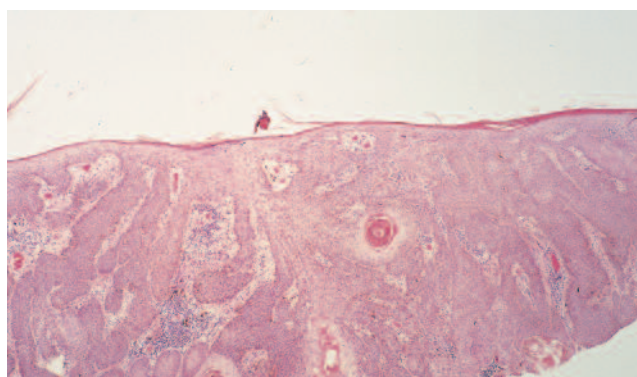


Figure 3. Shave biopsy showing a hyperplastic seborrhoeic keratosis with pigmented epidermis and isolated keratin pseudocysts, but no atypia.

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