

# Healing powers

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With sufficient training and expertise, clinicians can use dermoscopy to improve diagnostic accuracy for melanocytic lesions and other common skin lesions.

## Case presentation

A 28-year-old man presented with a pigmented lesion on the sole of his foot (Figure 1). He had noticed it only recently and was concerned about its dark colour. There was no personal or family history of melanoma or nonmelanoma skin cancer, and he was otherwise fit and well.

On examination, the patient had a discrete oval-shaped blackened macule measuring 3 mm in maximum diameter on the weightbearing aspect of the right forefoot. The colour was homogenous purplish-red on dermoscopy (Figure 2). At the perimeter of the lesion there were globules and sharp flame-like extensions. Specifically, the pattern was not parallel (ridge or furrow) in morphology to suggest a melanocytic lesion. The colour pointed to a nonmelanocytic diagnosis.

Further questioning revealed that the patient had recently taken up dance classes that were conducted without footwear.

## Diagnosis

The clinical diagnosis was a subcorneal haematoma (talon noir). The lesion was pared with a number 15 surgical blade, which revealed it to be superficial in nature and confirmed the diagnosis (Figure 3).

## Discussion

Subcorneal haematomas result from the rupture of superficial vessels under extreme shearing forces. The feet are

particularly prone to such forces in sports such as basketball, netball, tennis, dancing and long distance running. Anticoagulant therapy may also predispose to superficial bleeding and bruising.

The major significance of subcorneal haematomas is that they mimic acral lentiginous melanoma in colour and occasionally on dermoscopic morphology. In the largest study of subcorneal haematomas to date, it was reported that most were red-black in colour with a homogenous appearance.<sup>1</sup> Satellite globules were seen in almost 50% of lesions and, curiously, a parallel ridge pattern was seen in 40% of lesions. The satellite globules of a subcorneal haematoma often create an appearance similar to splattered fluid or a splash. The parallel ridge pattern is characteristic of acral lentiginous melanoma, but the eccrine gland openings are usually highlighted by this pigment pattern.

The only diagnostic test for subcorneal haematoma short of biopsy for histopathology is needling or paring to examine for the presence of altered blood.<sup>2</sup> This is performed very simply with a number 15 surgical blade, gently paring the skin until the haematoma is reached and wiped away. The paring need only be superficial, so pinpoint bleeding from the dermis should not be seen.

## Keypoint

Subcorneal haematomas may mimic melanoma. Dermoscopy provides some clues that help in reaching this diagnosis, as does a history of trauma. Superficial paring will usually partially clear a subcorneal haematoma and negate the need for biopsy.

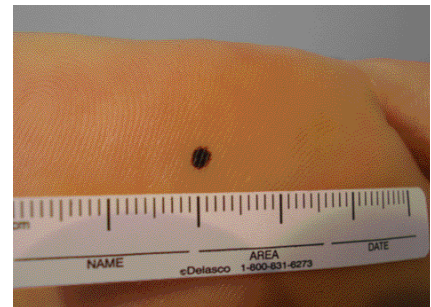


Figure 1. The blackened macule on the sole of the foot.



Figure 2. Dermoscopy showed the lesion to have homogenous purplish-red colour, peripheral globules and flame-like extensions.



Figure 3. Macroscopic view of the lesion after paring, which revealed normal underlying epidermis.

## References

1. Zalaudek I, Argenziano G, Soyer HP, Saurat JH, Braun RP. Dermoscopy of subcorneal hematoma. *Dermatol Surg* 2004; 30: 1229-1232.
2. Johr R, Soyer HP, Argenziano G, Hofmann-Wellenhof R, Scalvenzi M. *Dermoscopy: the essentials*. USA: Mosby; 2004.

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