

Forearm Tumor: A Common Diagnosis, A Uncommon Presentation

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Clinical Image

50-year-old patient, with no notable pathological history, a farmer; who consults for an ulcero-bourgeant tumor, painless evolving for 1 year in a condition of conservation of the general state. On clinical examination: we noted an erythematous ulcerating Burgundian tumor, measuring 5 cm, scamous surface covered with some yellowish and hemorrhagic scales, well limited, raised border, indurated and infiltrated painlessly, and bleeding on contact, in dermoscopy we found erythematous background, point and linear vascularization, scales, and central ulcerations, there was no palpable inguinal lymphadenopathy and the rest of the examination was normal.

In front of this aspect we have to think about tumoral pathology; epidermal carcinoma, cutaneous B-cell lymphoma, or infectious diseases like syphilitic or tuberculous gumma or a deep mycoses.

The biopsy was in favor of leishmaniosis, the diagnosis was pseudo-tumoral cutaneous leishmaniasis. Given the size and the periarticular location, a systemic treatment with Sodium stibogluconate was indicated, at a dose of 20 mg/kg/day for 20 days, combined with local treatment with aureomycin topical ointment. The evolution was favorable; there was no recurrence of the disease with a decline of one year.



Figure 1 (a,b): ulcerated tumor of the right forearm, with raised and infiltrated border

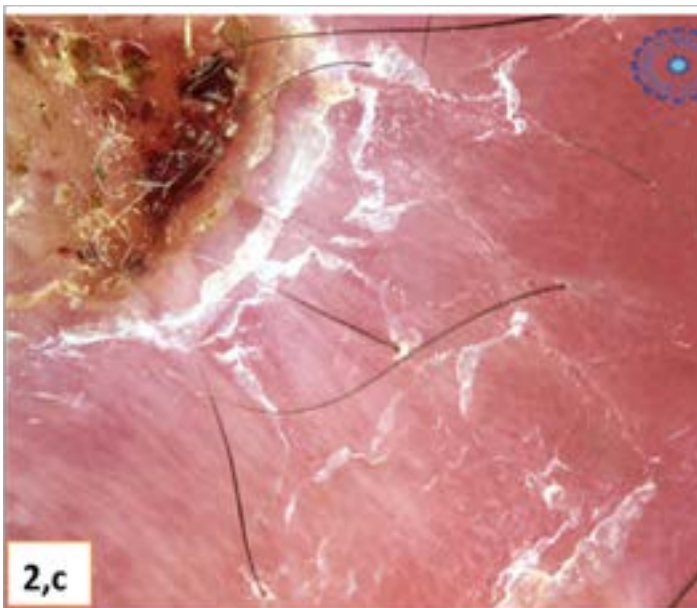
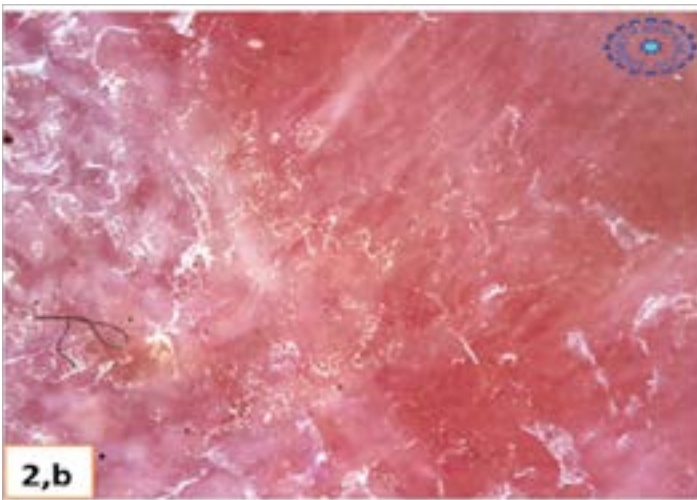
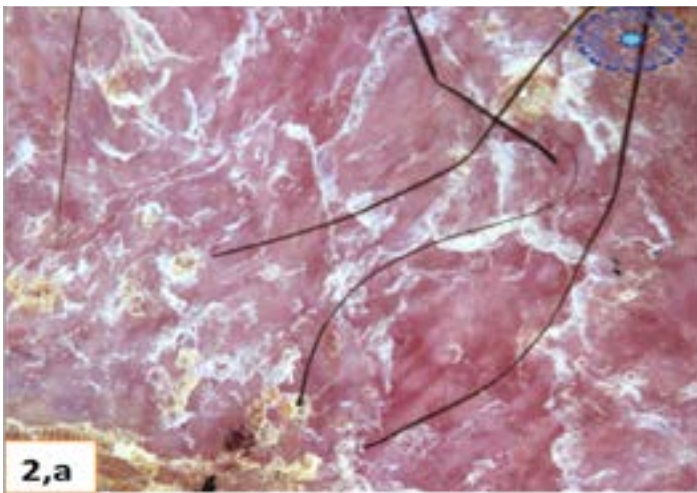


Figure 2 (a,b,c): dermoscopic images of the lesion: erythematous background, point and linear vascularization, scales and yellowish Crusts , with central ulcerations