

A Case of Nonpedal Subcorneal Haematoma Mimicking Melanoma

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Darkly pigmented acral skin lesions can sometimes mimic melanoma, causing patient anxiety. Black heel (calcaneal petechiae or talon noir) is a harmless subcorneal haematoma typically found on the heels. Similar subcorneal haematomas may also develop at non-heel sites, usually in areas under pressure or with a history of trauma. Due to their resemblance to melanoma, subcorneal haematomas can complicate diagnosis and lead to unnecessary surgeries (1, 2). This article presents a rare instance of subcorneal haematoma manifesting at a nonheel location, with atypical dermoscopic features and an unusual clinical history, which further complicates its differentiation from malignant lesions.

CASE REPORT

A 75-year-old woman presented with a year-long, asymptomatic blue-black nodule on the extensor surface

of her left middle finger. Concerned about melanoma, she sought medical attention. She had no history of manual labour, trauma, anticoagulant use or significant comorbidities.

During the dermatological examination, a solitary, well-circumscribed, dome-shaped, blue-black papule, measuring 0.3 cm in diameter, was identified on the extensor surface of the proximal interphalangeal joint of the left middle finger (Fig. 1). The lesion exhibited subtle hyperkeratotic scaling without evidence of ulceration, haemorrhage or surrounding erythema. Palpation indicated a firm consistency without tenderness, and the lesion could not be removed by scraping. Dermoscopy revealed a well-defined, homogeneous black area with focal hyperkeratotic scales on the extensor side of the left middle finger, featuring a central comedo-like opening and no visible vascular structures (Fig. 1). Histopathology showed a cystic structure in the stratum corneum

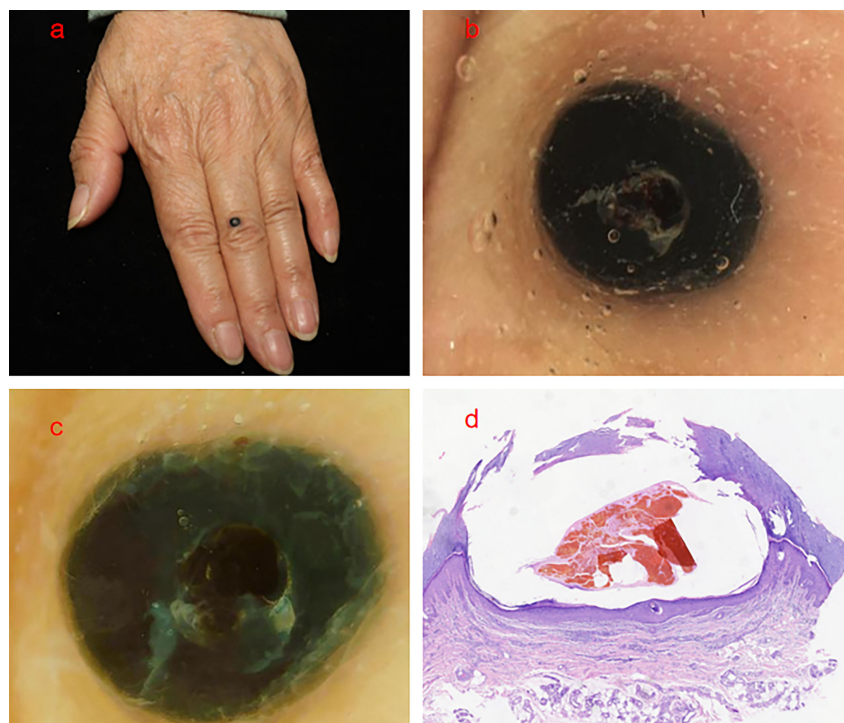


Fig. 1. 1a: Clinical appearance; 1b: Dermoscopic view, 20×; 1c: Dermoscopic view, 50×; 1d: HE staining, 20×

a) Clinical photograph showing a well-circumscribed, dome-shaped, blue-black papule 0.3 cm in diameter on the extensor surface of the left middle finger. b) & c) Dermoscopy (×20 and ×50) demonstrating a well-defined, homogeneous black area with focal hyperkeratotic scales on the extensor side of the left middle finger, featuring a central comedo-like opening and no visible vascular structures. d) Histopathology (HE, ×20) showing a cystic structure in the stratum corneum with eosinophilic amorphous material.

with eosinophilic amorphous material, consistent with trapped haemorrhagic debris (Fig. 1). The diagnosis was subcorneal haematoma.

DISCUSSION

Subcorneal haematoma typically manifests at pressure points or sites of trauma; however, atypical cases lacking such histories can cause diagnostic challenges. Unlike the conventional subcorneal haematoma, which resolves within 2–3 weeks (3), the patient's lesion persisted for over a year, raising suspicion of malignancy. The lesion's persistence and firmness may be attributed to haemoglobin breakdown and keratin entrapment within the stratum corneum. Furthermore, classic dermoscopic features of subcorneal haematoma, such as red-black hues, homogeneous pigmentation and clustered globular or parallel ridge patterns corresponding to intracorneal haemorrhage (4), had limited diagnostic value in this case.

This report enhances the understanding of subcorneal haematoma by emphasizing:

1. its occurrence at atypical sites without mechanical stress;
2. the absence of characteristic dermoscopic haemorrhage patterns;
3. a chronic progression that mimics neoplastic processes.

Clinicians must be cognizant of these variations to avoid misdiagnosis and unnecessary surgical interventions.

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