

Pseudomelanoma after Solcoderm treatment

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We describe a case of pseudomelanoma after Solcoderm treatment. Pseudomelanoma is a pathological entity describing the histological findings in cases of recurrences of a partially excised melanocytic nevus, resembling melanoma. Solcoderm is an aqueous solution containing organic and inorganic acids that destroys a lesion by tissue mummification. It has been used for the treatment of benign skin lesions. Appearance of pseudomelanoma after Solcoderm treatment stressed the controversy of the use of Solcoderm in pigmented lesions, and that surgical removal is preferred in cases of pigmented nevi. *Melanoma Res* 16:459–460 © 2006 Lippincott Williams & Wilkins.

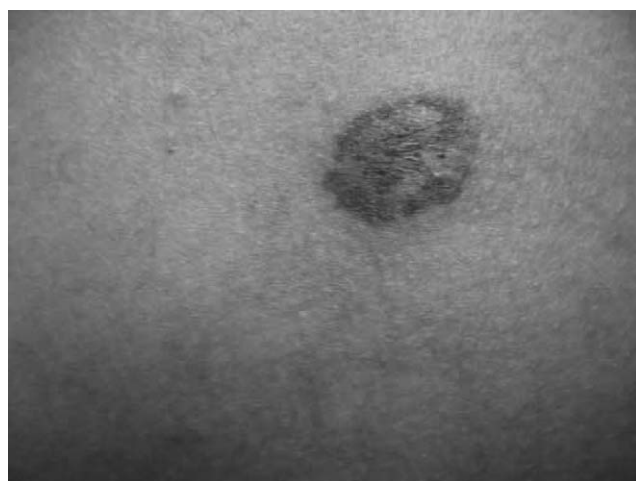
Introduction

Recurrent melanocytic nevus after partial or incomplete surgical removal with atypical clinical and histological features that may be confused with melanoma is known as pseudomelanoma. We describe a case of pseudomelanoma after Solcoderm treatment.

Case report

A 20-year-old healthy white patient presented a pigmented lesion on the upper back; the lesion was previously treated with Solcoderm. On examination, an uneven pigmented plaque of 2 cm in diameter was present in the upper back (Fig. 1).

Fig. 1



Clinical presentation.

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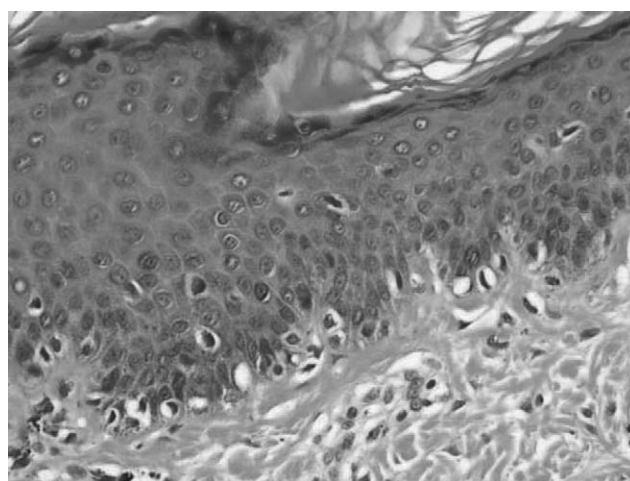
The lesion was excised and histologically showed congenital nevus with scar formation (Figs 2 and 3).

Discussion

The term pseudomelanoma was coined by Kornberg and Ackerman [1] and represents a recurrence of a partially excised melanocytic nevus. These lesions have atypical histological features that make it difficult to differentiate from malignant melanoma.

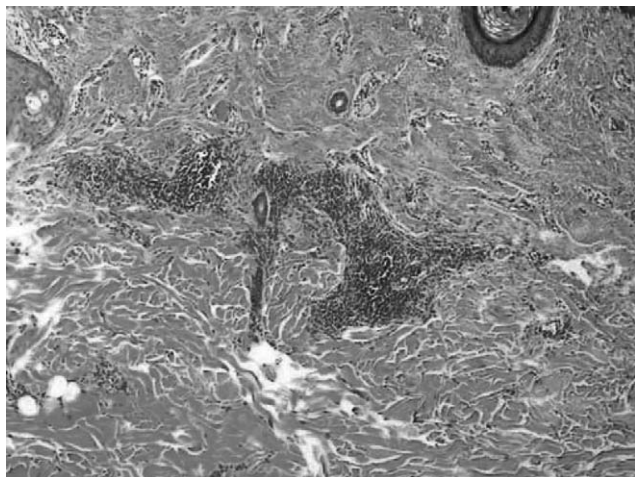
Most of the lesions that recur have been described after partial surgical excision.

Fig. 2



Nests of monomorphous nevus cells in the dermis surrounded by scar tissue.

Fig. 3



Atypical melanocytic proliferation above the scar at the dermoepidermal junction.

They have also appeared after the use of triamcinolone to prevent keloid [2], shave excision followed by electro-desiccation [1] and laser therapy [3] and shave excision followed by application of Monsel's solution for hemostasis [4]. Goldenhersh *et al.* [5] described a case of pseudomelanoma that appeared in a melanocytic nevi treated by Solcoderm. Solcoderm is an aqueous solution containing organic and inorganic acids in the presence of copper ions. The solution destroys a lesion by tissue mummification. It has been used for the treatment of a variety of benign skin lesions, including solar keratosis, verrucae, condyloma acuminata, hemangiomas and papillomas. The use of Solcoderm in benign skin lesions gives usually good cosmetic results. Solcoderm has also been

used in the treatment of malignant lesions including basal and squamous cell carcinoma [6,7]. The use of Solcoderm in malignant lesion has been strongly discouraged because of the recurrence rates and the aggressive behavior of the recurrent tumors [8]. This compound has also been used for the removal of benign melanocytic lesions. It has been recommended to avoid the use of Solcoderm in pigmented lesions because diagnosis of melanoma has been missed and several malignant melanomas have been treated by Solcoderm, resulting in local recurrence and regional metastasis [9,10]. Appearance of pseudomelanoma furthermore stressed the controversy of the use of Solcoderm in pigmented lesions, and that surgical removal is preferred in cases of pigmented nevi.

References

- 1 Kornberg R, Ackerman AB. Pseudomelanoma: recurrent melanocytic nevus following partial surgical removal. *Arch Dermatol* 1975; **111**:1588-1590.
- 2 Ronen M, Sokol MS, Husgar M, Kahana M, Schewach-Millet M. Pseudomelanoma following treatment with surgical excision and intralesional triamcinolone acetonide to prevent keloid formation. *Int J Dermatol* 1986; **25**:533-534.
- 3 Trau H, Orenstein A, Schewach-Millet M, Tsur H. Pseudomelanoma following laser treatment for congenital nevus. *J Dermatol Surg Oncol* 1986; **12**:984-986.
- 4 Duray PH, Livolsky VA. Recurrent dysplastic nevus following shave excision. *J Dermatol Surg Oncol* 1984; **10**:811-815.
- 5 Goldenhersh MA, Scheffan M, Zeligovsky A. Recurrent melanocytic nevi after Solcoderm therapy: a new case of pseudomelanoma. *J Am Acad Dermatol* 1992; **27**:1012-1013.
- 6 Schewach-Millet M, Azizi E, Semah D. Treatment of basal cell epithelioma with topical applied Solcoderm. *Curr Ther Res* 1982; **31**:856-863.
- 7 Ravid M, Sohar E, Krispin M, Mardi S, Semah D. Long term (5-8 years) follow-up of Solcoderm-treated malignant skin tumors. *Dermatologica* 1984; **168**:63-65.
- 8 Moscuna AR, Ulman J, Malberg A, Hershovitz B. Is there a place for treatment with Solcoderm in malignant lesions of skin? *Harefuah* 1989; **117**:186-187.
- 9 Brener S, Michovitz M, Dascalu DI, Shafir R. Is Solcoderm a treatment for pigmented lesions? *Isr J Med Sci* 1993; **29**:644-645.
- 10 Brener S, Wolf R. Risk of melanoma after treatment of pigmented lesions with Solcoderm. *Dermatology* 1993; **187**:164-165.