

### Case 2



## *Stuck-on, Warty Plaques*

A 64-year-old male presents with multiple asymptomatic, sharply demarcated, round, brown plaques with a stuck-on, warty appearance that have been present for a few years. There is no associated acanthosis nigricans.

### Questions

1. What is the diagnosis?
2. What is the significance?
3. What is the treatment?

### Answers

1. The diagnosis is seborrheic keratosis.
2. Characteristically, seborrheic keratosis presents as a sharply demarcated, round or oval plaque with a stuck-on, warty appearance. It is typically brown in colour, but it may be yellow or black. Seborrheic keratosis is usually asymptomatic but may occasionally be itchy. The lesion can be solitary or multiple. Often, lesions may appear oily and shiny, which has given rise to the misnomer seborrheic (greasy) keratosis. Sites of predilection include the face, chest, back, and extremities. Many authors suggest that the sudden eruptive appearance of numerous seborrheic keratoses, especially on the trunk, may herald the presence of an internal malignancy, particularly adenocarcinoma of the gastrointestinal tract (Leser-Trélat sign).<sup>1</sup> Some authors, however, disagree.<sup>2</sup> This association appears to be even stronger in the presence of concomitant pruritus and acanthosis nigricans.
3. Given the benign nature of the disorder, removal of the lesion is generally not necessary (except for cosmetic purposes). Treatment options include shave excision, cryotherapy, electrodesiccation, curettage, and laser therapy (erbium YAG or CO<sub>2</sub> laser).

#### References

1. Ceylan C, Alper S, Kiliç I: Leser-Trélat Sign. *Int J Dermatol* 2002; 41(10):687–688.
2. Fink AM, Filz D, Krajnik G, et al: Seborrheic Keratosis in Patients with Internal Malignancies: A Case-control Study with Prospective Accrual of Patients. *J Eur Acad Dermatol Venereol* 2009; 23(11):1316–1319.

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