



Figure 1. Photographs of a 69-year-old man with fleshy hyperpigmented papules A) on his back and B) on his torso. The lesions were diagnosed as seborrheic keratoses.

SEBORRHEIC KERATOSIS

To the Editor:

We are enclosing photos that are important to help readers differentiate seborrheic keratosis from melanoma, solar lentigo, or basal cell carcinoma. **Figure 1** shows a 69-year-old man with fleshy hyperpigmented papules that were diagnosed clinically as seborrheic keratoses. The patient had no complaints of tenderness or pruritus.

Seborrheic keratosis is a common condition in the elderly population. The size of each lesion varies from 1 to 3 cm, and the shade may vary from flesh-colored to charcoal black. The lesions are usually elevated, oval-shaped, and greasy to the touch. The distribution of these lesions is most common on the back, upper chest, face, neck, and scalp.

It is important to differentiate these benign lesions from other more serious diseases. The early stage of seborrheic keratosis may present as flat lesions that can be confused with solar lentigo or as larger pigmented lesions that resemble melanoma or basal cell carcinoma, which can be further differentiated with biopsy.

Management of seborrheic keratoses can be achieved with light electrocautery, in which the lesion is rubbed off and the base is cauterized to prevent recurrence. Cryosurgery and liquid nitrogen sprays are also excellent management options, however, recurrences occur more frequently.

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