

A Brownish Skin Lesion on the Upper Neck

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A 20-year-old man presented with a 2–3-cm brownish skin lesion on his left sub-mandibular neck. He has been playing violin since he was five years old. He is studying music and nowadays, his rehearsing has increased to at least five hours a day. The lesion has gotten thicker and darker over the past few months but he has sought no medical treatment yet.

What's your diagnosis?

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Fiddler's Neck, an Occupational Disease

Dermatoses can occur in many musical instrument players including those who play brass, percussion, wind instruments, and string instruments.¹ Fiddler's neck, also known as “violin hickey,” is a trauma-induced dermatitis commonly occurred in violinists and violists. The exact prevalence of dermatosis in musicians is not known, but a questionnaire-based survey conducted in 2008 on more than 400 musicians from 19 German universities of music, revealed that of 116 violinists and violists studied, 17 (14.7%) had fiddler's neck.²

Some musicians consider the presence of fiddler's neck as a sign of honor—a “battle scar”—reflecting the skill of a violin or viola player for constant intense practice. Nevertheless, many good violin or viola players do not develop the lesion at all, probably due to differences in playing habits, their skin sensitivity, and the materials used in the construction of their instruments. This contact dermatitis is mainly caused by frequent trauma and allergic reactions from chronic exposure to nickel and dichromate in the bracket attaching the violin or vilola to the chin-rest—an auxiliary piece usually made of wood or plastic, attached to the body of the instrument by a pair of metal clamps hooked over the edge of the back of the violin or viola body.^{3,4} Other probable contributing factors would be poor hygiene, excessive perspiration, and repeated friction.⁵ The skin lesion is generally consisted of a localized red-brownish area of lichenification

on the left submandibular region. The pathology may however progress to calcification of subcutaneous tissues presenting as a phlebolith-like lesion on x-ray examination.^{1,5}

Assuming the lesion is a contact dermatitis in nature caused by chronic contact with metal clamps of the chin-rest, which are generally made of nickel and chromium alloy, substitution of the chin-rest with a composite one, not containing nickel, is suggested as the first line of treatment.³ However, it seems it does not work always and short-term topical application of a low-potency corticosteroid cream may be necessary for the treatment of this occupational disease.

Conflict of interest: None declared.

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