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【 PICTURES IN CLINICAL MEDICINE 】

A True Keloid in the Thorax

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Key words: true keloid, demarcation, lung mass

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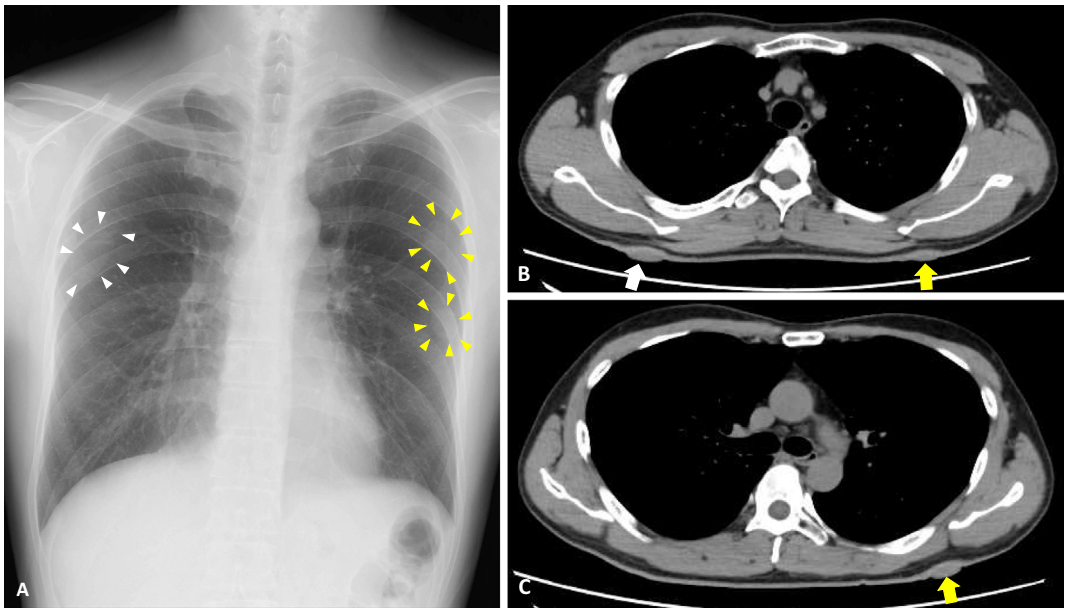
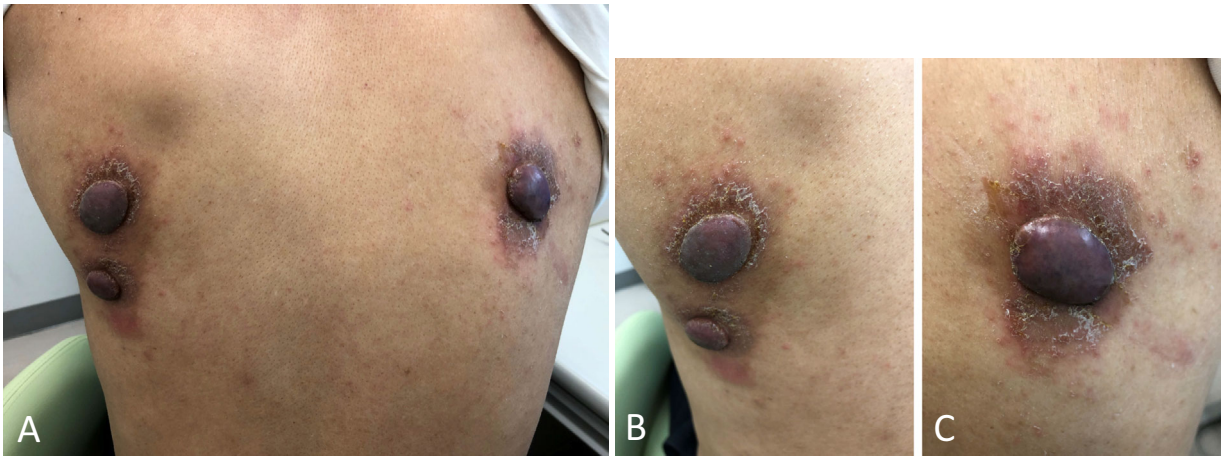


Picture 1.



Picture 2.

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A 57-year-old healthy man was referred to our hospital because of an abnormal lung shadow that had been observed during his annual routine medical examination. Chest radiography (Picture 1A) revealed three demarcated tumors in the left upper (33 mm in diameter, yellow arrowheads) and middle (20 mm, yellow arrowheads), and right middle lung fields (32 mm, white arrowheads). On physical examination, three sharply elevated, dark red-brown-colored skin lesions were observed on his back (Picture 2A), surrounded by lichenoid reaction with scattered papules (Picture 2B, C). He had noticed protruding non-itching and painless skin lesions without any apparent traumatic or burn injury ten years previously, thus suggesting that they were true keloids. Non-enhanced thoracic computed tomography confirmed the existence of protruding skin lesions on the right (Picture 2B, white arrow) and left sides (Picture 2B, C, yellow arrows).

True keloids should be considered in the differential diagnosis when radiologically sharp-edged solitary or multiple lung nodules/masses (1) are observed.

The authors state that they have no Conflict of Interest (COI).

Reference

1. Murray JC, Pollack SV, Pinnell SR. Keloids: a review. J Am Acad Dermatol **4**: 461-470, 1981.