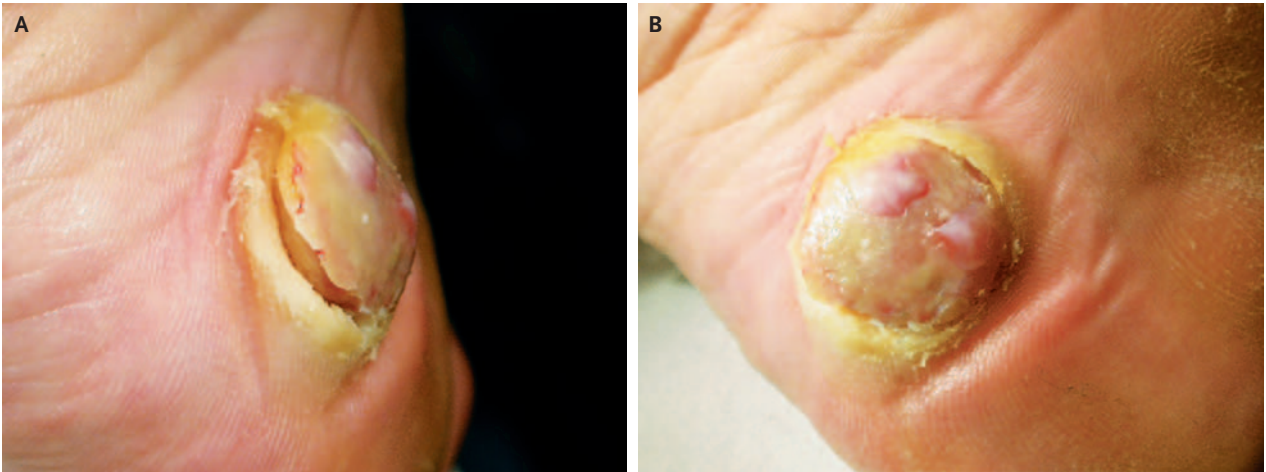


IMAGES IN CLINICAL MEDICINE

## Plantar Melanoma — A False Vegetant Wart



A 53-YEAR-OLD WOMAN WAS REFERRED TO A DERMATOLOGIST BECAUSE of a verrucous nodule on the sole of her right foot (Panels A and B) that had been treated as a plantar wart for 2 years by a podiatrist. A plantar wart was diagnosed, and the patient underwent electrocoagulation therapy without histologic examination. The lesion began to grow, and 6 months later, the patient came to our clinic. Examination of her right foot revealed an erythematous, partially ulcerated, nodular lesion, approximately 2 cm in diameter, covered by a thickened corneal layer. Enlarged right inguinal lymph nodes were also identified. Histopathological examination of the lesion showed an ulcerated, nodular, amelanotic malignant melanoma, exceeding 6 mm in thickness (Clark's level IV). The plantar melanoma and involved inguinal nodes were excised, and interferon therapy was administered. Plantar and subungual sites account for two thirds of melanomas of the foot and for 3 to 15% of all cutaneous melanomas. Acral melanomas may be misdiagnosed as warts, calluses, fungal disorders, keratoacanthomas, nonhealing ulcers, foreign bodies, moles, ingrown toenails, onychomycoses, and subungual hematomas. Six months after coming to our clinic, the patient was found to have liver metastases, and she died 6 months later.

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