

These lesions are usually isolated and rarely multiple. Although precisely identifying the primary lesion is essential in establishing a differential diagnosis, it is important to note that there is significant overlapping between a papule, a plaque, and a nodule. Indeed, a single disorder can manifest simultaneously or successively as each of these lesions, either through their growth or confluence, or by nature. Since it is vital to diagnose melanoma and other pigmented cancers, a biopsy is indicated in case of the slightest doubt. This situation also requires that clinical examination sometimes be completed by a careful inspection using a magnifier lens or a dermatoscope. The latter may provide additional elements that can help avoid biopsy in some instances. However, histopathological examination remains the “gold standard” for establishing the precise diagnosis of any skin tumor. Certain lesions may have a purple coloration and thus reflect a dermal inflammation (e.g., lichen planus) or an angiomatic proliferation (e.g., Kaposi’s disease). Certain violaceous palpable lesions are angiokeratomas. When they are numerous and distributed over the “underwear” area, they can reflect an overload disease such as Fabry disease, which, if diagnosed early, can be treated by enzyme replacement therapy. Serious renal, cardiac, and/or cerebral complications can thus be avoided.

Box 32.1 Main Causes of Brown, Black, Blue, or Gray Palpable Lesions

Acanthosis nigricans
Acroangiokeratitis (pseudo-Kaposi’s sarcoma, arteriovenous fistula)
Acrochordon or skin tag
Angiokeratoma (usually violaceous)
Angiolymphoid hyperplasia with eosinophilia and Kimura disease
Angiosarcoma
Black piedra
Blue nevus

Botryomycoma
Bowenoid papulosis
Cutaneous B-cell lymphoma
Dermatofibrosarcoma
Dermatosis papulosis nigra (Castellani’s disease)
Glomus tumor (and glomangiomas)
Hemangioma (cavernous and verrucous)
Hidrocystoma
Kaposi’s disease
Leukemias (particularly acute myeloid leukemia 4 and 5, NK-lymphoma, and dendritic plasmacytoid CD56-positive lymphomas)
Melanocytic tumors (melanoma, nevus, etc.)
Metastases (particularly of melanoma)
Open comedo and dilated pore of Winer
Pigmented viral wart
Purple papules in lichen planus, granuloma annulare, and collagen vascular diseases
Seborrheic keratosis
Skin cancers and precancerous lesions (pigmented basal cell carcinoma, pigmented Bowen’s disease, pigmented actinic keratosis, pigmented eccrine porocarcinoma, etc.)
Urticaria pigmentosa

Do Not Miss

Isolated lesions: melanoma and other pigmented cancers.

Multiple lesions (rare): metastases, namely, of melanoma, and leukemia cutis, as well as urticaria pigmentosa in cutaneous and systemic mastocytoses (usually macular), can have a brown coloration.

Common

Nevus, fibroma, and acrochordon.