

Severe irritant dermatitis mimicking a basal cell carcinoma¹

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A case of irritant dermatitis initially misinterpreted as neglected basal cell carcinoma is presented.

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Basal cell carcinoma, with its various clinical forms, may be difficult to distinguish from other dermatological conditions.

The following case report of a patient initially thought to have a locally aggressive, neglected basal cell carcinoma, later found to have a severe irritant dermatitis instead, illustrates the importance of taking a thorough history to establish correct diagnosis.

Case report

A 33-year-old Amish woman presented to the Department of Dermatology at the Cleveland Clinic in November 1981, for evaluation of a large, encrusted ulceration involving the left side of the face.

The patient stated that at age 15 she had developed a skin lesion on her left temple. This lesion slowly enlarged over the years, until 1977 when it had reached the size of about 5 mm. At that time, she sought care from her local medical practitioner who supposedly diagnosed this problem by histopathologic specimen as a basal cell carcinoma. She did not follow her physician's advice to have definitive surgical treatment.

Four years later, she presented to our institution exhibiting a large, indurated plaque involving the left side of her face that extended from the temple to the undersurface of the chin. Within this plaque were areas of ulceration, scarring, and crusting (*Fig. 1*).

Our initial impression, based on history and examination, was that of a neglected basal cell carcinoma that had enlarged to this disfiguring degree. For confirmation, we obtained three punch biopsies from the left temple, cheek, and side of the neck; however, all were histologically compatible only with scar formation. There was no evidence of basal cell carcinoma. Further questioning enlightened us as to the true cause of the problem.

We learned that at the time of the original diagnosis of the basal cell carcinoma in 1977, a biopsy had not been performed by her local doctor as had originally been supposed. The patient said that she had first gone to her Amish community healer who applied a special "drawing salve" to the original lesion. Upon application of this salve, the patient experienced a severe irritation described as red, burning, and oozing.

In a few days, the skin lesion fell off and was hand-delivered to the local doctor who ordered a microscopic examination. The findings were interpreted as a basal cell carcinoma.

Believing that the drawing salve had cured her "cancer," the patient did not seek the advised additional therapy. Subsequently, the affected temple remained healed until about one year prior to our evaluation when she again noted a recurrence of a similar skin lesion at the same site.

She promptly applied the drawing salve, this time more liberally to get at the "roots" of the cancer. She believed it was working because it again caused extreme pain, burning, and oozing. She described actual sloughing of "chunks" of skin. In an attempt to destroy the entire lesion, she gradually enlarged the area of application on a daily basis until coming to us.

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Fig. 1. Plaque seen on left side of face at initial presentation, Nov. 1981.

Fig. 2. Favorable response to Kenalog injections six months later.

We started treatment with open wet compresses, erythromycin, and topical steroids until the acute inflammation subsided. During the next four months, much of the hypertrophic scarring had flattened. We are presently administering intralesional Kenalog at a dosage of 20–30 mg/cc every six to eight weeks to the areas of persistent scarring with good results (Fig. 2).

Discussion

Basal cell carcinomas have various clinical forms and histologic patterns ranging from the typical “rodent ulcer” of the noduloulcerative variety to the less common, superficial type, pigmented type, the fibroepithelial type, and the morphea or fibrosing type.¹ It may, at times, be difficult to diagnose this entity clinically because of its variety of presentation. This is especially

true of the morphea or fibrosing type because of its infiltrative nature and ill-defined borders.

We believed that our patient indeed had features compatible with a neglected, morphea-like basal cell carcinoma with areas of ulceration and fibrosis. We found no tumor histologically, and it was not until we questioned the patient that she disclosed her use of the drawing salve.

Our patient is a member of an Amish community, a close-knit religious sect that still follows customs and practices of a hundred years ago.

We have tried to obtain a sample of our patient's drawing salve, but she refuses to supply it for fear of getting her community healer in trouble. She did inform us that the salve is a homemade preparation containing various herbs, roots, and a special ingredient known only to the healer. The salve's composition, she said, is a secret, originating from the American Indians, and is passed on from generation to generation.² The American Indians, known for herbal medicines, had a cancer salve composed of arsenic and pulverized root of cockberry. Another salve employing chloride of zinc and finely pulverized charcoal was once in use near our patient's home.³ Since this preparation and our patient's drawing salve were both black, they could possibly be of the same or similar composition. An extensive search of the literature revealed no references regarding specific Amish medicinal practices.

Our patient stated that in her Amish community, many members use this same salve as an all-purpose remedy, and that most of them have also experienced the same inflammation and scarring.

In view of the frequency of this reaction, we suspect that we are dealing with an irritant dermatitis rather than an allergic contact dermatitis, which would not be as prevalent. Patch testing, which could have helped confirm this impression, could not be performed because we were unable to learn the specific ingredients in the salve. A search for information on “drawing slaves” revealed a *Zugsalbe* (drawing salve) called *unguentum cantharidum*, a potent vesicant.^{4,5}

This was an interesting case of factitial dermatitis, originally misinterpreted as neglected basal cell carcinoma, which was caused by a severe irritant reaction to a caustic homemade salve.

This case emphasizes the importance of obtaining a complete medical history and makes one aware that out-dated ideas and customs are still practiced by select groups in our society.

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References

1. Lever WF, Schaumburg-Lever G. Histopathology of the Skin. Philadelphia, Lippincott, 5th ed, 1975, p 538.
2. Lyons AS, Petrucelli RJ. Medicine—An Illustrated History. New York, Abrams, 1978, p 38.
3. Hechtlinger A. The Great Patent Medicine Era. New York, Grosset & Dunlop, 1970, pp 205, 212.
4. Husemann T. Handbuch der Arzneimittellehre (Handbook of Pharmacy). Berlin, Georg Springer Verlag, 1892, p 251.
5. Buffum HE, Warren I, Thorndike W, et al. The Household Physician—a 20th Century Medica. Boston, Woodruff, 1923, p 1066.