
Scraping test for the diagnosis of acral subcorneal hemorrhage



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Key words: curettage; dermoscopy; hematoma; medical dermatology; oncology; pigmented lesions.

CLINICAL CHALLENGE

Pigmented skin lesions of sudden onset represent a diagnostic challenge in dermatology. Especially in acral sites, a differential diagnosis between a melanocytic lesion and a subcorneal hematoma or subcorneal hemorrhage (SH) may be difficult. Dermoscopy is a useful tool to differentiate benign from malignant lesions, but sometimes it is not decisive.

SOLUTION

A scraping test is a quick and simple trick that helps in the diagnosis of acral pigmented lesions with a parallel ridge or atypical pattern on dermoscopy, when an SH can be hypothesized.

The technique consists of a gentle scraping of the surface of the pigmented lesion with a 4-mm curette with the aim of almost complete removal of the pigmentation, in particular, the band-like pigmentation of the ridges (parallel ridge pattern).¹ The residual observation of reddish brown irregular spots is clearly indicative of an SH (Figs 1 and 2).



Fig 1. Subcorneal hemorrhage. Clinical appearance in a 25-year-old patient with history of an in situ melanoma of the back who was referred urgently to our outpatient clinic for the sudden appearance of a pigmented lesion (a brown asymmetric macule located over the thenar eminence of the right hand).

The most frequently reported dermoscopic findings of acral SH are the presence of a band-like pigmentation of the ridges (parallel ridge pattern), satellite red-black globules, and a red-black hue. Sometimes, SH may show a parallel furrow or a fibrillar pattern on dermoscopy.²

The sudden onset and atypical dermoscopic features of acral SH are often confounding factors. The scraping method is easy, rapid, and inexpensive, and it helps physicians exclude malignant melanocytic lesions and avoid unmotivated anxiety. We recommend close clinical and dermatoscopic follow-up until complete resolution of the pigmented lesion.

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Funding sources: None.

Conflicts of interest: None disclosed.

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J Am Acad Dermatol 2019;81:e29-30.

0190-9622/\$36.00

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<https://doi.org/10.1016/j.jaad.2019.01.068>

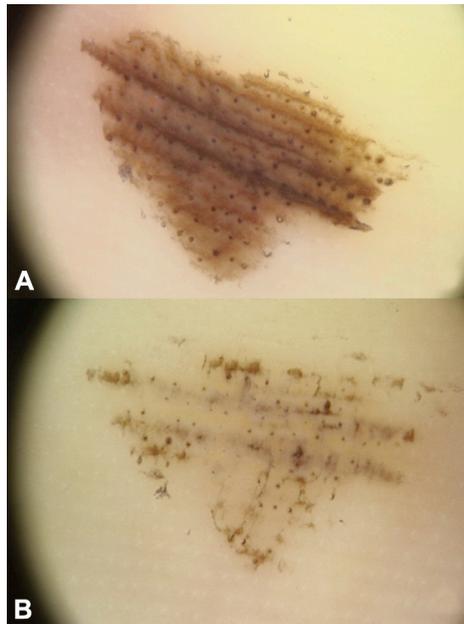


Fig 2. Subcorneal hemorrhage. **A**, Dermoscopic appearance at first presentation. An atypical pattern, with the combination of homogeneous brownish pigmentation of the ridges (parallel ridge pattern) and a hyperpigmentation of the furrows (parallel furrow pattern); hyperpigmentation of the openings of the sweat ducts is also present. Small satellite pigmented spots are observed a few centimeters away from the main lesion. **B**, dermoscopic appearance after gentle scraping: almost complete removal of the pigmentation. Reddish-brown irregular spots are left, clearly indicative of a SH. (**A** and **B**: Foto Finder dermatoscope [FotoFinder Systems, Columbia, MD], TeachScreen software [TeachScreen Software GmbH, Bad Birnbach, Germany], and contact nonpolarized dermoscopy; original magnifications: **A**, $\times 20$; **B**, $\times 20$.)

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