July Case of the Month

- 72-year-old male with history of melanoma and BCC with a new large, non-healing region on his posterior right shoulder
 - Painful red bump 1 week prior caused by a thorn which was extracted
 - 3 days later, area became swollen and purulent
 - Applied "black salve" to the area overnight
 - He is now in 7/10 pain and is unable to sleep.
- What is your diagnosis?



Acute, Nonhealing Ulcer of the Back

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HPI: Mr. L.T.

- 72-year-old male with history of melanoma on the scalp and nose as well as BCC on the left postauricular scalp presented with concerns of a large, non-healing region on his posterior right shoulder
 - Originally had a painful red bump 1 week prior caused by a thorn which was extracted
 - 3 days later, area became swollen and he was able to express pus
 - Applied an ointment called "black salve" to the area overnight
 - After a few hours, felt severe burning in the area and he wiped the salve off, but noted that he had removed some skin off of the area
 - He called a previous doctor in California who prescribed him an oral antibiotic (unknown which one) and Silvadene cream for the area and to keep it bandaged
 - He currently states that he is in 7/10 pain and is unable to sleep. Says the pain radiates around to the front of his chest and down his back.

Clinical Images





Diagnosis?

Chemical burn, full thickness, secondary to "black salve" use

- Black Salve
 - Although not discussed as a specific entity, it is an uncommon cream advertised to be able to treat many skin ailments including curing skin cancer, treating boils, and removing skin tags and moles
 - These products contain very corrosive ingredients and are not approved by the FDA (who has specifically put out a warning for consumers to not use salves containing specific ingredients)
 - In fact, FDA has a reporting system to take enforcement action against companies making false claims about these products
- Chemical Burns
 - Acute irritant reaction causing irreversible skin injury and cell death from exposure to chemicals (usually a strong acid/base, organic compounds, or solvents and gases)
 - Initial symptoms usually involving burning with progression to erythema, blistering, erosions, and ulcerations
 - Managed like other burns
 - Assess degree of burn and body surface area of involvement
 - Treat topically if low degree or with possible skin grafting/surgical repair if higher

Treatment and Follow-up

- Referred to burn clinic: Initially had 6cm diameter escharotic lesion with sharply demarcated edges on the right inferior, posterior shoulder with surrounding, beefy red erythema
 - Patient was not able to tolerate manual removal of eschar and due to the radiating pain in the area and did not want to attempt in office local anesthesia
- Santyl dressing changes daily and weekly follow-up continued until eschar was loose enough to be removed with minimal pain
 - The eschar fell off on its own at home after 2 days of dressing changes
- On return appointment 1 week later, wound base was clean with healthy pink tissue and the overall diameter had significantly decreased
- Originally, had concerns about whether skin grafting techniques would be needed, but due to the healthy granulation tissue, further healing via second intent was deemed to be okay
 - Switched to and continued to use Mepilex dressings to the area
- 3 weeks later, area was well healed with 3x3 cm scar with scale-crust

Follow-up Clinical Photos





1 Week Followup

3 Week Followup

Question 1

- What ingredient is the active component of "black salve" which the FDA states is a reportable product?
 - A. Sulfuric acid
 - B. Sanguinarine
 - C. Phenol resins
 - D. Mustine
 - E. Sodium hydroxide

Question 2

- Which cellular component is the initiator of the three phases of wound healing?
 - A. Keratinocytes
 - B. Neutrophils
 - C. Platelets
 - D. Macrophages
 - E. Fibroblasts

References

• American Academy of Dermatology, "Beware of black salve." News release issued 5/11/2016.