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Keloid Development on Skin Lesions After the Application of a Cream Purchased Over the Internet

Desarrollo de queloides sobre lesiones cutáneas tras la aplicación de una crema adquirida en Internet

To the Editor:

The widespread use of the Internet by patients has made it easier for them to obtain information on their disorders. However, the Internet frequently provides unverified information and access to treatments of doubtful safety. We describe the case of a patient who developed keloid scarring after applying a cream purchased over the Internet to several skin lesions, probably melanocytic nevi.

The 23-year-old man came to our clinic with 4 slightly pruritic lesions, 3 on the back and 1 on the arm. The growths, pink in color and with a firm consistency, were clinically suggestive of keloids (Figure). One of the lesions showed mild brown pigmentation in its center. The patient's description of his previous lesions was highly suggestive of melanocytic nevi. He had treated these lesions over the previous year with a cream—recommended in an online forum—called Wart & Mole Vanish, which he had purchased over the Internet. Skin biopsy was performed to confirm the clinical diagnosis of keloids. After discussing possible options with the patient, the lesions were treated with an intralesional infiltration of triamcinolone acetonide, 20 mg/mL. There was a marked cosmetic improvement in the lesions 6 weeks after the infiltration, and the pruritus had decreased.

Wart & Mole Vanish, as announced in its website, is “the world's only, 20-minute, single-application...mole, wart, skintag and syringoma removal product”. The patient is instructed to scratch (roughen) the surface of the growth

before applying the product, and is informed that the lesion will darken within about 20 minutes and eventually form a scab that will fall off in 7 to 10 days. The website states that Wart & Mole Vanish has won several awards at fairs and conventions,¹ and also that it has been tested in extensive clinical studies conducted in Asia, although no details of the nature and scope of these studies are provided. The



Figure 1 Pink growths, suggestive of keloids, in locations where the patient previously had melanocytic nevi.

website also mentions that the product produces a natural cauterization of the skin growth and leaves no scars. There is no recommendation to consult a dermatologist for a correct diagnosis of lesions. Because the preparation is considered to be a herbal product rather than a medicine, it is not subject to approval by drug agencies.

According to the manufacturers, Wart & Mole Vanish consists of a number of herbal extracts—cashew plant (*Anacardium occidentale*), fig plant (*Ficus carica*), celandine (*Chelidonium majus*), and lemon (*Citrus Limonium*)—and deionized water and talc. The caustic nature of the product is probably attributable either to the highly sclerosing phenanthridine alkaloids contained in the celandine, or to an oil called cardol produced by the cashew plant.² Application of this product to melanocytic lesions may interfere with the correct treatment of melanomas or lead to misdiagnosis of a benign melanocytic nevus as a melanoma, a lesion known as a pseudomelanoma.

In the last decade, there have been several reports of patients who have treated different types of skin growths with products purchased over the Internet.^{3,4} A warning about the use of Wart & Mole Vanish for the treatment of basal cell carcinoma was reported in 2007,⁵ and the case of an 11-year-old boy who developed a keloid in the central chest region after applying the same product was reported recently.⁶

Our case, which is the first report of multiple keloids after using Wart & Mole Vanish, represents yet another reminder of the danger posed by this treatment, which is not regulated by health authorities. Considering its distribution outside the official healthcare system, it is likely that the incidence of adverse effects is much higher than reported in the literature. The classification of Wart & Mole Vanish as a nonpharmacological product is gross misinformation that would be inadmissible for other products; furthermore, nobody is held accountable for any

adverse effects, leaving public health systems to assume responsibility.

In summary, our case is a good example of how the Internet is creating new medical situations. As dermatologists, we need to take these new sources of information into account, and should warn patients of the risks that may result from misinterpretation of such information. We believe that the content of websites where products such as Wart & Mole Vanish are promoted and distributed needs to be reviewed by the relevant authorities.

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Granular Parakeratosis: Disease or Reactive Response?

Paraqueratosis granular. ¿Una entidad clínica o un patrón reactivo?

To the Editor:

Axillary granular parakeratosis (GP), first described by Northcutt in 1991,¹ is a rare disorder, with fewer than 50 cases published in the literature. Various authors report that the condition is rarely suspected by the clinician, and the definitive diagnosis is established by the dermatopathologist.

A 50-year-old woman with no personal or family history of relevance consulted for nonpruritic lesions that had appeared progressively in both axillas over the previous 4 months. The patient used several antiperspirant products regularly.

Physical examination revealed multiple brownish papules with a diameter of several millimeters and a granular, hyperkeratotic surface (Figure 1). The lesions were asymptomatic and tended to become confluent in various areas, forming small plaques.

No lesions were observed on other areas of the skin, and palpation revealed no enlarged locoregional lymph nodes. The patient was otherwise healthy and had no associated systemic symptoms.

Hematoxylin-eosin staining of a biopsy from one of the axillary papules revealed an epidermis with compact parakeratosis, thickening of the stratum corneum, and persistence of the granular layer. The stratum corneum presented characteristic fine granules corresponding to keratohyalin granules (Figure 2). The dermis showed a degree of vascular proliferation and ectasia, as well as a mild superficial perivascular infiltrate. A diagnosis of axillary GP was made on the basis of these findings.