Acquired Beauty Mark? New Black Macule on the Face

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An otherwise healthy young female patient presented with a new asymptomatic black lesion on her left upper cutaneous lip that developed shortly after spending time in the garden. Clinical examination revealed a 4-mm well-circumscribed black circular macule without associated inflammation (Figure 1). Due to concern for an atypical melanocytic lesion, a punch biopsy was performed. Histopathologic examination disclosed full-thickness epidermal necrosis with an underlying band of neutrophilic inflammation with karyorrhexis (Figure 2). Clinicopathologic features supported a diagnosis of black-spot (*Toxicodendron*) dermatitis, *sans* dermatitis.

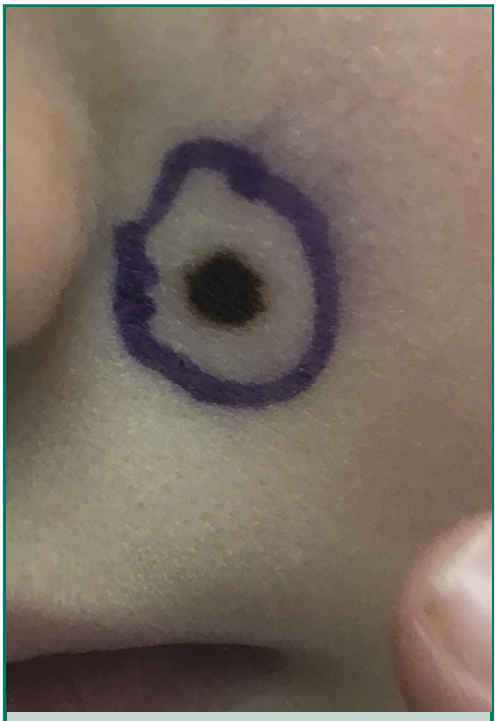

FIGURE 1. Black spot dermatitis. A 4-mm well-demarcated circular black macule developed abruptly on the left upper cutaneous lip following time spent in the garden.

Black-spot dermatitis occurs when urushiol from the sap of plants in the *Toxicodendron* family (often poison ivy, poison oak, or poison sumac) is liberated, oxidizes, and deposits on the skin.[1-3] The shiny, jet-black macules that form may be accompanied by allergic contact dermatitis,[1,2,4,5] a feature absent in the patient presented here. We speculate that this patient may be among the minority of Americans who is not sensitized to *Toxicodendron*.[5] Although biopsy is not usually necessary for diagnosis, histopathologic features associated with the irritant response to urushiol include epidermal necrosis with neutrophilic inflammation. When present, an accompanying allergic contact dermatitis also confers epidermal spongiosis and perivascular mixed inflammation with eosinophils histopathologically[4] and is generally accompanied by significant pruritus clinically. Although the black

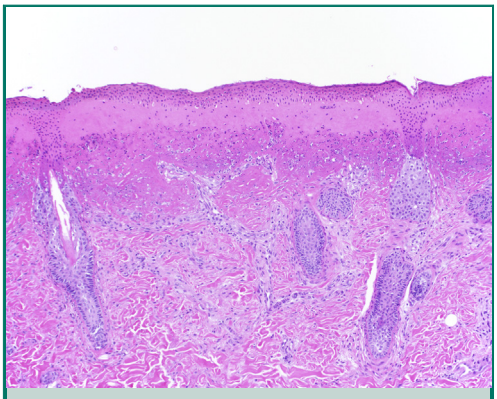

FIGURE 2. Histopathology of black spot dermatitis. Biopsy of the involved skin revealed full-thickness epidermal necrosis and a localized neutrophilic infiltrate with leukocytoclasis. Surface oleoresin was not prominent. (Hematoxylin-and-eosin stain, original magnification x 20).

deposits cannot be removed with conventional cleaning, they generally wear away within about 1 week.[1,2,5] Recognition of this entity is important for appropriate patient counseling and reassurance.

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