

Case: Fast-Grown Left Ear Skin Tumors - What Are They?

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Citation: Harvima RJ. Case: Fast-Grown Left Ear Skin Tumors - What Are They? *Medi Clin Case Rep J* 2026;4(2):1674-1675.
DOI: doi.org/10.51219/MCCRJ/Rauno-J-Harvima/460

Received: 30 March, 2026; **Accepted:** 07 April, 2026; **Published:** 09 April, 2026

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ABSTRACT

A male in his 60s with a history of chronic lymphatic leukaemia in remission had head area solar keratosis and Mb Bowen. New skin-coloured tumours appeared in his left ear within 3 weeks with obscure clinical picture, and a shave-type skin biopsy was taken with light cryo therapy with successful outcome. The histology revealed Mb Bowen,

Keywords: Chronic lymphatic leukaemia, Mb. Bowen, Solar keratosis Cryotherapy

Case Report

A male in his 60s having in his patient history chronic lymphatic leukaemia being in remission was treated in the Haematology Department of the Kuopio University Hospital. He was also under regular follow-ups in the Dermatology Department in 3-to-6-month intervals, due to his head area Mb Bowen and solar keratosis treated with cryo therapy by liquid nitrogen.

The patient made a phone call informing about new skin changes in his left ear developed in 3 weeks. The appointment time was scheduled for the next day and a photo was taken (**Figure 1**) of three about 5-6 mm skin-coloured tumours.

Clinical picture was obscure, several diagnoses could be presented: solar keratosis, Mb Bowen, Spino cellular carcinoma, basocellular carcinoma, some adnexal tumour and seborrhoeic keratosis.



Figure 1: Left Ear Mb Bowen.

Thus, to make the diagnosis in order to determine appropriate treatments, a biopsy was taken. Due to the localization with the thin skin over the auricular cartilage, a shave-type biopsy

was performed under local anaesthesia with standard lidocain-adrenalin. Hemostasis by topical 50% ferric chloride solution application was obtained, and the excised area was treated twice by light cryo therapy by liquid nitrogen, followed by 2% fucidic acid cream and bandage.

At later follow-up 3 months later, the auricular skin was completely healed without any signs of tumorous appearance. The histology revealed Mb Bowen for all of these 3 separate tumours.

Discussion

The clinical picture was obscure. The history of hematological and skin malignancies justified to make diagnostic measures rather fast, as, f.ex., spinocellular carcinoma possesses metastatic potential leading to heavier later treatments. As earlier with another elder woman at her late 80s with only solar keratosis in her history, she developed within 4 weeks a prominent Gradus 1 spinocellular carcinoma with size of 20x22 mm in her left cheek to a clear skin, indicating occasionally a fast growth of skin malignancy (data not shown).

The shave-type biopsy selected was the easiest and fastest way to take the skin sample as an extra-appointment patient in addition to the normal work list, and without a larger skin removal with skin transplant. The diagnosis as Mb Bowen with additional light cryotherapy to the bottom of the excised lesion ensured the appropriate and sufficient treatment in this case, at least, when acted fast, on the first appointment visit.

However, in the present society, the financial saving demands with reduced appointment times in the General Practice and Special Hospital Level Healthcare may lead to delays in diagnosis and development of worse situations and thus, to heavier and more expensive treatments with the consequence of loss of the wanted savings and to increased personal suffering of the patients.

Ethical Approval

The patient has given his consent for this case report.

Conflict of Interests

Author declares no conflict of interests.