



## 2021 Annual Spring Virtual Meeting | Abstract Submission

### **Tender violaceous fingertip papule**

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A 66-year-old male presented with a three-month history of a painful distal digital lesion, which intermittently bled and temporarily improved with silver nitrate application by his primary care provider. He had a notable history of clear cell renal cell carcinoma (ccRCC) with pulmonary metastases status post recent radical nephrectomy and adjuvant ipilimumab/nivolumab, currently on maintenance nivolumab with reassuring radiologic response. Examination demonstrated a well-circumscribed, nummular, violaceous, and hyperkeratotic papule on the right third distal digit (Figure 1). Tangential biopsy revealed an epidermal collarette surrounding dermally based, eosinophilic epithelioid cells in a papillary pattern, with regions of extravasated red blood cells (Figure 2). Immunohistochemistry staining was negative for CD31, CK7, CK20 and positive for AE1/AE3, AMACAR, PAX8, CD10 (Figure 3), most consistent with metastatic ccRCC. The distal digit was subsequently treated with radiation.

It is estimated that 1.3-3% of renal carcinomas have cutaneous metastasis,<sup>1</sup> with the majority presenting on the scalp.<sup>2</sup> Metastasis affecting the hand is reported to occur in 0.1% of RCC cases.<sup>1</sup> The lesions may appear vascular and mimic benign lesions such as pyogenic granuloma (PG).<sup>2-4</sup> In our case, the histological findings using low power magnification might suggest PG and using high power magnification papillary RCC (pRCC). Immunohistochemical staining differentiates between ccRCCs and pRCCs. Although AMACAR positivity is more associated with pRCC, the absence of CK7 expression supported clear cell origin.<sup>5-8</sup>



Figure 1: Photograph of right third finger

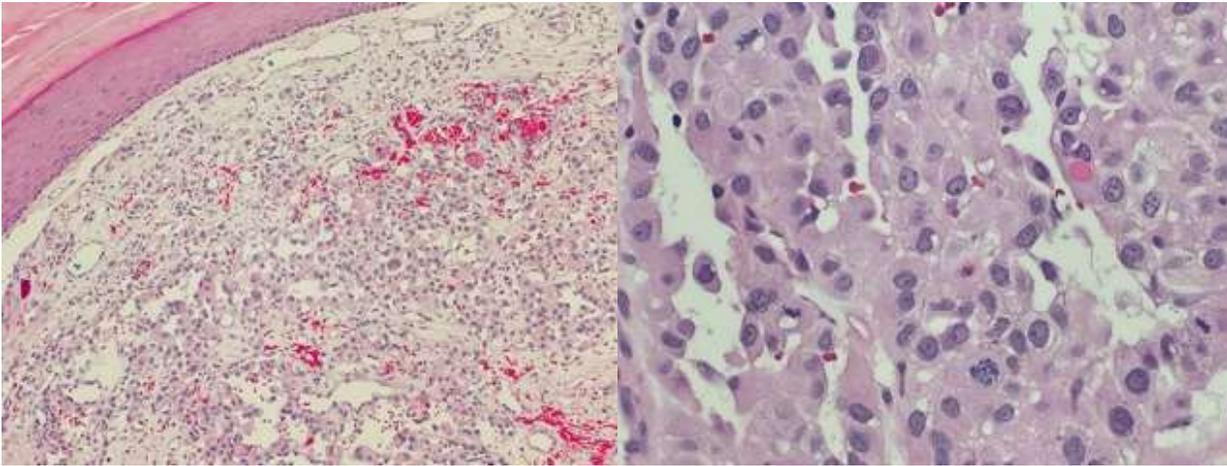


Figure 2: Histopathological images

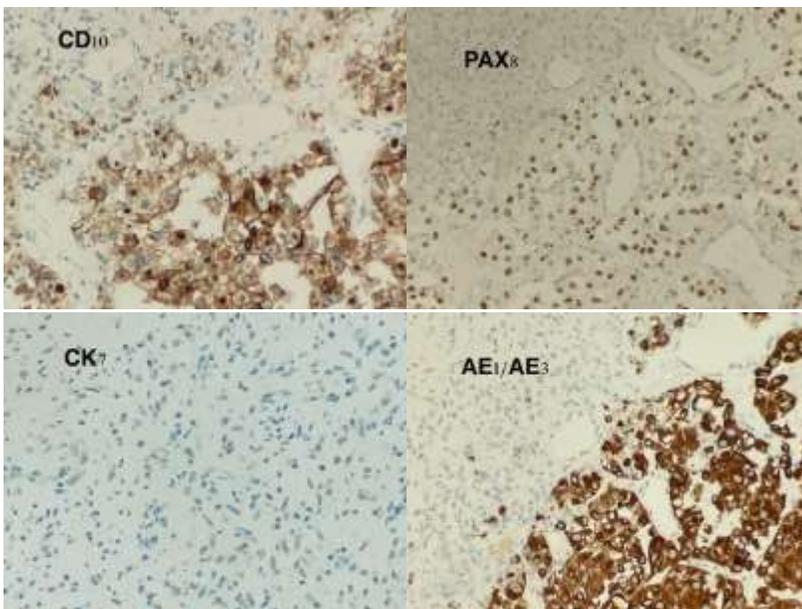


Figure 3: Immunohistochemical staining results

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