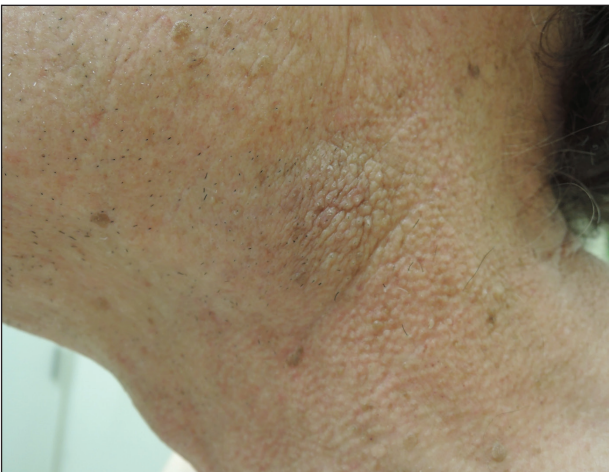


Minimally Hyperpigmented Plaque With Skin Thickening on the Neck

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A 74-year-old man with a history of melanoma and basal cell carcinoma presented for an annual skin examination and displayed asymptomatic stable thickening of skin on the left side of the neck below the jawline of several years' duration. Physical examination revealed a 4×2-cm minimally hyperpigmented plaque with skin thickening and a pebbly appearing surface on the left lateral neck just inferior to the angle of the mandible.

WHAT'S THE DIAGNOSIS?

- a. branchial cleft cyst
- b. fiddler's neck
- c. melanoma
- d. salivary gland tumor
- e. sialolithiasis

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THE DIAGNOSIS:

Fiddler's Neck

A thorough patient history revealed that the patient was retired and played violin regularly in the local orchestra. Fiddler's neck, or violin hickey, is an uncommon physical examination finding and often is considered a badge of honor by musicians who develop it. Fiddler's neck is a hobby-related callus seen in highly dedicated violin and viola players, and in some circles, it is known as a mark of greatness. In one instance, members of the public were asked to display a violin hickey before they were allowed to play a \$3.5 million violin on public display in London, England.¹ Fiddler's neck is a benign submandibular lesion caused by pressure and friction on the skin from extensive time spent playing the instrument. The primary cause is thought to be mechanical, but it is not fully understood why the lesion occurs in some musicians and not others, regardless of playing time.¹ This submandibular fiddler's neck is distinct from a similarly named supraclavicular lesion, which represents an allergic contact dermatitis to the nickel bracket of the instrument's chin rest and presents with eczematous scale and/or vesicles.^{2,3} Submandibular fiddler's neck presents with some combination of erythema, edema, lichenification, and scarring just below the angle of the

jaw. Occasionally, papules, pustules, and even cyst formation may be noted. Lesions are sometimes mistaken for malignancy or lymphedema. Therefore, a thorough history and clinical expertise are important, as surgical excision should be avoided.²

Depending on presentation, the differential diagnosis also may include malignant melanoma due to irregular pigmentation, branchial cleft cyst or sialolithiasis due to location and texture, or a tumor of the salivary gland.

Management of fiddler's neck may include topical steroids, neck or instrument padding, or decreased playing time. However, the lesion often is worn with pride, seen as a testament to the musician's dedication, and reassurance generally is most appropriate.¹

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