

Pigmented basal cell carcinoma through the dermoscope

Samia Mrabat, Hanane Baybay, Zakia Douhi, Sara Elloudi, Fatima Zahra Mernissi

Department of Dermatology, University Hospital Hassan II, Fes, Morocco

Corresponding author: Samia Mrabat, MD, E-mail: samiamrabat91@gmail.com

Sir

A 61 year-old man, phototype IV in Fitzpatrick scale, presented with a 6-year history of a slowly extending papule of the nose. The physical examination revealed the presence on the tip of the nose of a 15-mm, well-defined, black plaque with a telangiectatic surface (Fig. 1). The differential diagnosis between seborrheic keratosis, basal cell carcinoma (BCC), and nodular melanoma was considered. On dermoscopy, the lesion showed arborizing vessels, telangiectasias, leaflike areas, white shiny lines, rosettes and blue white veil (Fig. 2). Based on the dermoscopic features, the diagnosis of a pigmented nodular BCC was suspected, and the lesion was excised. The histopathological study confirmed the diagnosis of nodular pigmented BCC (Fig. 3).

Dermoscopy is an indispensable tool in contemporary dermatological practice. It has been shown that dermoscopy improves the diagnostic accuracy of BCC, with a sensitivity of 98.6% and diagnostic probability of 99% [1]. It also enables the distinction of certain subtypes of BCC [2].

Dermoscopy structures of BCC can be divided into three categories: vascular, pigment-related, and nonvascular/nonpigment-related.

Vascular structures consist of arborizing vessels (dilated vessels in the dermis) and short fine telangiectasias (.telangiectatic vessels located in the papillary dermis).

Structures related to pigment include maple leaf-like areas (multifocal tumor nests containing pigment aggregates, connected to each other by lobular



Figure 1: A 15-mm, well-defined, black plaque with a telangiectatic surface on the tip of the nose.

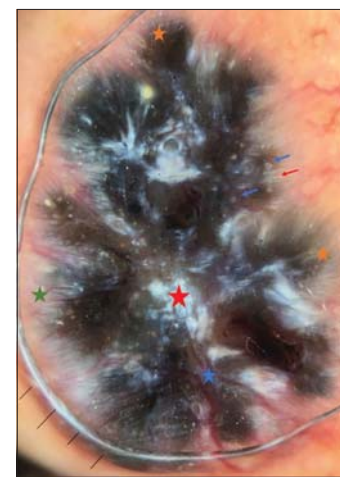


Figure 2: Dermoscopy of the lesion showing arborizing vessels (blue star), telangiectasias (green star), leaflike areas (orange star), white shiny lines (red arrow), rosettes (blue arrow) and blue white veil (red star).

extensions); spoke-wheel areas (tumor nests arising and connected to the epidermis), multiple blue–grey

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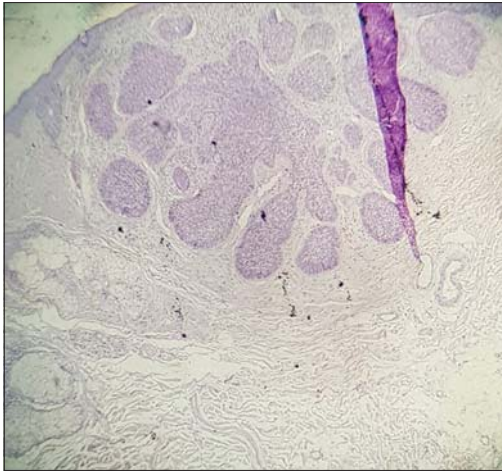


Figure 3: Histological examination showing a basaloid tumoral proliferation arranged in nests

globules (small, roundish tumor nests with central pigmentation, localized to the papillary dermis and/or reticular dermis., infocus dots (free pigment deposition along the dermo-epidermal junction, and/or melanophages in the papillary and reticular dermis) and concentric structures (defined as irregularly shaped globularlike structures with different colors :blue, gray, brown, black and a darker central area, which possibly represent variations or ‘precursors’ of the spoke wheel areas).

Non vascular /non pigment related structures include ulceration (loss of the epidermis, usually covered by hematogenous crusts) ; multiple small erosions

(histopathologically correspond to thin crusts overlying superficial loss of the epidermis) ; shiny white-red structureless areas (diffuse dermal fibrosis or fibrotic tumoral stroma) and white streaks (presence of collagenous stroma and fibrosis in the dermis) [2,3].

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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