Clinical Image

Basal cell carcinoma occurring within a traditional tattoo

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A 65-year-old woman, consulted for multiple lesions of the face, the last of which was 4 months ago arising from her tattoo. Clinical examination showed a well-limited, irregularly contoured brown papule measuring 4 mm on the forehead tattoo (Fig. 1a). Dermoscopic examination revealed a Maple leaf-like structure (Fig. 1b). The other lesions were nodular on the cheeks and had specific dermoscopic signs of nodular basal cell carcinoma like ovoid nests and arborizing vessels. Our patient underwent surgical resection of the lesion arising on the tattoo as the other lesions required surgical treatment. His histopathological study was compatible with superficial BCC.

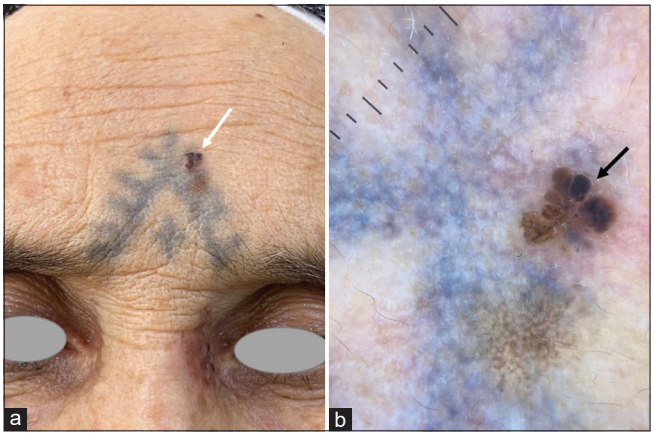

Figure 1: (a) Clinical picture showing a brown papular lesion on the forehead tattoo (white arrow). (b) Dermoscopic picture showing: Maple leaf-like structure (black arrow) within the grey-blue pigment of the tattoo.

Over the decades, tattoos have been applied for cosmetic reasons in numerous nations. Basal cell carcinoma (BCC) which is the most frequent skin cancer, it rarely develops on a tattoo [1]. The pathogenesis of this combination is still unclear. Many researchers have agreed with the supporting evidence that the trauma associated with tattoo injection and/or the tattoo pigments and dyes have a carcinogenic role in the development of the basal cell carcinoma at that site [2], in addition, UV rays may cause pigment degradation, hence the presence of most neoplasms in sun-exposed areas [1], although some researchers suggest that the development of basal cell carcinoma on a tattoo may be merely coincidental [2]. Dermoscopy is a non-invasive tool that provides early identification of BCC, Based on the presence of typical vascular structures (Arborizing vessels, short fine telangiectasias…), pigmented structures (blue-gray ovoid nests, Blue-gray globules and dots, Maple leaf-like areas, Concentric structures…), the presence of erosion or ulceration and the absence of particular melanocytic formations. It is also useful in the management of BCC because it allows differentiation between superficial and non-superficial histological subtypes, and therefore to choose the best therapeutic strategy [3].

Consent

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

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