

Pigmented Basal Cell Carcinoma

Case Report

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Abbreviations: BCC: Basal Cell Carcinoma.

Through the Dermoscope

A 55-year-old man, phototype IV in Fitzpatrick scale, presented with a 5-year history of a slowly extending papule of the nose. The physical examination revealed a 7-mm, well-defined, black papule with a hyperkeratotic surface was observed, and a differential diagnosis between seborrheic keratosis, angioma, angiokeratoma, basal cell carcinoma (BCC), and nodular melanoma was considered (Figure 1). On dermoscopy, the lesion showed leaf-like areas, white shiny lines, rosettes, white veil and scales (Figure 2). Based on the dermoscopic features, the diagnosis of a pigmented nodular BCC was taken into consideration, and the lesion was therefore excised. The histopathological study confirmed the diagnosis of nodular BCC (Figure 3). Dermoscopy is a non-invasive diagnostic tool useful for BCC diagnosis. Dermoscopic features associated with pigmented BCCs have been well characterized [1, 2]. Pigmented BCCs should not have a pigment network or streaks (pseudopods) since the presence of these structures are seen primarily in melanocytic tumors (e.g., melanocytic nevi or melanoma). In addition, the presence of one or more of the following structures is required for the diagnosis: Large blue-gray ovoid nests, multiple blue-gray globules, leaf-like structures, spoke-wheel-like structures, arborizing telangiectasia and ulceration [3].

Figure 1. Clinical Image.

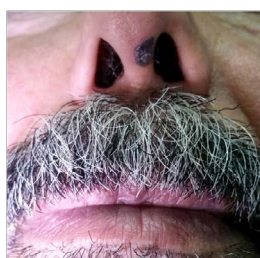
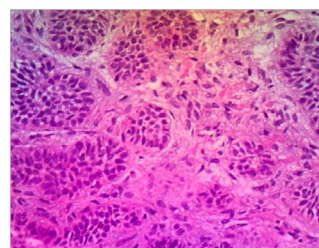


Figure 2. Dermoscopic image (Dermlite 3, polarized light) showing leaf-like area (red circle), white shiny lines (white arrows), rosettes (black arrow), white central veil and white scales.



Figure 3. HES staining G x 200 -> Proliferation of tumor cells with large and hyperchromatic ovoid nuclei and little cytoplasm showing peripheral palisading.



References

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