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**Session Number and Title:** C004 ADVANCED DERMOSCOPY

**Presenter Name:**
Aimilios Lallas, Update on dermoscopy of non-melanoma skin cancers

**Clinical Pearls:**
Dermoscopy significantly improves the accuracy of clinicians in diagnosing several types of non-melanoma skin cancer

1. Update on dermoscopy of basal cell carcinoma

   - The main dermoscopic criteria of BCC have been described years ago and include vascular structures (focused linear branching vessels or superficial fine telangiectasia), pigmented structures (blue ovoid nests or globules, brown leaf-like areas, spoke-wheel areas or concentric structures) and ulceration/erosions.
   - The most recently described dermoscopic feature of BCC are the so-called “shiny white blotches and strands” These features can only be seen under polarized light and are particularly useful for the diagnosis of BCCs lacking the “classic” criteria.
   - Dermoscopy is useful for predicting the histopathologic subtype of BCC, which might be particularly relevant for choosing the appropriate treatment. Multiple small erosions and brown-colored pigmented structures are associated with superficial BCC, while large vessels, large ulcerations and blue-colored structures are predictive of non-superficial tumors.
   - Dermoscopy can also be used for evaluating the treatment response of BCC to non-surgical modalities. The absence of any BCC criterion is almost absolutely predictive of complete clearance of the tumor. In contrast, the presence of any pigmented structure, ulceration or large vessels is highly suggestive of residual disease. Finally, the presence of white color and/or thin telangiectasia should warrant a close monitoring, since the latter features might represent signs of residual disease or might be associated to the treatment-induced atrophy.

2. Update on dermoscopy of squamous cell carcinoma

   - Actinic keratoses can be dermoscopically classified into grade, I, II and III, similarly to their clinical classification. Grade I AKs are typified by a red pseudonetwork, grade II AKs by the so called “strawberry pattern” and grade III AKs by the presence of white/yellow keratotic areas
   - The most useful dermoscopic clue for the diagnosis of Bowen’s disease is the presence of coiled (glomerular) vessels. Ideally, the vessels are arranged in clusters and are associated with white/yellowish scales. Pigmented BD might additionally display multiple brown dots distributed either in clusters or in a linear fashion at the periphery.
• The predominant dermoscopic feature of well-differentiated invasive SCC is white color. The white color might correspond to keratin, white structureless areas, white circles (surrounding follicular openings), white halos (surrounding vessels) or a combination of these features. The most frequent morphologic type of vessels in well-differentiated SCC is hairpin vessels.

• In contrast, poorly differentiated SCC is typified by a red predominant color, which is a result of either bleeding or an intense vascularity consisting of vessels of several morphologic types (linear, dotted, hairpin, linear irregular).

3. Update on dermoscopy of other NMSC

• The dermoscopic patterns of several other malignant skin tumors have been described, including Merkel cell carcinoma, atypical fibroxanthoma, malignant fibrous histiocytoma, pleomorphic dermal sarcoma, adnexal carcinomas and others. All these tumors are dermoscopically characterized by a pattern similar to the one described above for poorly differentiated SCC, namely red color and multiple linear irregular or polymorphous vessels. Therefore, this pattern cannot be considered suggestive of a specific diagnosis but is highly suggestive of malignancy.

References:


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