DERMOSCOPY OF BENIGN NON-MELANOCYTIC LESIONS

Hemangioma
- Well-demarcated lacunae that can be red to blue-red or blue-black
- Thrombosed lesions have homogeneous blue-black pigment

![Hemangioma Images](Image)

Hemorrhage
- Distinguished from melanin by purple color
- Talon noir (subcorneal hemorrhage on plantar surfaces) may appear to have parallel ridge pattern of discoloration with reddish-black globules
- Rarely biopsy needed to rule out melanoma

![Hemorrhage Images](Image)
Angiokeratoma

- Dermoscopy structures present in at least 50% of solitary angiokeratomas:
  - Dark lacunae (oval structures) (94%)
  - Whitish veil (91%)
  - Erythema (69%)
  - Peripheral erythema (53%)
  - Red lacunae (oval structures) (53%)
  - Hemorrhagic crusts (53%)
**Dermatofibroma**
- Firm fibrous consistency
- Surface dimpling on compression
- Faint network or pseudonetwork surrounding pale, often white, amorphous area

**Sebaceous Hyperplasia**
- Hemosiderotic variant may have central bluish or reddish areas in addition to above
- Pale yellow lobules around a central follicular opening
- Telangiectasia is common but uniform
- “Crown vessels” – vessels extend to the center of the lesion but do not cross it
Seborrheic Keratosis

- Mimicker of melanocytic lesions
- Can have irregular structure and multiple colors

Typical features:
- Milia-like cysts
  - Tiny, white, starry
  - Larger, yellowish, cloudy
- Comedo-like openings (crypts)
- Fissures/ridges
- Blue-grey globules
- Light brown fingerprint-like parallel structures
- “Fat fingers” (gyri of cerebriform surface)
- Faint network or pseudonetwork
- Hairpin/looped vessels
Solar Lentigo

- *Fine lines*: parallel; short, straight, curved, interrupted reticular pattern (fingerprinting)
- *Homogeneous*: diffuse tan and brown pigmentation devoid of structures (structureless pattern)
- Borders are often well-demarcated, scalloped, moth-eaten
**Lichen planus-like keratosis**
- Caused by lichenoid inflammation around solar lentigo or seborrheic keratosis
- Leads to localized destruction of melanocytes and free melanin in the dermis or melanin in melanophages
- Can have features of a seborrheic keratosis or lentigo
- Can be very difficult to differentiate from melanoma on sun damaged skin
- Classic, bullous or atypical subtype (more rare)
  - Acute, rapidly developing lesion (<3 mo)
  - Erythematous or pink papule/plaque
  - Dermoscopy with remnants of pigment network, subtle brown color, clusters of grey dots, telangiectatic blood vessels
- Early or interface subtype
  - Subacute lesions present for 3 mo to 1 year
  - Erythematous to dusky-red or hyperpigmented brown lesion
  - Dermoscopy with features of solar lentigo or SK with moth eaten borders, fingerprinting, milia-like cysts, comedo-like openings plus small foci of melanophages (grey dots)
- Late regressed or atrophic subtype
  - Lesions present for >1 year
  - May be violaceous papules or irregularly distributed lesions with shades of brown or grey
  - Dermoscopy may show greater grey dots, larger clumps of pigment plus foci of whitish color.

![Image showing gray dots and lentiginous component](image-url)
Clear cell acanthoma

- Multiple pinpoint or dotted vessels arranged in line like a string of pearls

Porokeratosis

- Distinguished by a cornoid lamella (peripheral keratotic ridge) around the lesion (sometimes called “white track” on dermoscopy)
- Center of the lesion is often atrophic
- Occasionally can have prominent follicular plugging