

MELANOMA? OBSERVE MAIS PERTO

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RESUMO – Lesões cutâneas pigmentadas por vezes são mal diagnosticadas devido às semelhanças entre as lesões melanocíticas e não-melanocíticas.

Relatamos o caso de um doente com uma lesão pigmentada, clinicamente sugestiva de melanoma. Quando analisada com dermatoscopia, é possível observar características, nomeadamente áreas “leaf-like”, que nos permitem fazer o diagnóstico de carcinoma basocelular pigmentado.

Este caso representa uma situação clínica em que o exame clínico isoladamente pode levar a um diagnóstico incorreto, mas que com o apoio da dermatoscopia foi feito corretamente.

PALAVRAS-CHAVE – Carcinoma basocelular; Melanoma; Dermatoscopia.

MELANOMA? LOOK CLOSER

ABSTRACT – Pigmented skin lesions are sometimes misdiagnosed due to clinical similarities between melanocytic and non-melanocytic lesions.

We report the case of a patient with a pigmented lesion that clinically resembles melanoma. With dermoscopy, observed features, namely leaf-like areas, allowed us to make the diagnosis of pigmented basal cell carcinoma.

This case represents a clinical setting in which clinical examination alone could lead to a misdiagnosis, but with the use of dermoscopy an accurate diagnosis was possible.

KEY WORDS – Carcinoma, Basal cell; Melanoma; Dermatoscopy.

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Dermatoscopia

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Pigmented lesions can be classified into melanocytic or non-melanocytic. Sometimes they are misdiagnosed due to clinical similarities.

Pigmented basal cell carcinomas (BCCs) may be mistaken especially for melanoma because of their similar clinical appearance and their differential diagnosis has a great importance when deciding treatment and prognosis¹. Dermoscopy can be a helpful tool when it is difficult to distinguish pigmented BCC from melanoma and other pigmented lesions. Dermoscopic features for pigmented BCCs are more specific and sensitive facilitating the diagnosis of this tumour. The clinical pdiagnostic rate for BCC is about 60% and dermoscopy increases the diagnostic accuracy up to 90%².

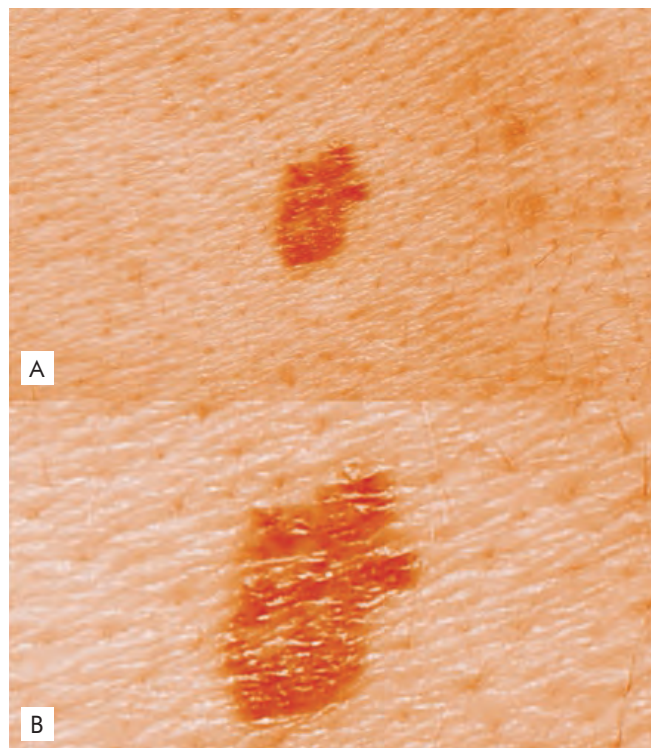


Fig. 1

We present a case of a 62 year-old man, with a prior medical history of type 2 diabetes, arterial hypertension and dyslipidemia. He had a pigmented plaque of brownish color, with 1 x 0,5cm in the lower dorsal area of the trunk for over 6 months.

Clinically, the lesion resembled a melanocytic tumour, specifically a melanoma, due to the brownish color with irregularly distributed pigment, the asymmetry and the irregular borders (Fig. 1). However, when the lesion was analyzed with dermoscopy (also known as epiluminescence microscopy, dermoscopy, and amplified surface microscopy), it was possible to make a more accurate diagnosis based on the following features (Fig. 2): - absence of pigment network, dots, globules or streaks, which are the hallmarks of melanocytic lesions; - presence of lighter, yellow-brown areas in the edges of the lesion with brown to gray-blue discrete bulbous blobs, sometimes forming a leaf-like pattern, that correspond to pigmented epithelial nests observed on histology in the papillary dermis; - observation that the darker areas are in fact gray-blue nests and not brown, as clinically appears. These characteristics allow us to make the diagnosis of a pigmented BCC.

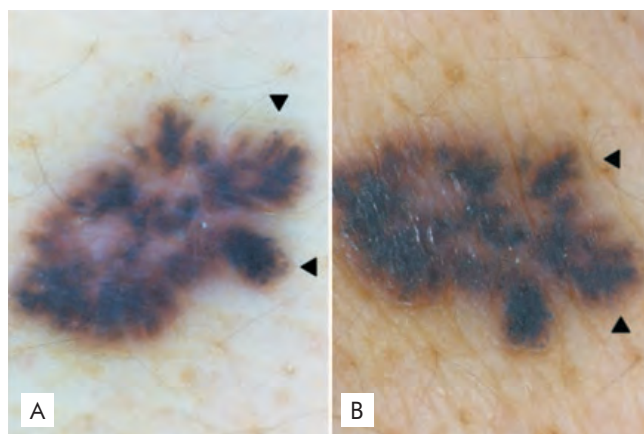


Fig. 2

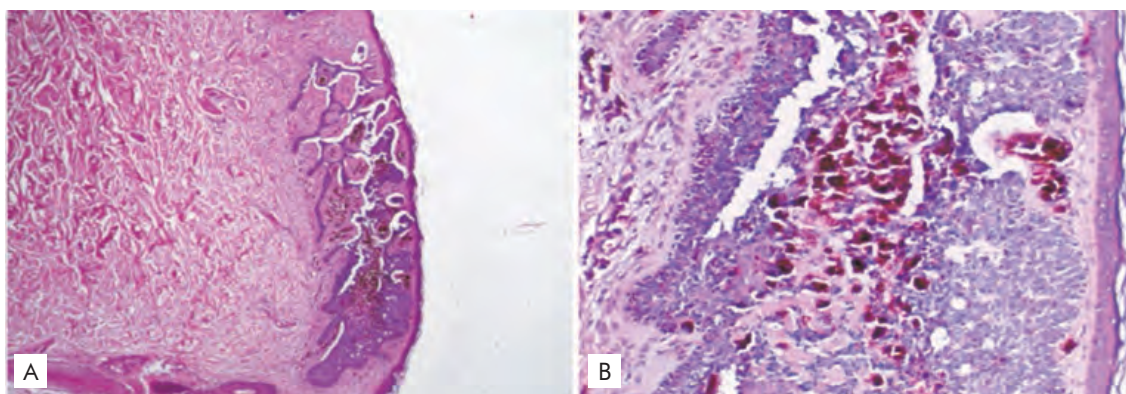


Fig. 3

Surgical excision was performed and histopathology revealed a cutaneous tumoral lesion composed by basophilic cells with peripheral palisading forming tumoral lobules in the dermis with abundant melanotic pigmentation, thus confirming the diagnosis of pigmented BCC (Fig. 3).

There are many publications dealing with the differential diagnosis of pigmented lesions of the skin. Dermoscopy allows the differentiation between melanocytic and non-melanocytic lesions according to the presence or absence of several characteristic structures: aggregated globules, pigment network, branched streaks, homogeneous blue pigmentation (blue nevus), or a parallel pattern (palms, soles, and mucosa) point to a melanocytic lesion^{3,4}. In the absence of these structures, the lesion has to be evaluated for the presence of other features. Arborizing blood vessels (telangiectasia), leaf-like areas, large blue-gray ovoid nests, multiple blue-gray globules, spoke wheel areas, or ulceration point to the diagnosis of a BCC³⁻⁷.

Nowadays, digital dermoscopy has become more and more frequently integrated into everyday clinical practice for dermatologists. The possibility of a more accurate diagnosis, especially when analyzing a tumoral lesion, makes it a valuable instrument with a particular semiology that dermatologists should be trained for.

This case represents a clinical setting in which the clinical examination alone could lead to a misdiagnosis, but with the use of dermoscopy an accurate diagnosis was possible.

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