



2018 AAD Summer Meeting

Chicago, Illinois • July 26-29, 2018

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Session Number and Title:
S012 Pearls: Diagnostic and therapeutic
Presenter Name:
Aimilios Lallas
Clinical Pearls: <ul style="list-style-type: none">• For basal cell carcinoma, the presence of any disease-specific pigmented structure usually allows a specific diagnosis (leaf-like areas, spoke wheel areas, blue-gray ovoid nests, blue-gray globules).• Non-pigmented basal cell carcinoma is dermoscopically typified mainly by the presence of arborizing vessels. Although frequently present, the latter criterion is not highly specific, since similar vessels can be seen in other tumors.• The dermoscopic hallmark of squamous cell carcinoma are white circles surrounding follicular openings.• White halos surrounding vessels are highly suggestive of a keratinizing tumor. However, it cannot be considered as a specific finding, since it can be found in SCC, irritated seborrheic keratosis and viral warts. As a rule, these structures in seborrheic keratosis and common warts are distributed quitesymmetrically all over the surface of the lesion, in contrast to SCC.• Basosquamous carcinoma is dermoscopically characterized by the presence of at least one BCC-associated criterion (ex. arborizing vessels or ovoid nests), plus at least one SCC-associated criterion (ex. white circles).• The dermoscopic differential diagnosis between melanoma and nevi is mainly based on the asymmetry of colors and structures of the former in contrast to the symmetry of the latter• Melanoma is generally characterized by a morphologic asymmetry, which is also reflected in its dermoscopic pattern. As a rule, dermoscopy of melanoma reveals asymmetry of shape, more than 2 colors (light brown, dark brown, black, blue, gray, red, white) and asymmetry of structures. Furthermore, local dermoscopic features associated with melanoma are the following: atypical network, regression, irregular dots/globules, irregular streaks/pseudopods, irregular blotch, ahiny white lines, blue-white veil and atypical vessels. In the real clinical setting, the dermoscopic diagnosis of melanoma is usually straight-forward, based on the immediate recognition of its morphologic asymmetry and/or one or more of the aforementioned structures. However, less morphologically evident melanomas do exist, and in such cases clinicians should follow rules that are based on the overall context of the patient.



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- The differential diagnosis of a flat facial pigmented macule includes lentigo maligna (LM), pigmented actinic keratosis (PAK) and solar lentigo/early seborrheic keratosis (SL/SK). A dermoscopic progression model has been described several years ago, introducing 4 main criteria of LM that appear sequentially as the tumor progresses: gray dots, gray globules, asymmetric follicular openings and rhomboidal structures. At a later stage, the pigmentation obliterates the follicular openings, while blue color and atypical vessels can be seen in advanced tumors. More recently, the detection of gray circles surrounding the follicular openings has been suggested as a specific clue of LM. However, the early recognition of LM remains highly problematic, because the dermoscopic alterations are often very subtle at an early stage. A recently introduced approach to address this problem is the following: Rather than aiming to the recognition of specific melanoma patterns, clinicians should seek for the dermoscopic presence or absence of the following six features that are highly suggestive of PAK or SK/SL: scales, white follicles, erythema or reticular vessels, reticular or curved lines, structureless brown colour, sharp demarcation, and classic criteria of SK such as milium-like cysts. If any of the above 6 features is clearly recognized and widely distributed on the surface of the lesion, the diagnosis of LM is excluded and biopsy is not considered necessary. In the absence of these features, the lesion is considered suspicious even without displaying any melanoma-specific criterion.
- In acral moles, the parallel furrow pattern is considered to be suggestive of a nevus and the parallel ridge pattern as highly indicative of melanoma. In addition to evaluating if the pigmentation is arranged on the furrows or the ridges, clinicians evaluating acral moles should not omit to assess the overall symmetry of the lesion and the presence of “classic” melanoma-specific criteria (ex, irregular blotch). The BRAAFF checklist is a recently introduced dermoscopic algorithm, which includes the assessment of all the aforementioned parameters. According to this algorithm, the following 4 melanoma predictors should be taken into account: parallel ridge pattern, asymmetry of colors, asymmetry of structures and irregular blotch. In contrast, parallel furrow and fibrillar lines represent negative melanoma predictors (being, therefore, suggestive of a nevus).

References:

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Presenter's Email Address (Optional):

emlallas@gmail.com