Nodular basal cell carcinoma

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The diagnosis of skin lesions is a daily challenge in general practice. Dermoscopy can provide extra clues, as illustrated in this vignette.

Case presentation

A 70-year-old retired man presented for review of a lesion on his face, which had been enlarging in size over a period of three months and intermittently bleeding. He was otherwise well.

A careful patient history was taken as part of the skin lesion assessment (Box). On clinical examination, a 6-mm ulcerated papule with focal bleeding was identified on the left upper cutaneous lip, near the oral commissure (Figure 1). Dermoscopic examination demonstrated a central ulceration that was surrounded by a milky-pink area (Figures 2a and b). Prominent arborising telangiectatic vessels were observed.

A 3-mm punch biopsy was performed to further characterise the lesion.

CASE PATIENT HISTORY: KEY DETAILS

Age: 70 years **Gender:** Male
Site of lesion: Left upper cutaneous lip
Symptoms: Lesion enlarging over three months, intermittent bleeding
History of skin cancer: No
Family history: Nonmelanocytic skin cancers, no melanoma
Sun exposure: Sunburns during childhood in coastal Victoria (keen youth surfer); some occupational exposure (civil engineer); currently enjoys weekend golf
Sun protection: Intermittent/occasional (sunscreen, wide brim hat)
Immunosuppression: No
Current medications: Rosuvastatin

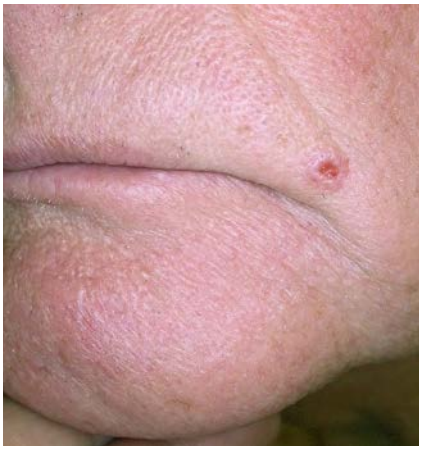

Figure 1. Clinical photograph of the lesion on the patient's left upper cutaneous lip.

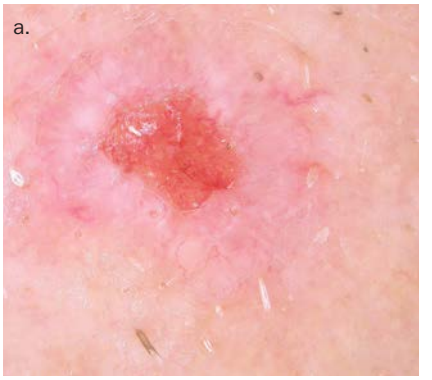

FIGURE 2b © CHRIS WIKOFF, 2026

Figures 2a and b. Dermoscopic examination of the lesion. a (left). Photograph showing features of nodular basal cell carcinoma: central ulceration, milky-pink border and arborising telangiectasia. b (right). Diagrammatic sketch of Figure 2a showing dermoscopic features.

Diagnosis

A diagnosis of a nodular basal cell carcinoma (BCC) was made on the basis of clinical and dermoscopic assessment and confirmed by histopathology.

Differential diagnoses

Important differential diagnoses in this case included squamous cell carcinoma, in situ squamous cell carcinoma (Bowen's disease), amelanocytic melanoma and traumatised actinic keratosis.

Discussion

Dermoscopy was useful in evaluating this lesion, revealing key features of a nodular BCC:

- arborising telangiectasia (distinct branching serpentine vessels) – the hallmark feature

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- central ulceration
- milky-pink colour.

There are other dermoscopic features (not seen in this lesion) that can be helpful for diagnosing a nodular BCC. These include bright white areas, which may represent the superficial stromal component of a BCC, often seen centrally or peripherally in the lesion. Pigmentation may be present in nodular BCCs, appearing as large blue-grey ovoid nests or peppering, representing aggregates of tumour cells. Shiny white and yellowish structureless areas may be visualised due to the presence of mucin or collagen. Slight hyperkeratosis or scaling may be present.

Management

Standard surgical excision with clear margins is the mainstay of treatment for nodular BCC.

Key points

- A nonhealing lesion that tends to bleed should raise suspicion of a nodular BCC.
- Dermoscopy can aid diagnosis. The presence of arborising telangiectasia is the hallmark feature of a nodular BCC.
- Histopathology can confirm a diagnosis of BCC and also be useful for guiding treatment options, particularly for cosmetically sensitive areas such as the face. MT

Further reading

1. Pan Y, Chamberlain AJ, Bailey M, Chong AH, Haskett M, Kelly JW. Dermatoscopy aids in the diagnosis of the solitary red scaly patch or plaque – features distinguishing superficial basal cell carcinoma, intraepidermal carcinoma, and psoriasis. J Am Acad Dermatol 2008; 59: 268-274.

2. Reiter O, Mimouni I, Dusza S, Halpern AC, Leshem YA, Marghoob AA. Dermoscopic features of basal cell carcinoma and its subtypes: a systematic review. J Am Acad Dermatol 2021; 85: 653-664.

3. Samarasinghe V, Madan V, Lear JT. Focus on basal cell carcinoma. J Skin Cancer 2011; 2011: 328615.

COMPETING INTERESTS: None.

Ask an expert

Puzzled by a presentation? Is the diagnosis a dilemma? What would a specialist in the relevant field do? Send us your baffling or hard-to-treat general practice cases for consideration in our 'Clinical case review' series. The case synopsis should be no longer than 150 words and include one or two specific questions that you want answered.
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