

# A blue–black verrucous nodule

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The diagnosis of pigmented lesions is a daily challenge in general practice. Dermatoscopy can provide extra clues, but requires significant expertise. This series will help you hone your skills.

## Case presentation

A 72-year-old man presented with a blue–black verrucous nodule on his left temple (Figure 1). The nodule measured 1.5 cm in diameter and had slowly increased in size over 10 years. Dermatoscopy revealed a large area of jet-black homogeneous pigment that blended with a series of pale lobules, all covered by a blue–white veil. There was no evident pigment network at the periphery (Figure 2). Excision biopsy showed an eroded epidermis under which there were large lobules of basaloid cells with central pigmentation (Figure 3).

## Diagnosis

The tumour was a pigmented basal cell carcinoma.

## Discussion

At the time of clinical examination, the differential diagnosis was between a malignant melanoma and a pigmented basal cell carcinoma. The dermatoscopic findings did not provide sufficient clues for a definite diagnosis, such as peripheral pseudopods, radial streaming or branched network (all seen in melanoma). Pigmented lesions that are primarily dermal are difficult to differentiate when the pigment is dark and homogeneous or forms a series of smooth globules.

## Keypoint

Deeply pigmented basal cell carcinoma may masquerade as melanoma. MT

## Acknowledgement

This patient was referred by Dr Duncan Stanford.

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Figure 1. Dark verrucous lesion on the patient's left temple.

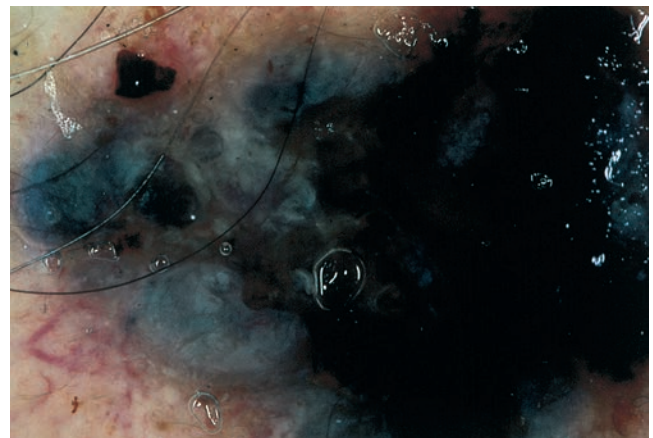


Figure 2. Dermatoscopy showing a large homogeneous area of jet-black pigment blending with a paler lobulated periphery, covered by a blue–white veil.

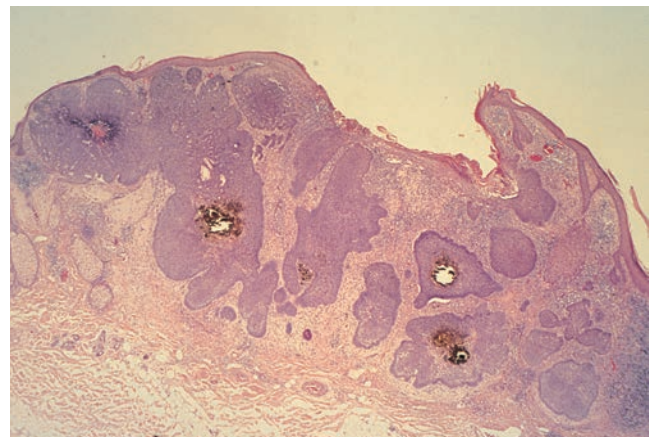


Figure 3. Skin biopsy demonstrating large basaloid lobules (with central melanin pigment) penetrating into the dermis.