Twin lesions with stippled pigment

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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

Over an 18-month period, a 62-year-old man developed twin pale erythematous papules with punctate crusts and pigment over his right shin (Figure 1). Dermatoscopy showed brown to blue–grey globules and dots irregularly distributed over a pale background with telangiectasia and blood (Figure 2). Skin biopsy revealed focally pigmented basaloid lobules that penetrated into the superficial dermis (Figure 3).

Diagnosis

The final diagnosis was a superficial pigmented basal cell carcinoma.

Discussion

Dermatoscopy is useful in the diagnosis of pigmented basal cell carcinomas. Smooth blue–grey or brown globules resembling petals (petaloid) and telangiectasia are common features. In contrast to melanocytic lesions, there is an absence of a pigment network. Some pigmented basal cell carcinomas may be difficult to distinguish from melanoma because they may present as a darkly pigmented homogeneous nodule, and others may have pigment foci with some streaming of pigment producing the appearance of cartwheels.

Keypoint

Dermatoscopy is useful in differentiating pigmented basal cell carcinoma from melanoma, but it is not always reliable. MT

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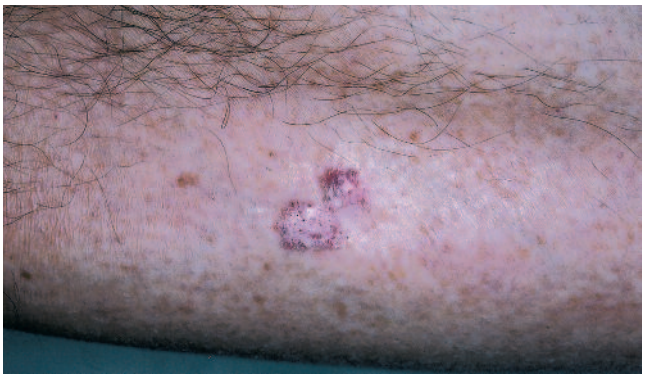

Figure 1. Twin pink lesions with punctate erosions and pigment on the patient's shin.

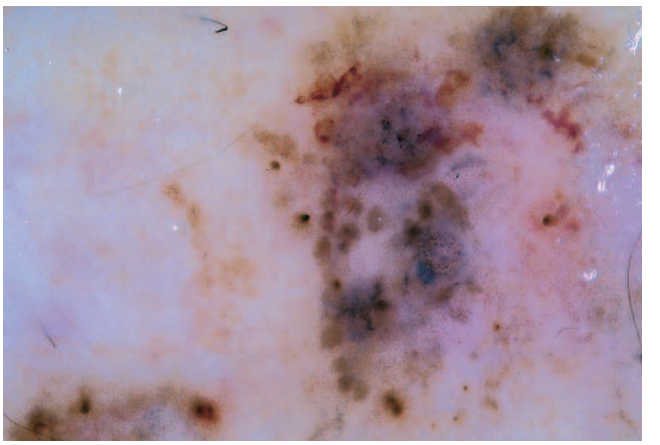

Figure 2. Dermatoscopy illustrating the presence of brown to blue–grey globules (forming a petaloid pattern) and the absence of a pigment network.

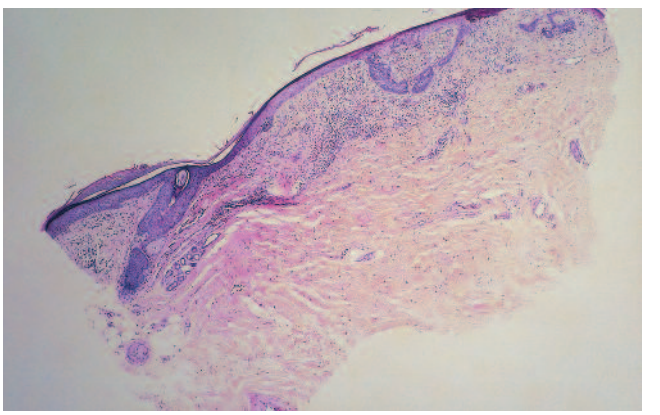

Figure 3. Skin biopsy demonstrating a superficial basal cell carcinoma.