



International Dermoscopy Society

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**Interested in submitting
a quiz case for the IDS
Newsletter ?**

Just send an email to:
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EDITORIAL BOARD

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Dear readers,

in this issue of the Newsletter

I'd like to share with you some updates from our Society and our official journal.

During the last Congress of the American Academy of Dermatology, as usual, the assembly of the Executive Board Members of the Society took place.

Among the many topics discussed during the assembly, the board re-defined the organization of the **joint meeting**. Every year, members of the International Dermoscopy Society, the International Society for Digital Imaging of the Skin, and the International Confocal Working Group, share together a joint meeting having both scientific purposes and an administrative part. Starting from the next joint meeting, the 3 scientific parts will be of about 50 min each with the business parts of 10 min. So overall the meeting might last 3,5 hours including breaks.

The board agreed in adopting new and more up-to-date strategies to increase traffic on the **IDS website**. A facebook page has been set up in order to increase visibility of news and didactic activities going through the website. I'd like to invite you to visit this

page, you find the link on the home page of our website.

Dermatology Practical and Conceptual, the official journal of the IDS, will be soon referenced on Pubmed. Harald Kittler was the successful editor-in-chief of DPC during the last 3 years. However, given his upcoming duties for the organization of the next IDS congress in Vienna 2015, he expressed his wish to resign from his current position and proposed his successor to be handled by the IDS executive board. The discussion was continued via email among the executive board members, and I'm glad to announce you the **new Editor in Chief, in the person of Professor Iris Zalaudek**. Please, go to the last page of this Newsletter to read more.

Finally, **new study proposals** were accepted by the board, don't forget to visit our website to read more and actively participate to the studies.

Looking forward to seeing you soon in one of the next meetings

With all my best regards

Elvira Moscarella



DERMOSCOPY OF MERKEL CELL CARCINOMA

Probably due to an increasing incidence of this rare, aggressive tumor, two recent studies have focussed on the dermoscopic aspect of Merkel cell carcinoma (MCC). Interestingly, both studies came to the same results.

Dermoscopy of MCC reveals an atypical vascular pattern most commonly milky-red areas/globules, polymorphous vessels, and linear-irregular vessels

MCC is associated with high disease-related mortality, and an increasing incidence of about 1600 new cases/year in the US. Risk factors include older age and immune suppression. Viral DNA of Merkel cell polyomavirus (MCPyV) have been demonstrated to be present in about 80% of MCC cases. From a therapeutical side, surgical excision, is the first treatment modality. In alternative, Radiation therapy (XRT) as mono-therapy, can also be considered in treating extensive/inoperable local disease. Local adjuvant XRT demonstrated to reduce the risk of local recurrence. In clinically apparent nodal disease, combination of surgery and



Clinical and dermoscopic image of a Merkel cell carcinoma localized on the lower limb of a 65-year old man.

Clinically, the lesion appears as a subcutaneous, amelanotic nodule, rapidly increasing in size. On dermoscopy, multiple, linear irregular vessels can be seen, over a pinkish background. Differential diagnosis includes amelanotic nodular melanoma.

An overlap exists between the dermoscopic features observed in MCC, amelanotic melanoma and other malignant tumors. In this light, the presence of an atypical vascular pattern should be always regarded as a feature suggesting a malignant proliferation, thus requiring prompt surgical excision and histopathologic examination.

XRT is likely indicated. (carboplatin, cisplatin or etoposide) Adjuvant chemotherapy should be avoided because it suppress immune function and will likely decrease quality of life with no substantial survival benefit. For staging and follow up, PET-CT scans are marginally more and specific than CTs, but they are more costly. In case of metastatic disease, there are no FDA approved therapies, however numerous immune therapies are in development with encouraging results.

The www.merkelcell.org website is a practical reference for additional information.

See also:

Dalle S, Parmentier L, Moscarella E, Phan A, Argenziano G, Thomas L.

Dermoscopy of Merkel cell carcinoma. *Dermatology.* 2012;224(2):140-4.

Harting MS, Ludgate MW, Fullen DR, Johnson TM, Bichakjian CK.

Dermoscopic vascular patterns in cutaneous Merkel cell carcinoma.

J Am Acad Dermatol. 2012 Jun;66(6):923-7.

RED ALERT!

CASE #4762 by Landi Christian

age: 85 years

sex: m

location: head and neck

clinical history: no history of skin problems, in good health, this lesion appeared few weeks ago, getting bigger.

diagnosis: excised today.

**Baker Ron** (2/2/2013 9:09:16 PM):

Wow, must be growing very fast indeed.

My first thought is a Merkel, simply because it is so very red, and is in the right location and age group. Second thought is AFX, because of the areas of yellow dermoscopically. Thanks for the case and look forward to the answer.

Gourhant Jean-Yves (2/3/2013 10:29:46 AM):

Big red node with super fast growth.

Merkel first.

And usual pink nodes as dx.

I have a look at papers about afx dermoscopy.

Garcia Carlos (2/3/2013 10:49:25 AM):

Merkel, AFX, cutaneous metastasis...

Zalaudek Iris (2/3/2013 12:47:05 PM):

I fully agree with above - Merkel or any other malignant tumor ...

Fox Gary (2/4/2013 2:26:20 AM):

WOWoma. Just glad she ruined your schedule and not mine.

Landi Christian (2/5/2013 10:09:15 AM):

Thanks everybody, I try to translate today's histologic report: it is a spindle cell malignant skin tumor vimentine+; CD10+; S100-, HMB45- Melan-A-.....-, with high mitotic rate. Immunohistochemistry (in a large spectrum of d.d.) orient to a mesenchymal neoplasm of fibrohistiocytic type as "**atypical fibroxanthoma, spindle cell type**". Completely excised.

Baker Ron (2/5/2013 10:36:42 AM):

Probably the news could have been worse for the patient, this might well be cured. I'd rather have an AFX variant than a Merkel. Thanks for sharing, I've only personally seen one AFX (which also grew fast, was red, and had a bit of yellow dermoscopically) so these pictures are great to see.

Pyne John (2/6/2013 2:37:38 AM): AFX can on occasions behave with more aggressive behaviour - with locoregional metastasis in 1 case of the few I have encountered over the past 10 years. Of course, the prognosis for a Merkel is a lot worse than AFX.

Giuseppe Argenziano (2/8/2013 8:54:04 AM):

we recently had a case of malignant fibrous histiocytoma of the head and neck, which is reported having a very bad prognosis. I suppose this is also going into differential diagnosis.

Atypical fibroxanthoma

AFX is a tumor that occurs primarily in older individuals on the skin of the head and neck, after significant sun exposure and/or therapeutic radiation. Histopathologically, this is a non-encapsulated dermal tumor, composed of large, fibrocytic, spindle-shaped and anaplastic cells arranged in a haphazard fashion, occasionally in fascicles, and usually with an increased number of mitotic figures. The tumor tend to be locally aggressive, however the prognosis is excellent. AFX is often not suspected clinically. However, the occurrence of a rapidly growing nodular lesion warrants excision.

Dermoscopic features have been reported by Bugatti and Filosa, and include white areas and an atypical polymorphous vascular pattern cauterized by linear, dotted, hairpin and arborescent vessels irregularly distributed over the surface of the tumor. These findings are not specific of AFX, but underline ones more how the detection of an atypical vascular pattern in amelanotic nodular lesions is highly suggestive of a malignant tumor.

Bugatti L, Filosa G. Dermoscopic features of cutaneous atypical fibroxanthoma: three cases. Clin Exp Dermatol. Dec 2009;34(8):e898-900



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It is a great pleasure for me to write this lines in my role as the new editor of Dermatology Practical & Conceptual.

I want to give here special credit to the former editor Harald Kittler, who I personally know as an outstanding personality and brilliant researcher and who I consider a true and unique friend.

Thanks to Harald's efforts and passion, Dermatology Practical & Conceptual turned out a modern, innovative and dynamic journal. Thereby he always respected the historical fundament and basis of the journal, namely clinical morphology.

When Harald took over the editorship three years ago, he renamed the journals former name of Dermatopathology Practical & Conceptual, into Dermatology Practical & Conceptual. The change of only one word in the title of the journal resulted in a much broader meaning of the journal's aims and scopes.

Moreover, during his editorship, Dermatology Practical & Conceptual became the official journal of the International Dermoscopy Society and offers free access to all IDS members .

Most exciting, thanks to his efforts with the production teams of Derm101 and the valuable contributions of researchers, the journal has succeeded in being included to PUBMED Central.

As the new editor of Dermatology Practical & Conceptual, I will do my best to guarantee what Harald also promised to his former editors, A. Bernard Ackerman, who founded the journal and Almut Böer-Auer, namely to respect the value and passion for clinical morphology.

With the journal going PubMed, we can foresee that the number of article submissions will increase. For this reason, I plan to work in a team of section editors in order to guarantee a high scientific standard and timely peer-review process for all submitted manuscripts.

It is my great pleasure to introduce here the sections editors, to whom I am grateful for their willingness to contribute with their knowledge and expertise to the future directions of Dermatology Practical & Conceptual.

I am happy to welcome, in alphabetic order, Maria Gonzalez, Jeff Keir, Athanassis Kyrgidis, Aimilios Lallas, Vito di Lernia, John Paoli, Alon Scope, Michael Skerlev and Alex Stratigos as the section editors for Cosmetic and and Aesthetic Dermatology, Dermatology in Primary Care Statistics, General Dermatology, Autoimmune and Blistering Diseases, Dermatologic Surgery, Diagnostic imaging and Dermatoscopy, Mycosis and Sexually Transmitted Diseases and Dermato-Oncology, respectively.

These editors are not only renown experts in their fields, but they are all outstanding and critically thinking personalities, who will guarantee to maintain and extend the scientific value of the journal.

Finally, what would be the value of a journal without its contributors? I like to thank here all past and current contributors for sharing their scientific work with the dermatological community. In the spirit of a young and modern journal, we see it as an obligation to support especially young researchers and thus we invite them to actively contribute to the future contents of the journal.

Iris Zalaudek, M.D.

Editor-in-Chief

Dermatology Practical & Conceptual