



International Dermoscopy Society

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

Just send an email to:
elvira.moscarella@gmail.com

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Dear readers,

We are now back home after a very exciting meeting during the EADV congress in Lisbon. The IDS meeting took place on thursday 20 October, the day before the official starting of the congress. More than 150 people attended the meeting, in a full and crowded room. The meeting was mainly focused on a scientific agenda with several IDS members presenting their recent work. In this issue of the Newsletter you will find a brief summary of the presentations.

Continuing with the educational purposes of the newsletter, the current issue will focus on dermoscopic aspects of non-melanoma skin cancer, starting from basal cell carcinoma. You will find a summary of old and new criteria to detect this very common neoplasm, that can be responsible of high morbidity, and that sometimes can enter differential diagnosis with other malignant tumors, particularly melanoma.

The case of the newsletter, selected from the IDS forum database, highlights common problems found in the daily

clinical practice in confidently diagnosing this tumor.

As usual, the last section is dedicated to the following updates from the society:

1. Deadline for abstract submission for the Dermoscopy World Congress in Brisbane extended
2. IDS survey
3. Call for papers for Dermatology Practical & Conceptual
4. Joint meeting of IDS, ISDIS and ICWG in San Diego

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

With all my best regards

Elvira Moscarella



NON-MELANOMA SKIN CANCER

NMSC are malignant neoplasms arising from the epithelial cells of the skin or mucosa, that represent the human's most frequent malignancy. Because their development is related to prolonged sun exposure, NMSC predominantly affect sun exposed areas in middle-aged fair skinned individuals. Epidemiological data indicate that the global incidence is increasing worldwide, particularly in younger age groups, and these tumors represent nowadays a growing health problem, especially in countries where a great proportion of the population is composed by fair skinned individuals that undergo continuous sun exposure.

Moreover, even if these tumors were traditionally considered tumors of the elderly, nowadays more and more young patients are affected by NMSC, because of change in sun exposure habits but also, more importantly, because of increasing use of immunosuppressive treatments for example after organ transplant.



Fig1 . Nodular BCC non-pigmented, presenting focussed, branching arborizing vessels (up left). Pigmented, nodular BCC with focussed, branching, arborizing vessels and loosely arranged blue-gray globules (up right). Superficial BCC, non-pigmented (down left), and pigmented (down right) presenting focussed brown gray dots.

In times of spreading use of non surgical treatment, such as Imiquimod or PDT, a reliable preoperative diagnosis is important for management.

Here we examine dermoscopic pattern of basal cell carcinoma (BCC) and spinous cell carcinoma (SCC), including intra-epidermal carcinoma in situ (IEC) and keratoacanthoma (KA). We examine also dermoscopic pattern of actinic keratosis (AK), since a proportion of AK may potentially progress into in situ or invasive SCC.

Diagnosis of these tumors relies on the analysis of the vascular pattern plus additional dermoscopic features.

BASAL CELL CARCINOMA

We have to distinguish between nodular bcc and superficial bcc, that can display different dermoscopic patterns.

Nodular and cystic BCC

Non-pigmented

The hallmark of non-pigmented BCC is the presence of focussed, branching arborizing vessels and sometimes a central ulceration.

Pigmented

When pigmented, nodular bcc presents focussed, branching, arborizing vessels and additionally loosely arranged blue-gray dots or globules, we can also find a central ulceration. (fig 1)

Superficial BCC

Non-pigmented

Superficial non-pigmented bcc usually present a white-red structureless area and multiple erosions. At times, few, fine focussed vessels can be visualized.

In “evolving” nodular bcc the presence of focussed corkscrew vessels have been also described.

Pigmented

In the pigmented variant we can find on the basis of red-white structureless areas, the presence of additional dermoscopic features, namely:

- leaf-like areas: mostly peripheral brown gray streaks
- spoke wheel areas: well-circumscribed radial projections, usually tan but sometimes blue or gray, meeting at often darker (dark



Fig 3. “Evolving” nodular bcc, presenting focussed corkscrew vessels (up left). Sclerodermiform BCC presenting fine focussed arborizing vessels over a pearly white area (up right). Clinical and dermoscopic image of a fibroepithelioma of Pinkus (down left and right).

brown, black, or blue) central axis

-concentric structures:

irregularly shaped globular-like structures with different colors (blue, gray, brown, black) and darker central area.

-superficial focussed blue-gray dots

Less common presentations:

Sclerodermiform BCC

Usually presenting fine focussed arborizing vessels over a pearly white area.

Fibroepithelioma of Pinkus

From a clinical point of view, it is often misdiagnosed as a dermal nevus or a skin tag. On dermoscopy, this entity is characterized by focussed polymorphous vessels and white streaks (dotted and linear-irregular).

CASE OF THE NEWSLETTER

request #1867 by Michenko Anna

title of request MM?

age 30 years

sex: M

location scapular region, right

clinical history

Patient reported about a nevus in this place, which was often traumatised and bled after that. He noted a growth of the lesion about 3-4 months ago. The patient visited an oncologist. This lesion clinically looked like basalioma and cytological analysis was performed. The results we will receive only the next week. On a neck, right, is a firm lymphnode about 3-4 mm in diameter is palpable.

question Is there a chance for basalioma?



Comments

Callan Michael:

Looks like BCC. Node could be inflammatory because lesion is tramatised and probabally infected. Needs excision at any rate under antibiotic cover- flucloxacilin[if not allergic to penicillin] 2G 2 hrs prior to procedure.

Michenko Anna:

Nice to hear that! Thanks a lot! Later I will post here the results of cytological analysis too.

Burns John:

Agree with the dx of basal cell both clinical and dermoscopic; nice rolled borders, translucency, ulceration, arborizing vessels, and blue ovoid nests. Thanks for the photos and look forward to the pathology.

Muir James:

BCC for me but the node is worrying as is the age. I would not expect this lesion to cause an inflammatory enlargement of a node. I'd worry about an amelanotic MM or a basisquamous tumour till I had the histology.

Landi Christian:

I agree, BCC or baso-squamous.

Zalaudek Iris:

I agree with the above mentioned diagnosis of BCC mainly because one sees some blue gray globules and

arborizing vessels. The residual ulcerated part is highly unspecific. The lymph node could be due to the inflammation in this zone?

Michenko Anna:

Thank you all very much for your comments and opinions! I'll post the results of cyto/hysto as soon as I'll get them!

Callan Michael:

Agree with Jim. AMM is a possibility with nodal met- hopefully not. Excision essential.

Pyne John:

Arborizing vessels occur in melanoma and other tumours as well as the usual finding in solid BCC. She is young and her background skin does not look sun damaged. This tumor looks nasty.....await histo report with interest.

Fox Gary:

Dermoscopy doesn't help me. Age 30 and preceding melanocytic lesion (if true) ... increase concern exponentially. Please give us follow up.

Rainer Hofmann-Wellenhof

Histology of this case was posted as request #1909 by Michenko Anna:
diagnosis It was a basal cell carcinoma.

IDS MEETING-EADV 2011

LISBON, 20 OCTOBER 2011

Dr Argenziano introduced the meeting presenting the preliminary results of a survey of the IDS, a survey that aimed to explore the attitudes of the IDS members in approaching patients with skin tumors and the way of using dermoscopy in their routine work. 900+ IDS members have already completed the questionnaire revealing interesting information.

Dr Andreas Blum, Germany, discussed about "Mucosal lesions, results from a multicenter IDS study", results of the study are now available on pubmed [Dermoscopy of Pigmented Lesions of the Mucosa and the Muco-cutaneous Junction: Results of a Multicenter Study by the International Dermoscopy Society \(IDS\)](#).

Blum A et al. Arch Dermatol. 2011 Oct;147(10):1181-7. Epub 2011 Jun 16.

Dr Holger Haenssle, Germany, presented "A new algorithm to monitor patients with multiple nevi"

Dr Harald Kittler, Austria, discussed about "Criteria for pigmented and non-pigmented squamous cell carcinoma"; exhaustive information about the topic can be found in [Dermatoscopy of pigmented Bowen's disease](#).

Cameron A et al. J Am Acad Dermatol. 2010 Apr;62(4):597-604. Epub 2010 Jan 15.

Dr Susana Puig, Spain, presented a "Systematic analyses of 10 years of digital follow up in high risk patients" showing how total body photography and digital dermoscopic follow up can help managing high risk melanoma patients.

Dr Josep Malvehy, Spain, discussed about "New insights in the White Shiny Streaks (Chrysalides)"

Dr Iris Zalaudek, Austria, shared with the participants here considerations about the clinical, dermoscopic and epidemiological characteristics of "Nevus-associated melanoma"

Dr Elvira Moscarella, Italy, presented the results of a ten years survey about excised melanocytic lesions in children, discussing the issue of "Melanoma screening in children, when to worry"

Dr Caterina Longo, Italy, showed a series of cases representing examples of the integration of confocal microscopy in the clinical practice of a pigmented lesion unit:

"When dermoscopy is not enough, indications for confocal microscopy".

NEWS IN DERMOSCOPY**1. Deadline for abstract submission for the Dermoscopy World Congress in Brisbane extended**

Join the 3rd World Congress of Dermoscopy held from May 17 to May 19, 2012, in Brisbane, Australia.

For further details please have a look at: <http://www.dermoscopycongress2012.org/>.

The "Call for Abstracts" is open until December 12 at: <http://www.dermoscopycongress2012.org/abstract-submissions.htm>.

2. IDS survey

Three months ago we launched a survey aimed to explore the attitudes of the IDS members in approaching patients with skin tumors and the way of using dermoscopy in their routine work.

We like to thank the 1100+ IDS members who have already completed the questionnaire, but we also like to push a little bit those members who have not joined still !;-)

Please follow the link to participate in the survey: <http://survey.telederm.org/TakeSurvey.asp?SurveyID=3JI653LJ58m2I>

3. Call for papers for Dermatology Practical & Conceptual

-- message from the editor-in-chief --

Dear Colleagues,

The first issue of our new official journal (Dermatology: Practical and Conceptual) is available online.

Please go to www.derm101.com to browse the contents and access the full text of the articles of this new open access journal. We publish articles related to general dermatology dermatopathology, and dermoscopy and imaging with a special focus on morphology. The section "Dermoscopy and Imaging" is edited by Alon Scope. For the first issue Alon and I have put together exciting research articles and interesting case reports. We want to thank all authors who already contributed and invite all members of the IDS to submit manuscripts to the journal. The next issue will appear in 3 months. Feedback and suggestions for improvement are always welcome.

Best regards

Harald Kittler

4. Joint meeting of IDS, ISDIS and ICWG in San Diego

The joint meeting organized by the International Dermoscopy Society, the International Society for Digital Imaging of the Skin, and the International Confocal Working Group is held during the upcoming AAD congress in San Diego.

Venue: Manchester Grand Hyatt Hotel (Room: Madeleine A-D). Date: March 16, 2012. Time: 5:00 - 10:00 PM.