



# 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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Editor in chief

Dear readers,  
in this issue of the Newsletter I'd like to share with you some news about the upcoming world congress of dermoscopy.

The **4th World Congress of Dermatoscopy** and Skin imaging will take place in Vienna, Austria from April 16–18, 2015. **Abstract submission is now open**, please visit the website for further [information](#).

In the occasion of the Congress, the International Dermoscopy Society (IDS) will assign 10 **travel grants**:

9 travel grants (€ 1000.– each) for clinicians from developing countries;

1 “Alfred Kopf Award” (€ 1000) dedicated to physicians from Africa.

The grants are directed to young clinicians (<40 years) that can apply by sending their CV and an abstract for poster presentation during the upcoming congress in Vienna by email. Do not miss this exciting opportunity, and go to the [web page](#) for more details.

Additionally, one **research award** dedicated to young researchers (<40 years) will be

assigned (7000 euros) during the congress. Please go to the final page of the newsletter for further details.

Continuing with the educational purposes of our website, in this issue we discuss the role of dermoscopy in the **management of Basal cell carcinoma**.

Finally, I like to invite you to participate to the **IDS meeting during the EADV Congress in Amsterdam**, October 8th 2014, and to the meeting of the **International Confocal Working Group**, October 10th 2014.

Following you will find the final scientific program.

Hope to seeing you soon in one of the next meetings

With all my best regards

*Elvira Moscarella*



## DERMOSCOPY IN THE MANAGEMENT OF BASAL CELL CARCINOMA

In addition to the well known value of dermoscopy in the diagnosis of Basal cell carcinoma (BCC), recent research highlighted the value of dermoscopic imaging in influencing the management decision when dealing with BCCs.

In summary, indications for dermoscopy are:

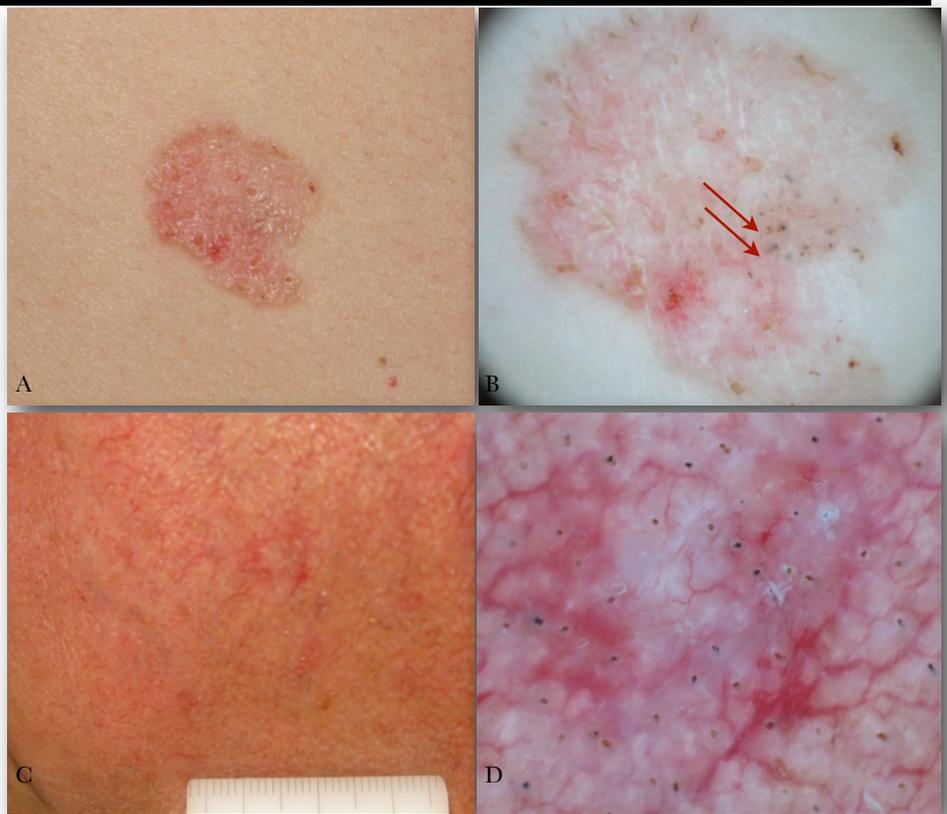
- 1) **Predicting the histopathologic subtype and**
- 2) **Assessing the presence of pigmentation**

**Non-pigmented nodular BCC** appears as a translucent pinkish tumor with arborizing vessels, ulceration is also a common finding. Pigmented nodular BCC is dermatoscopically typified by blue-grey ovoid nests or multiple blue-gray dots/globules, usually associated with arborizing vessels.

Maple leaf-like areas, spoke wheel areas and concentric structures are less frequently observed in nodular tumors, being typically distributed at the peripheral, more superficial part of the lesion.

**Infiltrative and sclerodermiform BCC** display branching vessels, thin, scattered and with few branches under dermatoscopy, over a whitish structureless background.

**Superficial BCC** usually lacks the classic arborizing vessels,



A. Assessing the presence of pigmentation in a clinically appearing non pigmented BCC. B. On dermoscopy, presence of multiple blue-grey dots. (arrows)

C. Defining margins for surgical excision and predicting the histopathologic subtype. D. BCC vessels appear bright-red and on-focus, while the dermal plexus vasculature of the surrounding healthy skin usually presents a blurred appearance and dark red-to-purple color. Moreover, this BCC is most probably infiltrative, displaying thin, scattered vessels with few branches under dermoscopy, over a whitish structureless background.

typically displaying superficial fine telangiectasia with relatively few ramifications.

**Non-pigmented superficial BCC** exhibits multiple small erosions and shiny white/red structureless areas.

**Pigmented superficial BCC** shows light brown to grayish concentric structures, spoke-wheel areas or maple leaf-like areas. Instead, detection of blue-gray ovoid nests signifies the presence of dermal pigmented basaloid nests, indicating that the tumor is not superficial.

### 3) Assessing excision margins

Dermatoscopy may allow a more precise estimation of the required surgical margins, as compared to the naked eye.

BCC vessels appear bright-red and on-focus, while the dermal plexus vasculature of the surrounding healthy skin usually presents a blurred appearance and dark red-to-purple color. See also:

[The dermatoscopic universe of basal cell carcinoma.](#)

Lallas A *et al.* Dermatol Pract Concept. 2014 Jul 31;4(3):11-24.

## HOLIDAYS STARBURST PATTERN

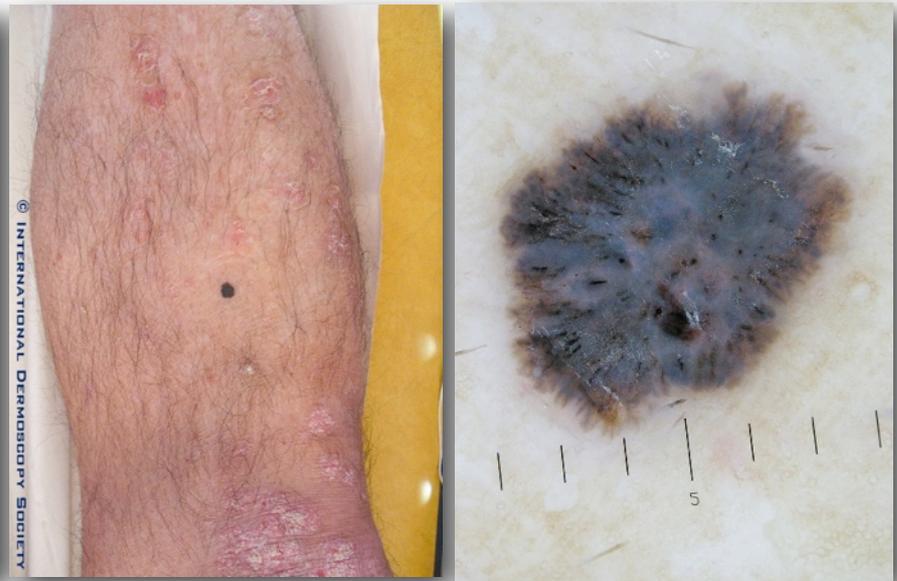
CASE #5540 by Gourhant Jean-Yves

age: 53 years; sex: m

location: lower limb

clinical history: Fortuitous finding

question: What is your diagnosis?



**Garcia Carlos:** Reed vs Melanoma

**Moran Gerard:** 55yrs old my money is on melanoma

**Baker Ron:** Melanoma > pigmented Spitz.

I've seen some pretty strange pBCCs but I can't see this as being a BCC.

Thanks for the case.

**Pyne John:** Thin invasive melanoma top of the list

**Krause Kurt-Samuel:** Melanoma.

J-Y, Did you take your dermatoscope on holidays with you like Ron.

**Gourhant Jean-Yves:**

No, I take a computer and pictures on a small hard drive. But no dermatoscope ;-)

And I am not yet on holidays.

**Baker Ron:**

Maybe the patient has been using a bit too much sunshine to damp down the psoriasis?

**Gourhant Jean-Yves:**

Just a funny pigmented "spitzoid" BCC ;-)

**Muir James:**

I would have missed that but it would have been removed.

Overlap overlap overlap.

**Krause Kurt-Samuel:**

Thanks for the great case.

**Baker Ron:**

Not the first time I've thought about pBCC and rejected it...thanks for the case!

**Gourhant Jean-Yves:**

That's the glorious uncertainty of dermoscopy, Ron ;-)

**Baker Ron:**

The streaks are a bit "leaf-like", but not as broad as most leaf-like structures in less heavily pigmented BCCs, which are usually that dirty-brown colour and quite a bit broader, though not always.

Was your patient a type 3 or 4 skin type? (to have so much pigment in a BCC).

**Gourhant Jean-Yves:**

He was a type 3.

I see quite often these bcc with peripheral thick streaks like in the one you posted.

**Baker Ron:**

Thanks J-Y, it seems to me you have to get up to the type 3-4 range to see these really heavily pigmented BCCs that masquerade as melanomas.

**Gourhant Jean-Yves:**

Agree with you Ron: bccs for type 3 and 4 skins.

**Gourhant Jean-Yves:**

Final diagnosis of pigmented BCC

**23rd EADV CONGRESS**  
**BUILDING BRIDGES**  
 AMSTERDAM, THE NETHERLANDS  
 8-12 OCTOBER 2014

**23rd EADV Congress - Amsterdam**  
**Wednesday 8 October, 2014, 13:30 -**  
**17:30**  
**Room E106-107**

Sister Society Meeting of the International  
 Dermoscopy Society

Chairs: Giuseppe Argenziano & Rainer  
 Hofmann-Wellenhof

1. Giuseppe Argenziano: New directions and developments in dermoscopy.
2. Andreas Blum: Overview on new IDS studies.
3. Caterina Longo: Nevoid melanoma.
4. Susana Puig: Are there new patterns in dermoscopy?
5. Pietro Rubegni: What's new in machine vision.
6. Josep Malvehy: Our recent research directions in dermoscopy.
7. Rainer Hofmann-Wellenhof: Benign dermoscopic features in melanoma.
8. Zoe Apalla: Applicability of dermoscopy for evaluation of patients' response to non-ablative therapies for the treatment of superficial basal cell carcinoma.
9. Harald Kittler: My method to diagnose facial melanoma.
10. Iris Zalaudek: Melanocytic nevi with special features: clinical-dermoscopic findings.

11. Philipp Tschandl: The "elephant" method.

12. John Paoli: Smartphone teledermoscopy referrals: a novel process for improved triage of skin cancer patients.

**14<sup>th</sup> Meeting of the**  
**International Confocal Group (ICG)**  
**In Amsterdam, Netherlands in 2014**

The meeting will take place in Hotel Arena  
 's-Gravesandestraat 51, 1092 AA  
 Amsterdam,  
 October 10th, 6-9 pm

**3rd Call for the International**  
**Dermoscopy Society - Research Award**  
**2015**

**Purpose:** The International Dermoscopy Society (IDS) is launching an annual Research Award of 7000 € in recognition of advances and research in the field of dermoscopy and non-invasive diagnostic techniques to investigators and clinicians for excellent, innovative and continuous research in this field or closely associated discipline.

**General conditions for application:**

The Award is exclusively reserved for IDS members. If you are not a member yet, please register before submitting your application ([www.dermoscopy-ids.org](http://www.dermoscopy-ids.org))

Applicants must not be chair of an academic institute, leader of a working group or previously rewarded by the Award. The Award is not intended to run concurrently with other awards funded by other agencies or societies. The Awards is only granted for excellent, innovative scientific work but not for basic training, courses, lectures, meetings, conferences, and congresses.

Applications that have undergone a review and selection process and were not selected for the award can be resubmitted the following year(s) without further modification.

The IDS does not guarantee any tax issue that may arise either in the home or in the host country and any taxes have to come out of the Award. The IDS is a non-profit, non-governmental international organization whose awards are not automatically endowed with any particular tax privileges. It is the sole responsibility of the recipient of an award to pay any tax, which may be levied upon her/him by the appropriate national authority.

**Candidates** must be member of the IDS and not older than 40 years at time of the submission deadline of their Award application.

Candidates who have already obtained any IDS award in the past must not apply for any further IDS Award (candidates can apply for travel grants of the IDS)

Candidates must possess appropriate professional qualifications and experience according to the specific Award applied for. Physicians, scientists, nurses or health- allied professionals are eligible candidates for the Awards.

Application procedure:

Candidates will send their CV including at least the following information: list of total publications indexed on pubmed, number of dermoscopy papers indexed on pubmed, h index (scopus), total n of citations.(scopus).

Applications should specify only one person as Award candidate. **Selection** will be made on the basis of scientific and expert evaluation of submitted work. Members of the Award Selection Committee (Executive Board Members of the IDS) of the highest international standing in their respective fields will carry out this task. The review process will involve appreciation of

the significance and the originality of the work, the investigators profile and the research environment.

To guarantee a fair selection process and to avoid any potential conflict of interest, applications involving a member (or the institution) of the Award Selection Committee will be discussed in the absence of this member.

The **assessments** are strictly confidential and cannot be divulged outside the IDS, or to the candidates themselves.

No distinction will be made between candidates on the basis of gender, ethnic origin, religious or political beliefs.

The decisions are final and appeals will not be considered. Any infringement of these conditions will result in the withdrawal of an application from the selection process or the cancellation of an award already made.

**Submissions due October 31st, 2014 to**

Iris Zalaudek, MD

Secretary of the International Dermoscopy Society. All material must be submitted as single **file named ids-researchaward\_name electronically to iris.zalaudek@gmail.com**

**Nominations:** Award winners will be determined by the members of Award Selection Committee (Executive Board Members of the IDS) during the board meeting to be held in San Francisco at the next AAD meeting 2015. The final selections will be based on the quality of the research and its potential impact on the understanding, prevention and diagnosis in the field of dermoscopy and non-invasive diagnostic tools. The award, along with a plaque and 7000 € check will be presented during the World Congress of Dermoscopy held in Vienna in April 2015. Attendance of the winner is strongly encouraged.