



DERMOSCOPY AND SKIN IMAGING

A DERMATOSCOPIC CHALLENGE

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Background: Sebaceous carcinoma is an uncommon cutaneous malignancy, potentially aggressive, associated with high frequency of local recurrence, lymph nodes and distant metastasis and included in the group of adnexal tumors. Traditionally the sebaceous carcinoma is reported in periocular area and the head and neck region, but it can arise from any sebaceous gland in the skin. It appears commonly as a hard nodule, painless papule, or cystic nodule, which rapidly enlarges and sometimes ulcerates. Dermoscopy findings as markers of sebaceous carcinoma show yellowish background and polymorphous vessels. Clinical and dermoscopic presentation may be non specific, gold standard is biopsy to perform diagnosis and to differentiate from other sebaceous gland – derived tumor.

Observation: A 68-year old man came for a reddish-purple plaque(2 cm) on the right shoulder with an painless, mobile and firm nodule (1cm) peripherally, appeared about 2 months before. Dermoscopy observation revealed polymorphous vascular patterns and a pinky-red background; under pressure of the plate of the dermatoscope the nodule showed a white-yellow blotches and the vascular pattern disappeared as we expected. In the suspicion of a adnexal-sebaceous tumor due to the finding appeared under pressure, we removed the entire lesion for the histology examination. The histologic diagnosis was sebaceous carcinoma of the shoulder.

Key message: Literature about sebaceous carcinoma is not so wide and mostly about ocular and periocular region. The dermoscopic features reported are: polymorphous vessels in addition to the brilliant yellow background. In our case, despite the unusual site and the non specific dermoscopic tools could lead us to other kind of diagnosis, the dermoscopy examination under pressure was a valid support for considering the sebaceous derivation of the lesion.

