DERMOSCOPY AND SKIN IMAGING

CLINICAL, DERMOSCOPIC AND HISTOPATHOLOGICAL FEATURES OF PIGMENTED BASAL CELL CARCINOMA IN FILIPINOS: A SERIES OF 20 CASES

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Introduction: Basal Cell Carcinoma (BCC) is the most frequent skin malignancy of all cases of non-melanoma skin cancer. Diagnosis is through clinical and histopathologic confirmation. While biopsy is the gold standard, dermoscopy is valuable in the immediate recognition of the pigmented type of BCC in brown, Filipino skin.

Case report: Patients with suspected pigmented BCC were assessed clinically and dermoscopically prior to skin punch biopsy. 20 cases, 12 males and 8 females with an age range of 34-82 years old were included. Lesions were noted on the face on 19 cases, and 1 case on the back. Lesion size was <1 cm in 3 cases and >1 cm in the majority. Dermoscopy revealed blue-gray round to oval clods (100%) followed by: crusted ulcers (50%); serpentine, linear, coiled and curve vessels (85%); large blue clustered clods (60%); and radial lines connected to a common base (60%).
Histopathologic examination showed that specimens taken from the large blue gray clods correspond to basaloid nodules (100%) and cysts (35%). The pigmented basaloid nodules correspond to blue-gray clods (100%) and large blue clustered clods (60%). The telangiectasia in the dermis correspond to the serpentine, loop and linear vessels (80%). The clustered clods seen in 17 of the cases correspond to ulceration in the epidermis.

Conclusion: Basal Cell Carcinoma is relatively rare in brown skin and poses a frequent challenge to the dermatologist. With the aid of dermoscopy, the dermatologist can easily detect BCC and can easily correlate dermoscopic features with histopathologic findings.