DERMOSCOPY AND SKIN IMAGING

DERMOSCOPY FOR THE DIAGNOSIS OF EYELID MARGIN TUMOURS: 165 CASES

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Introduction: The clinical diagnosis of eyelid margin tumours is challenging and dermoscopy could add great value in this field.
This examination is not practiced by ophthalmologists and the dermatological literature is very poor on this subject.

Objective: We aimed to study the clinical and dermoscopic features of a series of consecutive eyelid margin tumours.

Materials and Methods: 165 consecutive eyelid margin tumours including 48 basal cell carcinomas (BCCs) and 4 melanomas (MMs) were evaluated by three independent experts in dermoscopy.

Results: Most lesions were small papules of the inferior eyelid margin. Madarosis (loss of eyelashes) was more common in malignant than in benign tumours (p=0.0005). Brown pigmentation (p=0.001) and structureless pattern (p=0.008) were more common in dermal nevi than in BCC. Moreover, dermal nevi did not reveal an intense pink or yellow colour and rarely showed a white colour unlike BCC. MMs were characterized by a higher number of dermoscopic patterns and colours than the other studied lesions.

Conclusion: Dermoscopy of tumors with this difficult topography is possible and useful. Madarosis is a clinical clue for malignant tumours. Structureless pigmentation in dermal nevi and yellow and/or intense pink colour in BCC could help clinicians to differentiate these two

tumours that are often clinically similar in this particular location. As in other body sites, MMs showed a high number of dermoscopic patterns and colours.