DERMOSCOPY AND SKIN IMAGING

GORLIN SYNDROME IN AN INFANT: DERMATOSCOPIC FOLLOW-UP WITH DETECTION OF SPONTANEOUS REGRESSION OR ENLARGEMENT IN MULTIPLE BASAL CELL CARCINOMAS.

F Reculé [1] - C Buchroithner [1] - X Chaparro [2] - R Cabrera [1]

Facultad De Medicina Clínica Alemana-universidad Del Desarrollo, Dermatology Department, Santiago, Chile [1] - Facultad De Medicina Clínica Alemana-universidad Del Desarrollo, Hospital Exequiel González Cortés, Dermatology Department, Santiago, Chile [2]

Background: Gorlin syndrome (GS) or Basal-cell-nevus syndrome is a rare autosomal dominant genodermatosis characterized by basal-cell carcinomas (BCC) development. First described by Gorlin and Goltz (1960) it is caused by an inactivating mutation in PTCH1 gene.
BCCs are present in ~50% of patients with an early onset and numerous lesions located in non-sun-exposed areas. Some of them are skin-colored pedunculated papules mimicking an acrochordon. Dermatoscopic subtypes are: incipient (papules without remarkable findings), superficial (maple-leaf-like) and acrochordon-like. Also, multiple blue-gray or brown non-aggregated globules and dots with absent network. Larger BCC may show arborizing telangiectasia, blue-ovoid nests and ulceration. Pits are irregularly shaped sharply bordered small depressions of brown or fresh pink-red color on palms. To date there are twenty-five dermatoscopic reports of GS and only two clinical reports of a spontaneous regression of BCC.
Herein, we report the first dermatoscopic sequential follow-up along BCC unexpected spontaneous regression.

Observation: A three-year-old boy with macrocephaly presented generalized lesions since two-months-old. Physical exam: multiple skin-colored papules on the face, trunk and extremities. Dermatoscopy: 42 maple-leaf structures and non-aggregated brown globules. Two acrochordon-like lesions with arborizing telangiectasia on the axilla and neck. One ulcerated nodule on his right wrist. Skin-colored palmar pits, some of them with blue-gray dots. Histopathology confirmed one BCC. Diagnosis of GS was made. Next pre-surgical dermatoscopic evaluation revealed spontaneous regression of BCC´s in both palms and right wrist.

Key message: Follow-up permitted a better recognition of subclinical structureless blue-gray

areas in those lesions that latter underwent involution in a three-month period. Although palmar pits have been described as red dots upon dermatoscopy we have found blue-gray dots at the bottom of the atrophic area, probably representing precursor lesion of BCC. To our knowledge, this is the first report of a dermatoscopic follow-up of in GS, highlighting the anecdotic BCC regression.