



DERMOSCOPY AND SKIN IMAGING

IN VIVO CONFOCAL MICROSCOPY FOR DISCRIMINATING SKIN CANCER IN A CLINICAL SCENARIO: RETROSPECTIVE STUDY OF RECENT USERS.

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Introduction: In vivo reflectance confocal microscopy (RCM) improves the diagnostic accuracy for skin cancer. Methods were developed to distinguish melanocytic from non-melanocytic lesions, melanoma from nevi, two-step algorithm for basal cell carcinoma and melanoma. A model to differentiate each skin neoplasms in a clinical scenario is lacking.

Objective: Identify RCM criterias to discriminate each skin cancer [melanoma, basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)] in a population of difficult to diagnose cases, divided in two groups: flat-palpable and nodular lesions.

Method: 715 cases were retrospectively recruited. RCM features were correlated with pathological diagnosis. Multivariate analysis was performed to identify criterias associated with each skin neoplasm.

Results: RCM sensitivity and specificity for BCC were respectively: 89.1% and 97.3% for the flat-palpable group, while 91% and 94 % for nodular group. Features independently associated were: cord-like/nodular structures with palisading nuclei, polarized epidermal nuclei and increased vascularization. Identical for both groups.

Sensitivity and specificity for melanoma were respectively 75.2% and 83.7% for the flat and 73.7% and 97.3% for the nodular group. Four criterias were identified: atypical junctional nests, cytological atypia at the DEJ, pagetoid epidermal cells and atypical epidermal pattern this last only for flat lesions.

Regarding SCC sensitivity and specificity were: 88.1% and 86.6%; for flat whereas 68.8% and 76.7% for nodular group respectively. Three features were correlated: atypical epidermal pattern, increased vascularization and cytological atypia at DEJ for flat and only atypical epidermal pattern for nodular group.

Conclusions: SCC and melanoma RCM features change due to clinical groups, not BCC, probably related to depth limitations of the technique. The accuracy for diagnosing BCC is better than for melanoma and SCC when performed by beginners confocalists, due to the



ABSTRACT BOOK

ABSTRACTS



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