

DERMOSCOPY AND SKIN IMAGING

## MUIR-TORRE SYNDROME A NEW APPLICATION FOR DIGITAL DERMOSCOPY

C Cabrera-salom (1) - E Sagher (2) - D Oberlin (2) - L Kohen (2) - N.e. Pritchett (2)

Hospital Simón Bolivar/universidad El Bosque, Cundinamarca, Bogotá, Colombia (1) - Henry Ford Hospital, Michigan, Detroit, United States (2)

Background: A 61 year old Caucasian man with a history of cardiac transplant, on tacrolimus, and multiple sebaceous adenomas presented for skin examination. He had a family history of colon cancer in his mother, maternal grandfather and maternal uncle, as well as uterine cancer in a cousin. On physical exam he had three partially ulcerated erythematous papules on both sides of forehead and left cheek. On digital dermoscopy, a partial crown of vessels was observed. He had multiple scattered yellow umbilicated papules across his face. Histopathology showed hypercellular islands of poorly differentiated sebocytes with nuclear atypia and mitotic figures, confirming sebaceous carcinomas. He was diagnosed with Muir-Torre syndrome and referred to Mohs for excision. He continues quarterly skin exam follow-ups.

Observation: Muir-Torre syndrome (MTS) is an autosomal dominant condition, characterized by both cutaneous and visceral tumors. It is caused by mutations in genes responsible for DNA mismatch repair (MSH1, MSH2, MSH6). Sebaceous adenomas, epitheliomas and carcinomas are the most typical dermatologic manifestation and present as skin-colored, pink to yellow papules or nodules with or without ulceration on head, neck and trunk. Other potential findings include keratoacanthomas, Fordyce spots and basal cell epitheliomas with sebaceous differentiation. Cutaneous findings often precede visceral findings, thus imperative to diagnose MTS to start early cancer screening, especially in patients whose immunosuppression selects for development of certain tumors. Although digital dermoscopy has been mostly used for melanocytic lesions and non-melanocytic tumors, there are few descriptions of findings in sebaceous carcinoma including whitishpink areas, yellowish structures, polymorphous crowned vessels and ulceration. This technique helps define which lesions have to be surgically removed which is first-line treatment of cutaneous neoplasms in MTS.

Key message: Digital dermoscopy aids in early cancer screening, for it is a non-invasive form of documenting new lesions and differentiating the benign from malignant ones.





