DERMOSCOPY AND SKIN IMAGING

TRICHOBLASTIC CARCINOMA : IS A DERMOSCOPIC DIAGNOSIS POSSIBLE?

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Background: Trichoblastic carcinoma (TC) is a rare malignant adnexal epithelial tumor. Differential diagnosis with basal cell carcinoma (BCC) is essential. No description of dermoscopic features of TC has been reported. We, herein, report the contribtion of dermoscopy in three cases of TC.

Observation: A 58-year-old man presented with a 3-year history of pigmented nodular tumor of the neck with crusted surface and a maximum dimension of 3 cm. Dermoscopy showed consistent blue pigmentation, gray-blue ovoid nests, finger-like structures, pseudo grains of milia, and areas without black structures at the periphery of the lesion.
A 61-year-old man presented with a preauricular pigmented nodular tumor of 4 cm diameter,with ulcerated center and pearled infiltrated margin. Dermoscopy revealed a homogeneous blue pigmentation occupying the entire lesion associated with central keratotic ulceration, finger-like structures, gray-blue ovoid nests, white chrysalis structures, and thin and short arboreal telangiectasias.
A 60-year-old man presented with an occipital tumor of 7 cm diameter, with an infiltrated pigmented pearled border and a largely ulcerated keratotic center. Dermoscopy showed an ulceration with thick whitish fibrosis, milky red lakes with irregular linear vessels, and glomerular vessels.
Biopsy concluded that the findings were compatible with TC in all cases.

Key message: The diagnosis of TC is difficult. It has long been confused with the BCC. They have clinical, dermoscopic and histopathological similarities. For our patients, the dermoscopic aspects combined those described in CBC (digitiform structures, ulcerations, blue-gray ovoid nests) and those of trichoblastoma (tree telangiectasias less numerous, less branched, thinner, shorter and less "in-focus" Than those of the CBC).
The presence of these signs in the dermoscopy of a large ulcerated pigmented tumor sitting in the cephalic region should suggest the diagnosis of TC. Further studies are needed. Histology can conclude to a BCC and diagnosis of CT is made after excision.