



DERMOSCOPY AND SKIN IMAGING

## WHEN DERMOSCOPY CORRECT THE DIAGNOSIS!

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**Background:** The dermoscope is the main tool of any dermatologist, it is a non-invasive method that allows in some cases to ask or to confirm a diagnosis, to direct the skin biopsy to choose the site. And in other cases ... it helps to correct a wrong diagnosis!

**Observation:** We report the case of a 60-year-old patient with no significant pathological history, who was referred to our department for the treatment of histologically proven Merkel cell carcinoma with immunohistochemical study. It has been evolving progressively for 1 year. The clinical examination found several pigmented nodules and tumors of various sizes diffused throughout the body, as well as in the soft palate, bleeding on contact, slightly infiltrated, mobile in relation to the deep plane, with aspects of halo nevus at the level of the back [Fig 3]. The somatic examination revealed the presence of several bony masses sitting on the anterior surface of the 2 legs and the left parietal area, also a cervical lymphadenopathy. Dermoscopy of the skin lesions showed the presence of an ink-jet image, a blue-gray veil, irregular linear vessels, telangiectatic vessels, hemorrhagic ulceration, and a rainbow image. According to clinical and dermoscopic data, the diagnosis of cutaneous metastases of a melanoma was mentioned first, a kaposi disease, cutaneous metastases of a hepatic or renal tumor, an angiosarcoma and lastly a Merkel cell carcinoma. The decision was a rebiopsy with immunohistochemical study, which confirmed the diagnosis of cutaneous metastases of a melanoma.

**Key message:** Thanks to the dermoscopy, it was possible to correct the diagnosis of our patient, and thus contribute to an adequate and targeted care.

