SKIN CANCER (OTHER THAN MELANOMA)

MALIGNANT BASOMELANOCYTIC TUMOR: A DIAGNOSTIC CHALLENGE

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Background: a malignant basomelanocytic tumor is a type of combined cutaneous tumor. Unlike a collision tumor, which consists on the merging of two separate neoplasms, a combined tumor exhibits multiple differentiation within the tumor. To our knowledge there are few publications regarding this entity, and there are no publications about its dermoscopic characteristics.

Observation: a 57-year-old female, with a history of a lung adenocarcinoma, who presented an atypical pigmented lesion on her right shoulder. A partial biopsy that showed a melanoma in situ had been performed two years prior to consultation, but she had refused to excise it. It was a 12 x 6 mm pigmented flat tumor that was asymmetric in both axes. Dermoscopy showed the presence of an irregular pigmented network that extended through half of the lesion, on which brown “leaf-like” and “spoke-wheel-like” structures were observed. The other half exhibited the latter structures as well as a blue greyish homogeneous area.

Given the high suspicion of a collision tumor (melanoma and basal cell carcinoma), and the location of the lesion, we performed two 5mm punch biopsies that encompassed the entire tumor. Histology evidenced the proliferation of basaloid cells that extended through the papillary dermis, associated with a proliferation of atypical melanocytic cells located both in the epidermis and within the basaloid proliferation. Immunohistochemical studies demonstrated positivity for CK5/6 and p63 in the basaloid cells, and S100, Melan A and HMB45 in the melanocytic proliferation. This finding corresponded to a malignant basomelanocytic tumor. The remain of the tumor was excised with a margin of 1 cm and the histologic findings were similar.

Key message: a malignant basomelanocytic tumor is a combined cutaneous tumor, and as such, it exhibits a dermoscopy that encompasses characteristics of both basal cell carcinomas and melanomas.