Dermoscopic Pattern of Pigmented Basal Cell Carcinoma, Blue-White Variant

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The authors have indicated no significant interest with commercial supporters.

Patient History

A 76-year-old white woman presented with two nodular pigmented lesions on her left anterior lower leg (Figures 1 and 2) and upper back (Figure 3). The raised, dome-shaped lesions were blue-black in color and approximately 10 mm in diameter.

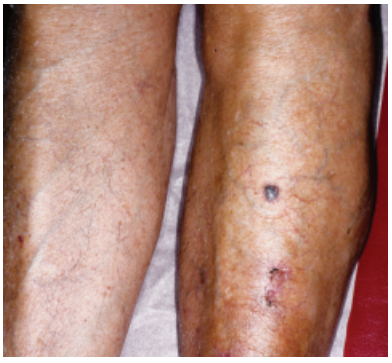

Figure 1. Pigmented nodule on left lower leg.

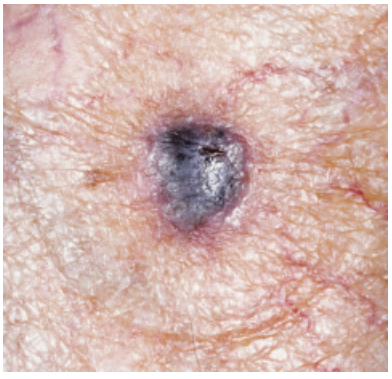

Figure 2. Higher magnification.

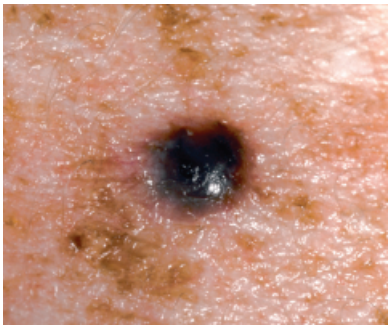

Figure 3. Second pigmented nodule on upper back.

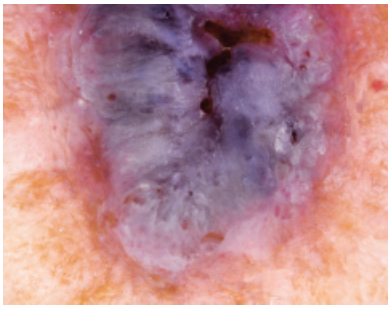

Figure 4. Dermoscopic photo.

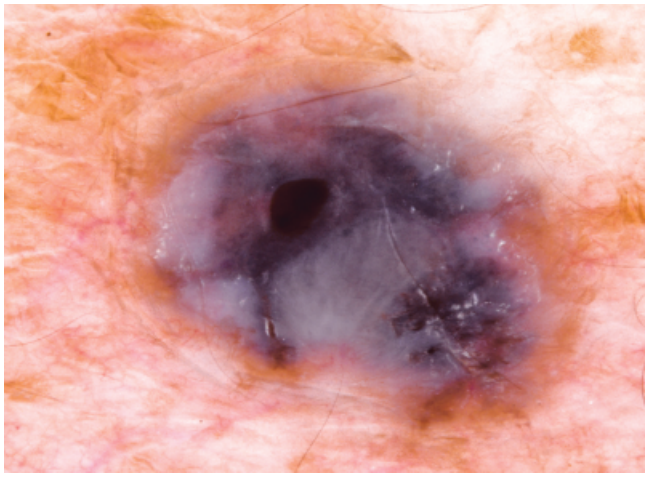

Figure 5. Dermoscopic photo.

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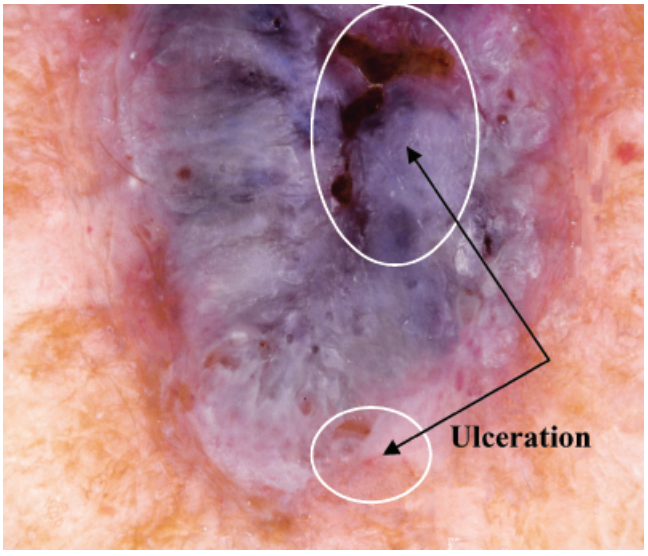

Figure 6. Dermoscopic image, lesion 1. Ulceration and diffuse blue-white color.

Resolution

The differential diagnoses were malignant melanoma, atypical melanocytic neoplasm, atypical seborrheic keratosis, atypical dermatofibroma,[1] and pigmented basal cell carcinoma. Dermoscopically, the lesions were characterized as diffuse blue-white with focal areas of ulceration (Figures 4 and 5). The tumors were excised to rule out melanoma. Histopathologically, they were both diagnosed as basal cell carcinoma and characterized with aggregates of basaloid cells with atypical nuclei, scant neoplasm, and peripheral palisading of cells and melanin.

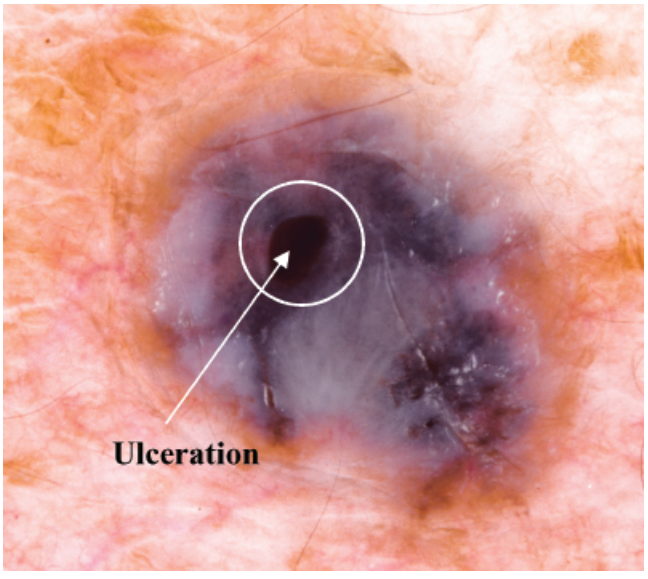

Figure 7. Dermoscopic image, lesion 2. Ulceration and diffuse blue-white color.

Teaching Point

The following dermoscopic features have been described in basal cell carcinoma. These include arborizing telangiectasia, multiple blue-gray globules, ulceration, leaf-like structures, spoke-wheel structures, and blue-gray ovoid nests.[2] Recently, in nonpigmented basal cell carcinomas, white shiny areas and fine telangiectasia have been described.[3] In this case, both lesions showed diffuse blue-white areas, which is an unusual presentation. There were, however, suggestions of blue-gray ovoid nests and ulceration (Figures 6 and 7). In reviewing our pigmented basal cell carcinomas over the past 10 years, it is apparent that this is a rare presentation and occurs only with our nodular pigmented basal cell carcinomas.

References

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2. Menzies SW, Westerhoff K, Rabinovitz H, et al. Surface microscopy of pigmented basal cell carcinoma. Arch Dermatol 2000;136:1012–6.
3. Giacomel J, Zalaudek I. Dermoscopy of superficial basal cell carcinoma. Dermatol Surg 2005;31:1710–3.