

Melanoma only at first sight

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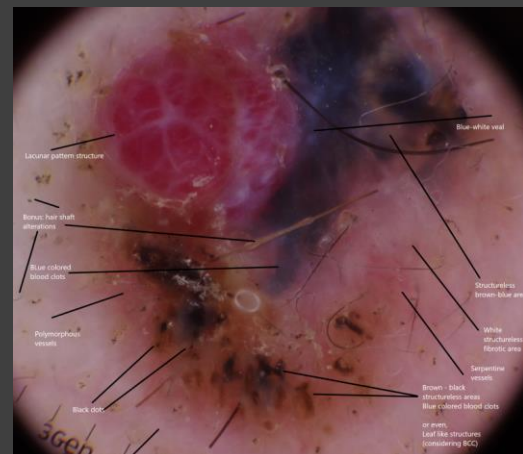
Introduction & Objectives

Basal cell carcinoma is the most prevalent form of skin cancer which arise from abnormal and uncontrolled growth of epidermis basal cells. Approximately 70% of BCCs occur on the face, considering high solar exposure, 15% present on the trunk and 15% in other areas (anal and genital regions). The estimated risk in the white population is 34-39% for men and 24-28% for women, while every 25 years incidence doubles its value. The clinical and pathological correlation corroborates, 3 types of presentation; nodular, superficial and morpheaform, but more subtypes have been described (basosquamous cell carcinoma; nodular and superficial pigmented BCCs). Key predisposing and causative factors are chronic eczema, skin tumors, radiation, exposure to toxic metals, UV radiation, gene alterations, immune suppression or medication.



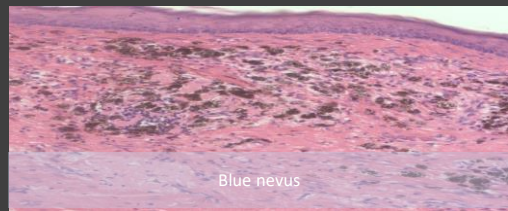
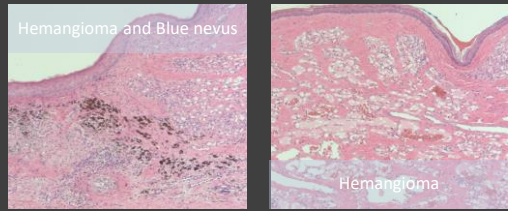
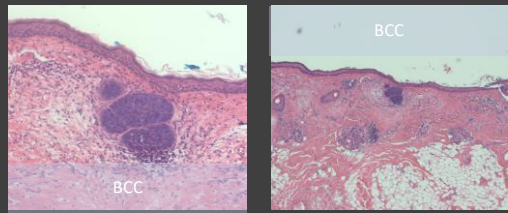
Materials & Methods

We present our clinical case of a middle-aged, female, with medical history of Hashimoto thyroiditis under substitution therapy and breast cancer surgery and chemotherapy (2015). Regarding clinical examination, patient is presented with alopecia related to systemic cancer therapy and a nodular lesion with red-pink coloration, surrounded by poorly circumscribed, asymmetrical, light brown-grey-dark brown pigmentation, 0,8 / 1,3 cm diameter and location on the scalp. Dermatoscopic examination evidenced white veil, structureless blue-brown and brown-pink areas, blue clots, lacunar structures and few serpentine and polymorphous vessels. At this point, nodular malignant melanoma had a key place in our presumptive diagnosis, considering the link between breast cancer and malignant melanoma, put pigmented nodular BCC was not out of discussion. Moreover, in our physical examination locoregional lymphadenopathy was not present.



Results

In contrast to our supposed diagnosis, histopathologic results reported, the existence of 3 different entities, an angioma, a pigmented basal cell carcinoma and a blue nevus which have been excised completely.



Conclusion

To conclude, our purpose is not only to raise awareness, suggesting regular follow ups regarding secondary skin tumors occurrence and patients with cancer background. Furthermore, we underline the importance of clinical, dermatoscopic and histopathological evaluation considering the variety of differential diagnosis that each one of those methods can offer to the physician.

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