

## Basal Cell Carcinoma Disguised Among Intradermal Nevi

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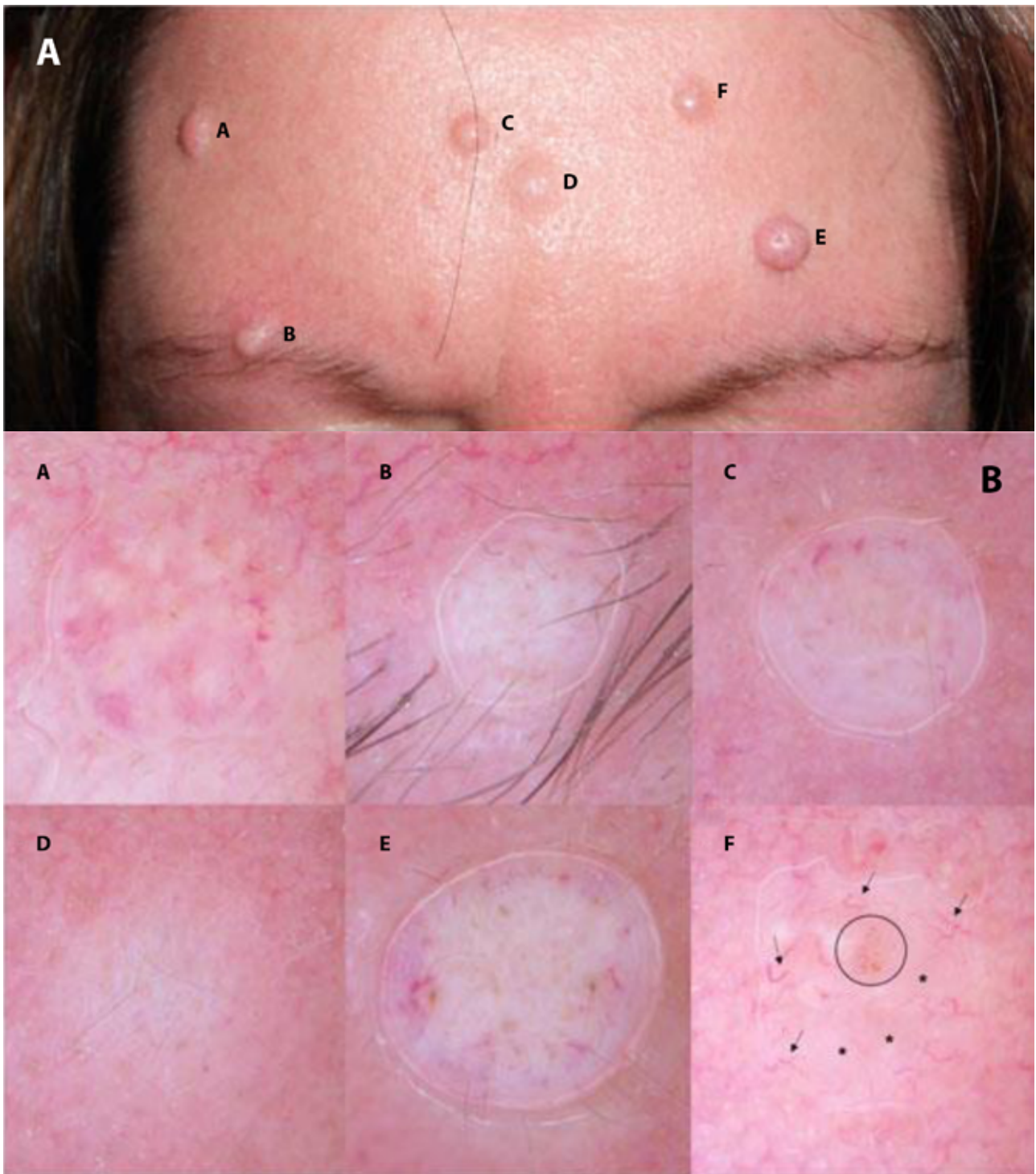
### Case Presentation

A 61-year-old woman presented to consultation for routine skin examination. Cutaneous examination revealed multiple longstanding firms, achromic, dome-shaped, papules, ranging from 5 mm to 12 mm in diameter (Figure 1A) located on the forehead. The patient was unaware of any change. Dermoscopy revealed remnants of light brown pigmentation, terminal hairs, comma-like (linear curved) vessels and comedo-like openings in lesions a to e (Figure 1B) which were suggestive of intradermal nevi. Lesion f displayed dermoscopic criteria for basal cell carcinoma consisting of a pink background, arborizing telangiectasias, gray-brown dots, and structureless areas.

### Teaching Point

Dermoscopy improves the diagnosis of non-pigmented skin tumors because it allows the visualization of vascular patterns and residual pigmentation that are not visible to the naked eye [1,2]. In this case, dermoscopy provided crucial information for recognition of a basal cell carcinoma that might have been overlooked among multiple benign melanocytic lesions assessed solely by the naked eye.

**Informed consent:** Informed consent for publication of clinical details and clinical images was obtained from the patient.



**Figure 1.** (A) Multiple firms, achromic, dome-shaped papules, located on the forehead. (B) Dermoscopy revealed criteria for intradermal nevi in lesions a to e, while lesion f displayed pink background, arborizing telangiectasias (arrows), gray-brown dots (circle), and structureless areas (asterisks) consistent with basal cell carcinoma.

## References

1. Zalaudek I, Kreusch J, Giacomel J, Ferrara G, Catricalà C, Argenziano G. How to diagnose nonpigmented skin tumors: a review of vascular structures seen with dermoscopy: part I. Melanocytic skin tumors. *J Am Acad Dermatol.* 2010;63(3):361-74; quiz 375-6. DOI: 10.1016/j.jaad.2009.11.698. PMID: 20708469.
2. Greco V, Cappello M, Megna M, et al. Dermoscopic patterns of intradermal naevi. *Australas J Dermatol.* 2020;61(4):337-341. DOI: 10.1111/ajd.13366. PMID: 32715462.