

Bazoskuamoz Karsinomun Dermoskopik Özellikleri

Dermoscopic Features of Basosquamous Carcinoma

Nilay Duman¹, Nilay Şen Korkmaz², Murat Akıcı³

¹Afyonkarahisar Devlet Hastanesi, Dermatoloji, Afyonkarahisar

²Afyonkarahisar Devlet Hastanesi, Patoloji, Afyonkarahisar

³Afyonkarahisar Devlet Hastanesi, Genel Cerrahi, Afyonkarahisar

Received: 01.08.2014 Accepted: 20.08.2014• DOI:10.5505/aot.2014.62207

ÖZET

Bazoskuamoz karsinom, bazal hücreli karsinom-skuamoz hücreli karsinom spektrumunda yer alan nadir bir tümördür. Hem bazal hem de skuamoz hücreli karsinomun klinik, histopatolojik ve dermoskopik özelliklerini sergiler. Bazoskuamoz karsinomun dermoskopik özellikleri ile ilgili literatür bilgisi kısıtlıdır. Burada, yanağında bazoskuamoz lezyonları olan bir olgu dermoskopik özellikleri ile birlikte sunulmuştur.

Anahtar Kelimeler: Bazoskuamoz karsinom; Dermoskopi; Metatipik bazal hücreli karsinom; Skuamoz hücreli karsinom.

ABSTRACT

Basosquamous carcinoma is a rare tumor in the spectrum between basal cell carcinoma and squamous cell carcinoma. It exhibits clinical, pathological and dermoscopic features of both basal cell carcinoma and squamous cell carcinoma. Literature data about dermoscopic features of BSC is limited. Herein we report a case with basosquamous carcinoma lesions on the cheek with dermoscopic features.

Key words: Basosquamous carcinoma, Dermoscopy; Metatypical basal cell carcinoma; Squamous cell carcinoma.

Introduction

Basosquamous carcinoma (BSC) is considered as an aggressive variant of basal cell carcinoma (BCC) characterized by clinical and pathological features of both BCC and squamous cell carcinoma (SCC). Literature data about dermoscopic features of BSC is limited. Herein we report a 74-year old case with multiple BSC lesions on the cheek with dermoscopic features.

Case

A 74-year old female presented with a 3-year history of asymptomatic hyperkeratotic plaques on face. Dermatological examination revealed diffuse actinic changes and multiple actinic keratoses on the face and 3 hyperkeratotic, ulcerated and crusted plaques on the left cheek (Fig. 1).

Non-polarized dermoscopic examination of plaques revealed blue-whitish veil at

the periphery, ulceration and blood crusts, white-yellow keratin mass, peripheral unfocused arborizing vessels and unfocused blue-grey ovoid nests (Fig. 2, 3).

Histopathological examination revealed hyperkeratosis and ulceration in the overlying epidermis and islands of malignant cells exhibiting both basaloid and squamoid differentiation in dermis (Fig. 4). With these clinical, dermoscopic and histopathological findings a diagnosis of BSC was made.

Discussion

BSC is a rare variant of BCC exhibiting clinical and histopathological features of both BCC and SCC (1,2). It is also named as metatypical BCC (1). It is in the spectrum between BCC and SCC. It has more aggressive clinical course and higher risk of local recurrence and metastasis compared to BCC



(3). Histopathological examination of BSC is characterized by areas of BCC and SCC with or without a transition zone and a fibroblast-rich, collagenized stroma (1).



Figure 1. Hyperkeratotic, ulcerated and crusted plaques on the cheek.

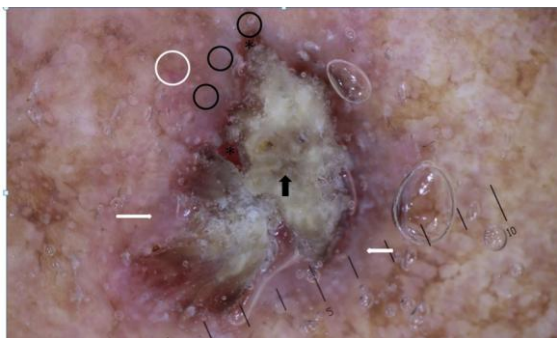


Figure 2. Blue-whitish veil at the periphery (white arrows), white-yellow keratin mass (black arrow), ulceration and blood crusts (asterisks), unfocused blue-gray ovoid nests (black circles) and arborizing vessels (white circle) (Heine Delta 20 plus nonpolarised dermatoscope, Heine Optotechnik, Herrsching, Germany; original magnification: x10).

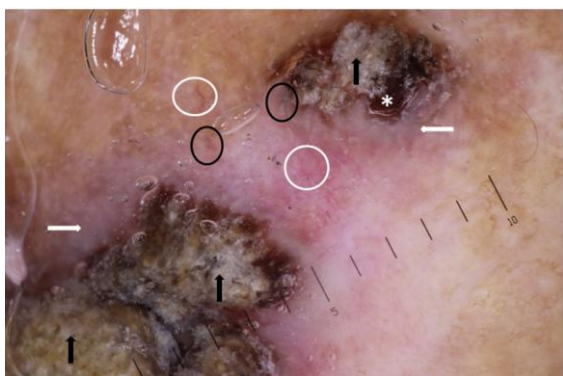


Figure 3. Blue-whitish veil (white arrows) at the periphery, white-yellow keratin mass (black arrows), ulceration and blood crusts (asterisk), unfocused blue-gray ovoid nests (black circles) and arborizing vessels (white circles) (Heine Delta 20 plus nonpolarised dermatoscope, Heine Optotechnik, Herrsching, Germany; original magnification: x10).

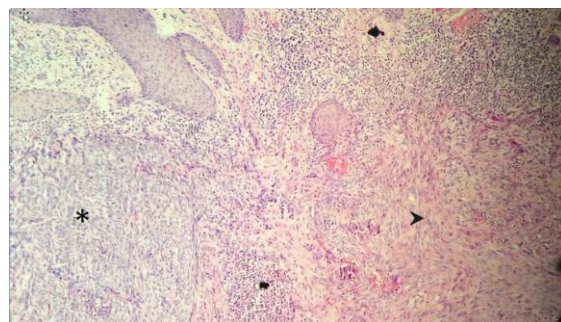


Figure 4. Neoplastic cells exhibiting both basaloid (black asterisk) and squamoid differentiation (black arrowhead) (Hematoxylin-eosin stain; original magnification: x20).

There is only one previous study about dermoscopic features of BSC (4). In that study, the most frequently detected dermoscopic criteria in 22 lesions were: unfocused peripheral arborizing vessels (73%), keratin masses (73%), white structureless areas (73%), superficial scale (68%), ulceration or blood crusts (68%), white structures (64%), blue-grey blotches (ovoid nests) (59%) and blood spots in keratin masses (55%). Similarly, we observed keratin masses, ulceration and blood crusts, unfocused arborizing vessels and blue-grey ovoid nests on dermoscopic examination of lesions in our case.

Keratin masses, whitish structureless areas, and blood spots in keratin masses are relatively frequent dermoscopic features in invasive SCC whereas ulceration, blue-grey ovoid nests, and arborizing vessels represent classic BCC related criteria (4). However in BSC, blue-grey ovoid nests and arborizing vessels may be less well defined than those in BCC (4).

In conclusion, dermoscopic examination of BSC exhibits features of both BCC and SCC. However BCC related dermoscopic features in BSC may not be as well defined as the classical dermoscopic features in BCC.



References

1. Garcia C, Poletti E, Crowson AN. Basosquamous carcinoma. *J Am Acad Dermatol.* 2009;60:137-43.
2. Betti R, Crosti C, Ghiozzi S, Cerri A, Moneghini L, Menni S. Basosquamous cell carcinoma: a survey of 76 patients and a comparative analysis of basal cell carcinomas and squamous cell carcinomas. *Eur J Dermatol.* 2013;23:83-6.
3. Volkenstein S, Wohlschlaeger J, Liebau J, et al. Basosquamous carcinoma--a rare but aggressive skin malignancy. *J Plast Reconstr Aesthet Surg.* 2010;63:e304-6.
4. Giacomel J, Lallas A, Argenziano G, et al. Dermoscopy of basosquamous carcinoma. *Br J Dermatol* 2013;169:358-64.

