

Pigmented basal cell carcinoma mimicking a malignant lentigo melanoma in black female patient

Carcinoma basocelular pigmentado simulando lentigo maligno melanoma em paciente negra

ABSTRACT

A case of pigmented basocellular carcinoma clinically mimicking a malignant lentigo melanoma in the temporal region of a black female patient is reported. Basal cell carcinoma rarely occurs in black patients. When present, however, it is the second most common malignant skin neoplasia, and is usually pigmented. When the face is affected in such patients, it is difficult to differentiate between malignant lentigo melanoma and basal cell carcinoma. Dermoscopy is a very helpful diagnostic tool in these cases.

Keywords: neoplasms, basal cell; melanoma; dermoscopy.

RESUMO

Relata-se caso de paciente negra com carcinoma basocelular pigmentado na região temporal que clinicamente mimetizava lentigo maligno melanoma. O carcinoma basocelular é raro em negros, porém, quando presente, torna-se a segunda neoplasia maligna de pele mais comum, sendo habitualmente pigmentado. Quando esses indivíduos têm a face acometida, o diagnóstico diferencial com o lentigo maligno melanoma é difícil. Nesses casos a dermoscopia é grande aliada.

Palavras-chave: carcinoma basocelular; melanoma; dermoscopia.

Basal cell carcinoma (BCC) is a malignant neoplasia derived from non-keratinized cells that originate in the epidermis' basal layer. If not treated, local invasion can occur, resulting in substantial tissular destruction, which can damage the skin's function and appearance. Metastases are extremely rare and occur more frequently in men over 40 with fair skin.¹ It is uncommon in black people, however the pigmented subtype is the most common type found in those patients, which hinders its clinical and differential diagnosis regarding other tumors. Dermoscopy is a useful resource in such cases.²⁻⁵

We report the case of a 77-year-old black female who presented with a lesion in the right temporal region that appeared approximately ten years before, which had grown progressively during the previous year. In the clinical examination, it appeared as a darkened macule, with different colors and irregular shape, measuring approximately 4 x 3 cm (Figure 1).

communication

Authors:

Marcela Duarte Villela Benez¹
Ana Luiza Furtado da Silva²
Gustavo Costa Veradino³
Solange Cardoso Maciel Costa Silva⁴

- ¹ Dermatologist Physician, Rio de Janeiro (RJ), Brazil
- ² Post-graduate Candidate, Hospital Universitário Pedro Ernesto da Universidade Estadual do Rio de Janeiro (UERJ) – Rio de Janeiro (RJ)
- ³ Post-graduate Candidate, Hospital Universitário Pedro Ernesto da Universidade Estadual do Rio de Janeiro (UERJ) – Rio de Janeiro (RJ)
- ⁴ Associate Professor and Head of Dermatology, Hospital Universitário Pedro Ernesto (UERJ)

Correspondence:

Dra. Marcela Duarte Villela Benez
Rua Bom Pastor 551/401 – Tijuca
20521-060 – Rio de Janeiro – RJ, Brazil
E-mail: mabenez@hotmail.com

Received on: 12/02/2010
Approved on: 14/06/2010

This study was carried out at the Hospital Universitário Pedro Ernesto da Universidade Estadual do Rio de Janeiro (UERJ) – Rio de Janeiro (RJ), Brazil.

Conflicts of interests: none
Financial support: none



Figure 1: Black patient with pigmented and asymmetric lesion in the right temporal region

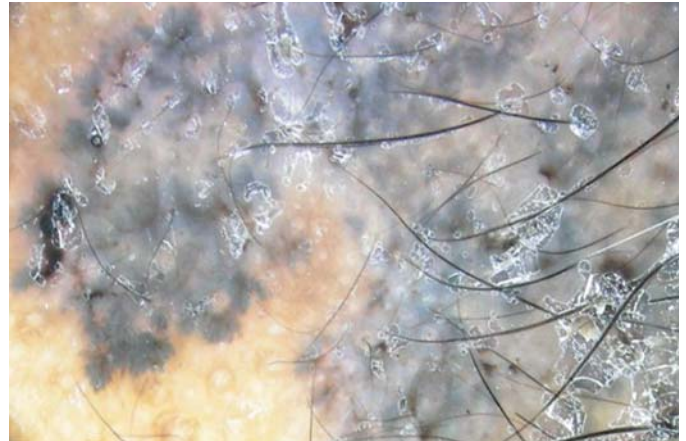


Figure 3: Leaf-border structures in the periphery of the lesion



Figure 2: Lesion with darkened pigment with absence of criteria for melanocytic lesion

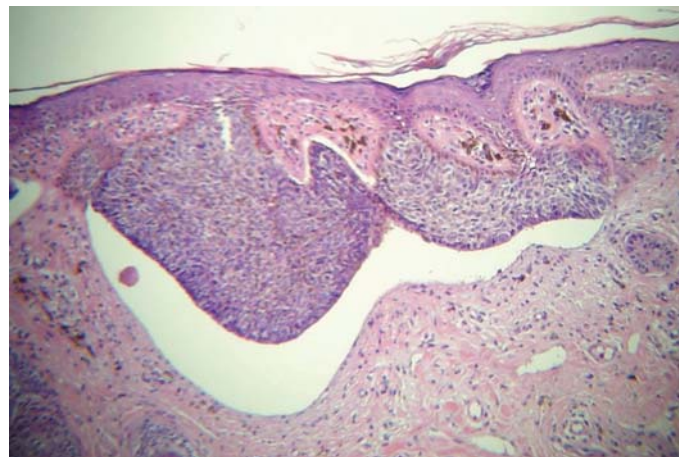


Figure 4: Basaloid tumorous cells with peripheral palisading and retraction of the collagen and melanin

Due to the suspicion that the lesion was a BCC or lentigo maligna melanoma, dermatoscopy was carried out, which revealed a darkened lesion with leaf-like border in its periphery (Figures 1 and 2). The histologic examination found basaloid tumorous cells, with peripheral palisading and retraction of the collagen extending over the epidermis. Melanin was seen inside the tumor, which helped confirm a superficial pigmented BCC diagnosis (Figure 4).

Only 1.8% of BCCs occur in black people; their higher levels of epidermal melanin provide a degree of photoprotection.²⁻⁴ BCCs are the second most frequent type of skin cancers affecting blacks.²⁻⁴ Nonetheless, when affected by some type of skin cancer, black individuals are more likely to present advanced stages of the disorder and have a greater mortality than whites. This disparity is probably due to a tendency for late diagnosis or a higher biological aggressiveness of tumors.²⁻⁴

Most BCC lesions are asymptomatic at the time of diagnosis; clinical features are similar for all ethnicities. Since exposure

to the sun is the most frequently involved etiologic factor, photoexposed areas are usually the most affected, with rare occurrences in photoprotected areas. In general, a lesion occurs as a solitary translucent nodule that can ulcerate.¹⁻⁴ In blacks, pigmentation is present in more than 50% of tumors, which hinders diagnosis and potentially generates confusion with pigmented seborrheic keratosis, melanoma or melanocytic nevus.²⁻⁴ The patient presented a darkened and asymmetric macule – clinical signs that suggest melanoma. Dermatoscopy is a valuable complementary method in such cases. As is characteristic in pigmented BCCs, the patient's macule presented structures such as leaf-like border and ovoid globules; telangiectasias and arboriform vessels were more difficult to verify.⁵ The diagnosis was confirmed by a histologic examination.

In Brazil, where the ethnicities are very mixed, knowledge of the clinical features of cutaneous tumors in black patients is extremely important for correctly diagnosing and planning treatment for lesions.●

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