

## A Growing Tender Non-pigmented Nodule of the Scalp: A Quiz

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A 65-year-old man was referred for a tender non-pigmented nodule located on the edge of the scalp. The lesion was growing and had become prominent in the previous 6 months, causing discomfort (Fig. 1).

Dermatoscopic examination under polarized light (PL, Fig. 2) and non-polarized light (NPL, Fig. 3) were performed.

What is your diagnosis? See next page for answer.

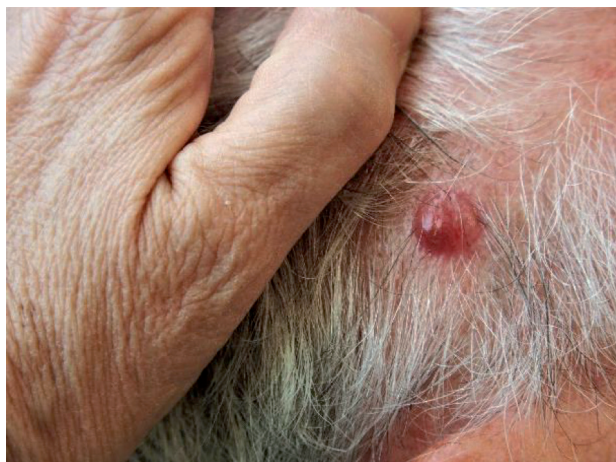


Fig. 1. Clinical aspect of a 65-year-old man.

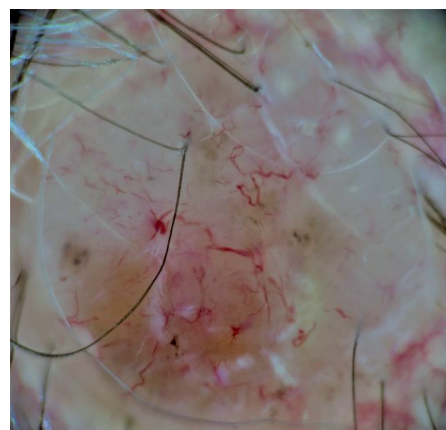


Fig. 2. Dermatoscopic aspect under polarized light.

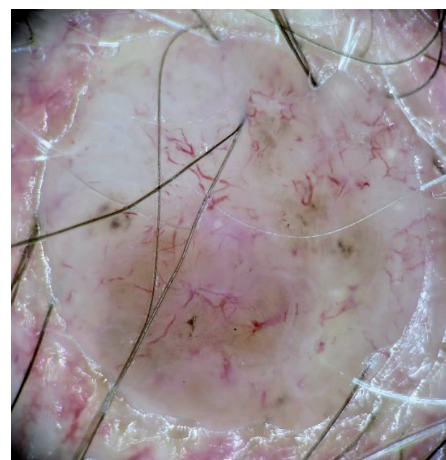


Fig. 3. Dermatoscopic aspect under non-polarized light.

## A Growing Tender Non-pigmented Nodule of the Scalp: A Commentary

### Diagnosis: A non-pigmented nodular basal cell carcinoma

Basal cell carcinoma (BCC) is considered the most common primary malignancy in the fair-skinned population. Even if diagnosis is most of the time suspected by clinical examination, dermoscopy improves the diagnostic accuracy of BCC, allowing early diagnosis, especially for incipient lesions [1].

Dermoscopy of BCC has been widely described and is currently very well-known [2-5]. Numerous criteria have been published and are the following for pigmented variant of BCC:

- Ulceration not associated with a recent history of trauma;
- Arborizing vessels: vessels with distinct treelike ramifications, in-focus, running on the surface of the BCC ;
- Maple leaf-like areas: peripheral radial linear or bulbous structures coalescing at a common off-center base;
- Spoke-wheel areas: radial lines converging at a central dot/clod ; Concentric structures are a variant of spoke-wheel area consisting of a darkly pigmented dot in the center of a less heavily pigmented clod;
- Multiple blue/gray globules and multiple in-focus blue/gray dots;
- Large blue/gray ovoid nests: accumulation of blue/gray clods;
- White shiny structures as lines and areas, visible only under polarized dermoscopy, probably owing to the associated fibroplasia (Fig. 4).

## References

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2. Menzies SW. Dermoscopy of pigmented basal cell carcinoma. *Clin Dermatol* 2002; 20: 268–269.
3. Wozniak-Rito A, Zalaudek I, Rudnicka L. Dermoscopy of basal cell carcinoma. *Clin Exp Dermatol* 2018; 43: 241–247.
4. Del Busto-Wilhem I, Malvehy J, Puig S. Dermoscopic criteria and basal cell carcinoma. *G Ital Dermatol Venereol* 2016; 151: 642–647.
5. Puig S, Cecilia N, Malvehy J. Dermoscopic criteria and basal cell carcinoma. *G Ital Dermatol Venereol* 2012; 147: 135–140.

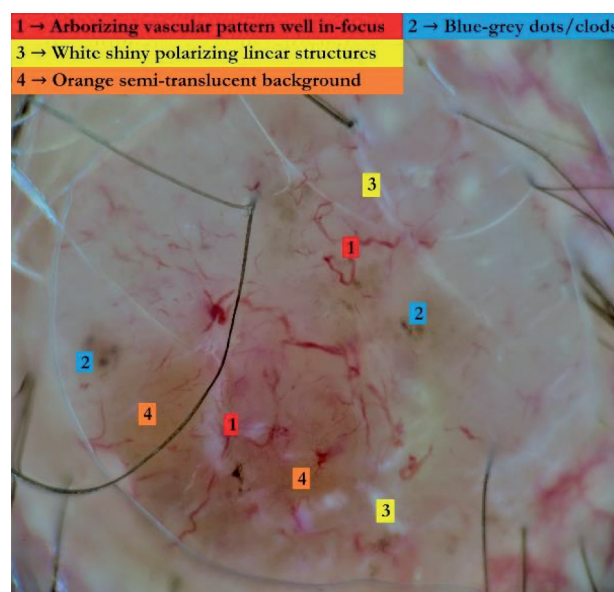


Fig. 4. Annotated dermoscopy with clues for basal cell carcinoma.

## Answers to CME on page 63–64

Case 13: 3 (spokewheel pigment pattern)

Case 14: 1 (individual components of neavus with uniform pigment network that fades)

Case 15: 3 (horn pseudocysts, follicular plugging, moth-eaten border)

Case 16: 2 (multiple black dots and globules, red globules, irregular blue-white negative network)