

DIAGNOSTIC DISCREPANCY BETWEEN DERMOSCOPIC AND HISTOPATHOLOGICAL FINDING IN NON MELANOMA SKIN CANCER, CORRELATION WITH SERUM LIPIDS

Lidija Petrovska ^{1,2} Tatjana Ruskovska ¹

¹Faculty of Medical Sciences, Goce Delcev University, Stip, North Macedonia
²Department of Dermatovenerology, Clinical Hospital Stip, North Macedonia

ABSTRACT

Introduction: Non-melanoma skin cancer (NMSC) is the most common cancer in Caucasians. Non-melanoma skin cancer includes basal cell and squamous cell carcinoma with corresponding clinical and histological subtypes. Basal cell carcinoma (BCC) accounts for 75% of cases and is a slow-growing, locally invasive, epidermal tumor with a metastatic rate of <0.1%. Cutaneous squamous cell carcinoma (SCC) is the second most common skin cancer, with an increasing incidence in recent decades. Only about 2% of SCCs are lethal, while the majority of SCCs have a generally favorable prognosis. In both BCC and SCC, mortality is low, but morbidity is high, leading to a significant burden on the healthcare system. The gold standard in establishing the diagnosis still remains the histopathological finding, but there are diagnostic methods that allow for almost precise establishment of the diagnosis, the selection of an appropriate therapeutic approach, which is of great importance for patients if we take into account that the main localization of tumors are the head and the neck.

Objectives of the study: The main objective of the research is to determine the discrepancy between dermoscopy and histology in establishing the diagnosis of NMSC, as well as the influence of serum lipids on the development of NMSC.

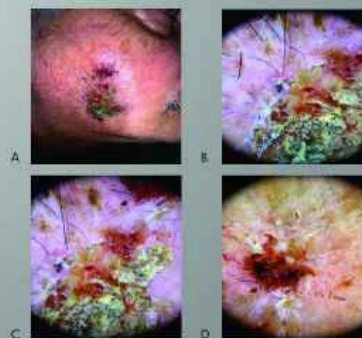
Materials and methods: Our research is prospective, observational. It is planned to include about 100 patients with histopathologically proven non-melanoma skin cancer. The subjects will be people

- ❑ 79-YEAR OLD MALE PATIENT
- ❑ A WOUND IN THE RIGHT PREAURICULAR REGION, WHICH OCCASIONALLY BLEEDS
- ❑ FORMER FARMER, WHO NEVER USED PHOTOPROTECTION, FITZPATRIC PHOTOTYPE 1
- ❑ NEGATIVE PERSONAL AND FAMILY HISTORY OF SKIN CANCERS
- ❑ DERMOSCOPIC SUSPICION WAS ESTABLISHED WITH SEVERAL DERMOSCOPIC DIAGNOSES: BCC, SCC И BSC
- ❑ LABORATORY EXAMINATIONS:
 TOT-CHOLESTEROL=3.6mmol/L(2.6-5.2mmol/L),
 TRIGLYCERIDS=0.5mmol/L(0.0-1.7mmol/L), HDL-
 CHOLESTEROL=2.09mmol/L(1.04-1.55mmol/L),
 LDL-CHOLESTEROL=1.3mmol/L(0.0-2.6mmol/L)
- ❑ HP: BASO-SQUAMOUS(METATYPICAL) CARCINOMA



Fig.3
A. Clinical presentation of a preauricular ulcer with a pearly edge, with a diameter of 10 mm
B. Dermoscopically present unfocused arborizing blood vessels, brown globules, ulceration, white shiny structures, white circles around follicular openings

- ❑ 75-YEAR OLD MALE
- ❑ A LARGE CRUST ON HIS RIGHT CHEEK
- ❑ HE WAS PREVIOUSLY OPERATED THERE
- ❑ HE DIDN'T CHECK AT HIS SURGEON AFTERWARDS
- ❑ DF:DG: BCC, SCC И BSC
- ❑ LABORATORY FINDINGS:
 TOT-CHOLESTEROL=4.1mmol/L(2.6-5.2mmol/L),
 TRIGLYCERIDES=2.8mmol/L(0.0-1.7mmol/L), HDL-
 CHOLESTEROL=0.98mmol/L(1.04-1.55mmol/L), LDL-
 CHOLESTEROL=1.9mmol/L(0.0-2.6mmol/L),
 GLYCEMIA=12.7mmol/L(3.9-5.5mmol/L), TA 160/100
 mmHg, WAIST CIRCUMFERENCE 115cm,
 HEIGHT=169cm, WEIGHT=97kg
- ❑ HP: BASO-SQUAMOUS(METATYPICAL) CA



A. Macroscopically, the change is a crust with dimensions of 30x50 cm. B, C, D. Dermoscopically focused and unfocused arborizing blood vessels, fine telangiectasia, keratin masses, blood spots, in the keratin masses

- ❑ 67-YEAR OLD MALE
- ❑ ONE YEAR HISTORY OF NODULAR LESION IN LEFT PECTORAL REGION WITH GRADUAL ENLARGEMENT, IT SOMETIMES BLEEDS.
- ❑ FORMER WORKER ON OPEN SPACE. HE NEVER USED FOTOPROTECTION. SKIN FOTOTYPE FITZPATRIC 2
- ❑ NEGATIVE PERSONAL OR FAMILY HISTORY OF SKIN CARCINOMA
- ❑ TOT-CHOLESTEROL=5.5mmol/L(2.6-5.2mmol/L),
 TRIGLYCERIDES=2.4mmol/L(0.0-1.7mmol/L), HDL-
 CHOLESTEROL=0.95mmol/L(1.04-1.55mmol/L), LDL-
 CHOLESTEROL=5.6mmol/L, GLYCEMIA=6.9mmol/L(3.9-5.5
 mmol/L), TA 140/90 mmHg, WAIST CIRCUMFERENCE 105cm,
 HEIGHT=178cm, WEIGHT=90kg.
- ❑ HP: BASOCELLULAR CARCINOMA



Fig.1 Bleeding elliptical nodule, with a pearly edge and a centrally located ulceration, with a maximum diameter of 10 mm

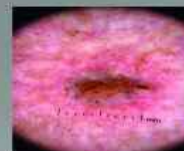


Fig.2 Dermoscopic view of an ulcerated lesion with arborizing blood vessel, blue-gray ovoid nests and white shiny structures