

# Partially pigmented BCC of the neck: a challenging differential diagnosis with amelanotic melanoma.

Edoardo Cervoni<sup>1</sup>

<sup>1</sup>Affiliation not available

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## Abstract

The presence of pigmented and partially pigmented skin lesions of non-univocal interpretation should always trigger a cautious approach. Albeit the diagnosis of malignant melanoma should remain our main concern, other more common skin conditions, namely basal cells carcinoma, should be taken into consideration in the diagnostic process and management plan. The following case highlights how, sometimes, the diagnosis of partially pigmented basal cells carcinoma may not appear to be immediately evident and the opportunity to deal with non-surgical approach missed.

## Case report

50-year-old man of Caucasian origin, phototype III in Fitzpatrick scale, initially presenting with a 6-month history of pigmented, inflamed, flat skin lesion at the base of the neck.

The lesion had been noticed in the summer months due to the itching and occasional burning it caused (figure 1).

Physical examination revealed a 7 mm x 8 mm superficial skin lesion, partially pigmented, not well defined, slightly hyperkeratotic, against a background with several lentigo and nevi. No particular concerns were raised by dermoscopy, or dermatoscopy, and the patient was reassured, even though a small white clod was noted.



Figure 1: Lesion at the time of its initial presentation.

The patient returned 1 month later after using 1% hydrocortisone cream for a few days to relieve itching and pain. The cream had somewhat helped reduce those symptoms, but the skin lesion was symptomatic again a couple of weeks later. (figure 2)

A differential diagnosis between seborrheic keratosis, actinic keratosis, basal cell carcinoma (BCC) and partially pigmented melanoma (MM) was considered.

On dermoscopy, the lesion did not show the presence of nests, or globules, grey blue, of leaf-like structures, radial structures, or ulcerations([“Pigmented Basal Cell Carcinoma”, 2018](#)). This time a small arborizing telangiectasia was noted. The lesion was partially pigmented on its periphery with two pseudopods. Also bearing in mind the small white clod previously described, to underline a structural disorder in the cyto-architectural structure, an excision biopsy was organized.



Figure 2: Same lesion as figure 1, 4 weeks later.

Histology revealed a completely excised, partially pigmented, BCC.

## Discussion

Differential diagnosis between partially pigmented BCC, versus amelanotic melanoma, term often used to indicate lesions that are only partially devoid of pigment, can be difficult, particularly in the early stages.

This clinical case reminds us of the possible occurrence of pigmented and partially pigmented BCC also in phototype II and III in the Fitzpatrick scale, and not only in phototype IV, as is more typically the case.

Recent positive results with imiquimod in the treatment of BCC as well as non-amenable melanoma and lentigo maligna, open the possibility of offering trial therapy with imiquimod, which acts as an immune response modifier, when the diagnosis of actinic keratosis and BCC is more likely for instance.

Image analysis using artificial intelligence can also be a valuable tool in the hands of the dermatologist in terms of probabilistic diagnosis thereby facilitating and informed discussion with the patient on the best management strategy, bearing in mind the cosmetic implications of each proposed action plan.

Furthermore, BCC is the result of an actinic “field” damage and a topical approach, as more extensive than a surgical excision, may be preferable in particular in the aesthetically relevant areas.

## References

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