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Instituto Nacional de Câncer
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Curso de Aperfeiçoamento nos Moldes Fellow
em Dermatologia em Oncologia**

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**IMPORTÂNCIA DA DERMATOSCOPIA NO
DIAGNÓSTICO DAS LESÕES ROSADAS**

**Rio de Janeiro
2025**

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Trabalho de Conclusão de Curso
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conclusão do Curso de Aperfeiçoamento
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Oncologia.

Orientador: Dr. Jorge Ricardo da Silva Machado

Revisão: Dra. Shirley Burburan

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Rio de Janeiro
2025

RESUMO

BASSANI, Gabriela Menegol. **Importância da dermatoscopia no diagnóstico das lesões rosadas**. Trabalho de Conclusão de Curso (Aperfeiçoamento nos Moldes Fellow em Dermatologia em Oncologia) — Instituto Nacional de Câncer (INCA), Rio de Janeiro, 2025.

As lesões rosadas abrangem um amplo grupo de lesões que podem ser de origem inflamatória, infecciosa e tumorais benignas ou malignas. Seu diagnóstico é desafiador pois os critérios dermatoscópicos de neoplasias amelanóticas são mais sutis e menos específicas do que as lesões pigmentadas. Além da história e o exame clínico, a dermatoscopia é uma ferramenta valiosa que permite avaliar a morfologia, o arranjo vascular, critérios adicionais e o padrão dermatoscópico prevalente na lesão, o que leva a uma suspeita diagnóstica com maior acurácia e conduta apropriada para cada caso. Diante de uma pápula rosada, única e com histórico de crescimento, o diagnóstico de melanoma amelanótico deve ser sempre lembrado. Ele representa de 2-8% dos casos de melanoma, associado a pior prognóstico, maior risco de doença metastática no momento do diagnóstico e índice de mortalidade mais elevado em relação às lesões pigmentadas. Isso pode ser justificado pelo diagnóstico tardio, por ser confundido inicialmente com lesões infecciosas ou inflamatórias. Na dermatoscopia, características sugestivas de melanoma amelanótico são: padrão vascular puntiforme distribuído simetricamente por toda lesão, polimorfismo vascular, estruturas branco brilhantes, microulceração, resquício de pigmentação e áreas vermelho leitosas. Assim, na presença de critérios clínicos e dermatoscópicos suspeitos e pela possibilidade do melanoma amelanótico mimetizar algumas lesões benignas e malignas, é recomendável a realização de biópsia para confirmação diagnóstica antes de qualquer tratamento para lesões rosadas.

Palavras-chave: algoritmo de três passos; biópsia de pele; dermatoscopia; lesões rosadas; melanoma amelanótico.

ABSTRACT

BASSANI, Gabriela Menegol. **The importance of dermoscopy in the diagnosis of pink lesions.** Final paper (Fellowship in Oncological Dermatology) — Brazilian National Cancer Institute (INCA), Rio de Janeiro, 2025.

Pink lesions include a wide group of lesions that can be of inflammatory, infectious and benign or malignant tumoral origin. Its diagnosis is challenging because the dermoscopic criteria for amelanotic neoplasms are more subtle and less specific than pigmented lesions. In addition to the history and clinical examination, dermoscopy is a valuable tool that allows evaluating the morphology, vascular arrangement, additional criteria and the dermoscopic pattern prevalent in the lesion, which leads to a suspected diagnosis with greater accuracy and appropriate management for each case. When faced with a single, pink papule with a history of growth, the diagnosis of amelanotic melanoma should always be remembered. It represents 2-8% of melanoma cases, associated with a worse prognosis, greater risk of metastatic disease at the time of diagnosis and a higher mortality rate in relation to pigmented lesions. This may be justified by the late diagnosis, as it is initially confused with infectious or inflammatory lesions. In dermoscopy, characteristics suggestive of amelanotic melanoma are: dotted vessels distributed symmetrically throughout the lesion, vascular polymorphism, whitish striae, micro-ulceration, pigment remnants, and a milky pink-red background. Therefore, in the presence of suspicious clinical and dermoscopic criteria and due to the possibility of amelanotic melanoma mimicking some benign and malignant lesions, it is recommended to perform a biopsy to confirm the diagnosis before any treatment for pink lesions.

Keywords: amelanotic melanoma; dermoscopy; pink lesion; three-step algorithm; skin biopsy.

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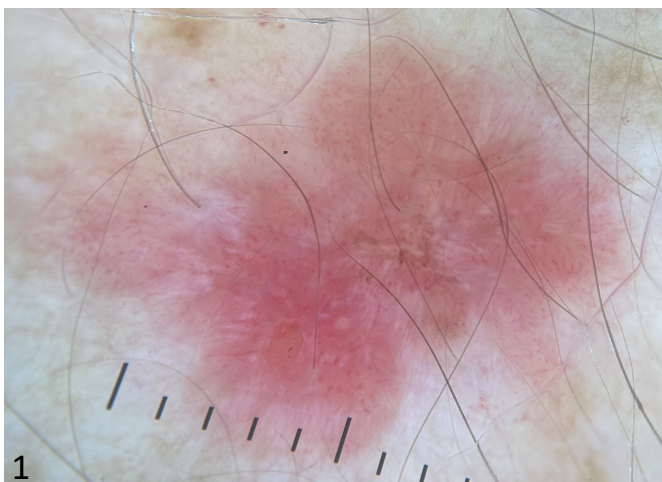


INTRODUCTION

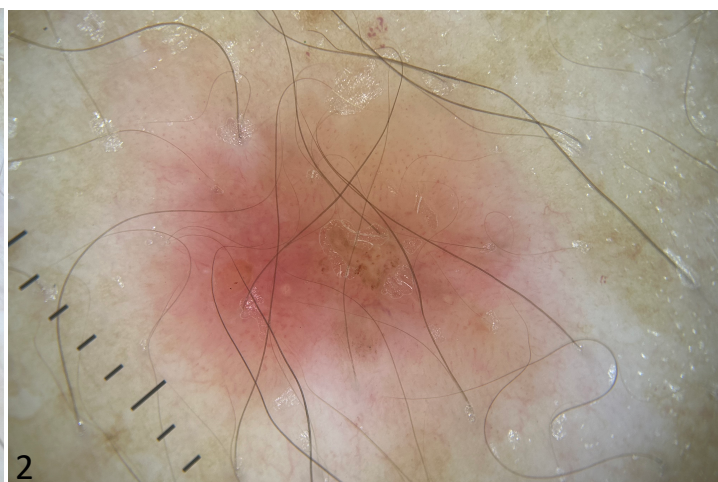
Pink lesions include a wide range of lesions that may be of inflammatory, infectious, benign, or malignant tumor origin. Beyond history and clinical examination, dermoscopy is a valuable tool that allows for the assessment of morphology and vascular arrangement, additional criteria, and the prevalent dermoscopic pattern in the lesion, leading to a more accurate diagnostic suspicion and appropriate management for each case.

CASE PRESENTATION

A 48-year-old female patient, phototype II, reports the emergence of a pink papule on her left forearm that has grown over the course of a year. She denies any personal or family history of skin cancer. Physical examination revealed a one-centimeter pink papule with a pearly sheen. Dermoscopy showed vascular polymorphism, whitish striae, and micro-ulceration (Fig. 1 and 2). The patient did not have palpable lymphadenopathy. An excisional biopsy with narrow margins was performed. Pathology report: superficial spreading amelanotic melanoma, vertical growth phase, Clark level III, Breslow depth 0.6 mm, ulcerated. No microsatellitosis, regression, angiolymphatic invasion, or peritumoral infiltration. Infiltrating tumor lymphocytes present: brisk type, 1 mitosis per mm³. The patient underwent a 1 cm three-dimensional surgical margin widening and sentinel lymph node biopsy, with negative immunohistochemistry for micrometastasis. Clinical-pathological staging IB.



1. Polarized light



2. Non-polarized light

DISCUSSION

The diagnosis of pink lesions is challenging as the dermoscopic criteria for amelanotic neoplasms are subtler and less specific than those for pigmented lesions. The three-step algorithm can assist in the diagnosis. The first step is the evaluation of vascular morphology, followed by the vascular arrangement, and lastly, the assessment of additional dermoscopic features. Specifically, amelanotic melanoma can present in various ways, from dot vessels with a regular arrangement mimicking a benign lesion, to vascular polymorphism in an irregular arrangement, favoring malignancy. The presence of whitish striae, micro-ulceration, pigment remnants, and a milky pink-red background are additional important criteria to be investigated as they are structures commonly found in malignant lesions. The analysis of the prevailing dermoscopic pattern, which consists of the presence of a certain structure in more than 40% of the lesion, can also be applied to guide the diagnosis towards a benign or malignant lesion. When faced with a single pink papule with a history of growth, the diagnosis of amelanotic melanoma should always be considered. It accounts for 2-8% of melanoma cases, associated with a worse prognosis, a higher risk of metastatic disease at the time of diagnosis, and a higher mortality rate compared to pigmented lesions. This can be attributed to the delayed diagnosis, as it may initially be confused with infectious or inflammatory lesions. Lastly, due to the possibility of amelanotic melanoma mimicking some benign and malignant lesions, it is advisable to perform a biopsy for diagnostic confirmation before initiating any treatment for any pink lesion.

CONFLICTS OF INTEREST

None declared.

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Menegol Bassani, Gabriela; Covatti, Edison Luis; Adam, Givago; Machado, Jorge; Neves Barros De Almada Justino, Georgia; De Avelar Alchorne Trivelin, Stefano; Medeiros Hortêncio, Ana Paula; De Aquino, Jhonata Luiz Lino

have presented the Abstract entitled

"IMPORTANCE OF DERMOSCOPY IN THE DIAGNOSIS OF PINK LESIONS"

as ePoster.

Buenos Aires, October 19, 2024

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