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## Dermoscopic features of non-melanocytic malign skin tumors

**Ercan Arca**

Department of Dermatology, Private Guven Hospital, Turkey

Nonmelanoma skin cancer is most common skin cancer. BCC is the most common of all. It is locally invasive and often grows slowly. Classical dermoscopy for BCC includes absence of pigmented network and presence of at least one of following criteria: blue/gray ovoid nests, blue/gray dots, ash-leaf areas, spoke-wheel structures, arborizing vessels and ulceration. However, BCC may reveal large variety of dermoscopic features. These are short-fine superficial telangiectasia, concentric structures, multiple small erosions, multiple in focus blue/gray dots, shiny white-red structureless areas. AK has been characterized as “precancerous” because atypical keratinocytes within these lesions are confined to the epidermis. Dermoscopically, facial AKs commonly reveal a red pseudonetwork pattern and white keratotic hair follicle openings, the “strawberry pattern,” white/yellow surface scales, linear or wavy vessels surrounding the hair follicles, and yellowish keratotic plugs. Bowenoid AK is typified by glomerular vessels, which are regularly distributed and not arranged in clusters, as seen in classic BD. Hyperkeratotic AK shows surface scale and erythema. Pigmented AK is often characterized hyperpigmented or reticulated appearance. Bowen Disease is a malignant intraepithelial tumor. Typically, it presents as a slowly enlarging, flat, pink, scaly patch or plaque on lower extremities, face, and intertriginous areas. Dermoscopy of BD shows a peculiar pattern characterized by glomerular vessels and a scaly surface. In addition, pigmented BD may exhibit irregular pigment globules in a patchy distribution, gray-brown homogeneous pigmentation, and pseudonetwork. SCC presents with various clinical appearances. The typical SCC is a skin-colored papule-nodule-plaque localized on sun-damaged skin. The biologic behavior differs by location, size, depth, and grade of histologic differentiation. There are significant differences in the dermoscopic patterns of AK, intraepidermal carcinoma, and invasive SCC and these differences may assist in their clinical diagnosis and subsequent management. Progression of AK into intraepidermal carcinoma and invasive SCC can be observed on dermoscopic examination. Initially, AK shows a red pseudonetwork. The first step of progressing toward intraepidermal carcinoma is characterized by progressive development of red starburst pattern and yellow-white opaque scales. In this presentation, dermoscopic features of NMSCs and value of dermoscopy for diagnosis and management of NMSCs will be discussed.

## Biography

Ercan Arca was born on 1966 at Eskisehir, Turkey. He was graduated from GMMA, Faculty of Medicine in 1990. He became dermatologist on 1996. He studied in GMMA, School of Medicine, Department of Dermatology between 2000-2017 as a faculty. He became professor at this university in 2013. He retired from his university on May, 2017, and now he is working at Guven Hospital in Ankara as head of Dermatology Department. He spent one-year in 2006 in Johns Hopkins University, USA on the subject of “early diagnosis of pigmented skin lesions by dermoscopy and treatment and prevention of melanoma and pigmented lesions.” His other interested subspecialties are psoriasis, pediatric dermatology, cutaneous surgery, laser, cosmetic surgery, dermoscopy. He has published more than 150 papers in journals and also present about 200 oral and poster presentation in both national and international congresses. He is married with a medical doctor and has two children (12 and 9 years old).

ebarca66@yahoo.com  
ercan.arca@guven.com.tr

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