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ORIGINAL ARTICLE

Dermoscopy of Pigmented Actinic Keratosis of the Face: A Study of 232 Cases



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KEYWORDS

Pigmented actinic keratosis;
Facial lesions;
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Dermoscopy

Abstract The diagnosis of pigmented actinic keratosis (PAK) is often challenging because of overlapping features with lentigo maligna.

Objective: To investigate dermoscopic patterns of PAK according to their different evolutionary stages, and to correlate the pattern with clinical characteristics of the patients.

Methods: Descriptive and analytical study of 232 PAK. Dermoscopic patterns were divided into two categories: the follicle surroundings' abnormalities (FSA) and follicular keratosis' abnormalities (FKA).

Results: FSA and FKA dermoscopic patterns were related to male gender, except for star-like appearance, double white clods and dermoscopic horn ($p \leq 0.04$). Rhomboidal, annular granular pattern, gray halo, white circle and double clods were dermoscopic pattern significantly related to xeroderma pigmentosum's type of skin. Based on the evolutionary stages of PAK, the jelly sign was significantly related to thin patches of PAK. Central crusts and scales were related to thick plaques and the star-like appearance to hypertrophic PAK. The presence of 2 or more dermoscopic signs in both FSA and FKA was noticed in 99.1% of lesions.

Conclusions: The dermoscopic diagnosis of PAK vary according to the evolutionary stages of the disease, this will increase the diagnosis accuracy, with therapeutic implications.

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PALABRAS CLAVE

Queratosis actínica pigmentada;
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Cáncer de piel no melanoma;
Dermatoscopia

Dermatoscopia en la queratosis actínica pigmentada del rostro: estudio de 232 casos

Resumen El diagnóstico de la queratosis actínica pigmentada (QAP) es a menudo difícil, debido a sus características, que se solapan con las propias del lentigo maligno.

Objetivo: Investigar los patrones dermatoscópicos de la QAP con arreglo a sus distintos estadios evolutivos, y correlacionar dicho patrón con las características clínicas de los pacientes.

Métodos: Estudio descriptivo y analítico de 232 QAP. Se dividieron los patrones dermatoscópicos en 2 categorías; alteraciones perifoliculares (APF) y la queratosis folicular (QF).

Resultados: Se relacionaron los patrones dermatoscópicos de APF y QF con el sexo masculino, exceptuando las características de aspecto estrellado, *double white clods* y cuerno dermatoscópico ($p \leq 0,04$). Las características romboidal, anular-granular, de halo gris, círculo blanco y *double clots* constituyeron los patrones dermatoscópicos significativos relacionados con el tipo de piel del xeroderma pigmentoso. Sobre la base de los estadios evolutivos de la QAP, el signo de la jalea guardó relación significativa con los parches finos cutáneos de la QAP. Las costras y escamas centrales se relacionaron con las placas densas, y el aspecto estrellado de la QAP hipertrófica. La presencia de 2 o más signos dermatoscópicos, tanto en APF como en QF, se apreció en el 99,1% de las lesiones.

Conclusiones: El diagnóstico dermatoscópico de QAP varía con arreglo a los estadios evolutivos de la enfermedad, incrementándose la precisión diagnóstica, con implicaciones terapéuticas.

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Introduction

Actinic keratosis is considered to be an in situ epidermal dysplasia that develops in sunexposed areas in individuals having a fair skin phototype.¹ It may be erythematous or pigmented; pigmented AK (PAK) is a challenging lesion also on dermoscopic examination, especially on the face, since it can be easily misdiagnosed as lentigo maligna (LM).² Whereas LM should be excised, PAK can be treated with less invasive approaches and excellent esthetic results.^{3,4} A biopsy is often required to achieve a correct diagnosis, leading to unnecessary scars on a cosmetically sensitive area. The primary objective of the present study was to describe the dermoscopic patterns of PAK according to their different evolutionary stages, and to correlate the pattern with clinical characteristics of the patients in order to emphasize the usefulness of this imaging technique in the diagnosis of PAK.

Materials and methods

Descriptive and analytical study conducted in the Department of Dermatology of the University Hospital Hassan II of Fez in Morocco and extending over a period of 10 months (October 2014–July 2015).

The age, sex, skin phototype, and site of the lesions were recorded for each patient. The evolutionary stages of PAK were determined as follows: thin patches with thin or without scales; scaly plaque and hyperkeratotic plaque. Clinical and dermoscopic images were taken and then evaluated by three examiners experienced in dermoscopy independently of the histology results if the lesion was excised; and then the correlation dermoscopy-histopathology was done after the dermoscopic analysis.

Dermoscopic patterns were divided into two categories. The follicle surroundings' abnormalities (FSA) which included: rhomboidal pattern, annular granular pattern, the jelly sign and the star-like appearance at the periphery of the lesion. Follicular keratosis' abnormalities (FKA) included: the gray halo around the central keratosis, the white circle sign, rosettes, double white clods, one white clod and the dermoscopic horn (Table 1).

Newly described dermoscopic signs were used in our study, namely, the prominent central hyperkeratosis and the double white clod. The prominent central hyperkeratosis in the follicular opening gives an appearance of a dermoscopic horn. This sign is the evolution of the central keratin surrounded by the inner gray halo described by Nascimento et al.⁵ The second newly described sign in this study was the double white clods attached against each other. Other signs such as the rosette sign,^{6,7} the jelly sign¹ with a superficial pigmentation appearance, white globules and circles⁷ and the inner gray halo (IGH)⁵ around the yellowish keratin were examined based on recent literature. In addition, other known signs, such as rhomboidal structures, globules and dots, annular-granular pattern and scales^{8,9} were also examined.

Statistical analysis was performed using the SPSS 20 software. Two kinds of analysis were performed, namely descriptive and univariate analysis. The descriptive analysis where quantitative variables were expressed as means \pm standard deviation and qualitative variables as percentages, and in the univariate analysis, the comparison of two percentages was carried out by Chi 2 test. A p value less than 0.05 was considered statistically significant.

Ethical approval was obtained from the ethics committees in the Department of Dermatology of the Hospital Center Hassan II in Fez-Morocco, and all the patients were informed of the conditions related to the study and gave their written, informed consent.

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