

PS1.007

Cutaneous ulcer - dermoscopy

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The case: We reported a 80 -year- old woman with skin phototype II, included in the home care program, with hypertension, dyslipidemia, peripheral artery disease and bronchitis. Visited at home by ulcer in the left outer side arm 5x3,5 cm succulent and bright areas, with very slow growth and few itchy, 1 year of evolution, and not improved with standard treatment for skin ulcers. Dermoscopy was performed at home, watching non-pigmented lesion with branched telangiectasias, wagon wheel and ulcerations. Suspecting basal cell carcinoma by dermoscopy, the patient was referred to specialized dermatology. Basal cell carcinoma accounts for 80 % of skin cancers that produce local destruction, slow and progressive growth and rarely metastasize.

Method: Dermoscopy - It is a low-power microscope that sometimes use a fluid contact as interface or a polarized light in order to reduce interference from the skin surface due to light scattering.

Results: Punch at 2 areas, resulting in pathology: infiltrative and ulcerated basal cell carcinoma. The appropriate indications for dermoscopy are pigmented skin lesions, evaluation of non-melanocytic tumor lesions and inflammatory diseases, skin infections and skin and nail changes.

Conclusions: The dermoscopy in primary care screening is noninvasive, simple, fast and economical for displaying cross skin lesions even in home care. The clinical atypia is not correlated with histological atypia, but correlation between the dermatoscopy and histological diagnosis has been demonstrated statistically significant.