

Dermatoscopia per il medico curante

23° Corso di aggiornamento per il medico di
base

16.10.2025



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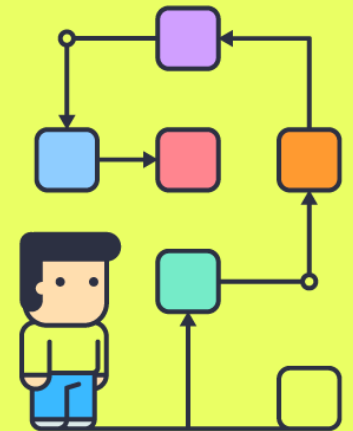
Dermoscopia

- Tecnica non invasiva
- Aiuta a distinguere lesioni melanocitarie da lesioni di altra natura (NMSC) o con atipie
- Permette di descrivere anche lesioni infiammatorie, caratterizzare disturbi delle unghie e dei capelli, a volte infezioni/infestazioni (es. scabbia, tinea, pedicolosi)
- La luce polarizzata permette di filtrare la luce che riflette dalla periferia disperdendosi e migliora la visualizzazione di strutture subepidermiche senza utilizzare un liquido di interfaccia; permette quindi dermoscopia senza contatto
- Aiuta a capire meglio la correlazione clinico-patologica (profondità delle strutture)

Approccio diagnostico

Step by step: 3 domande

1. Lesione melanocitaria o no?
2. Benigno o maligno?
3. Bisogna asportare?



Melanocytic or Non melanocytic

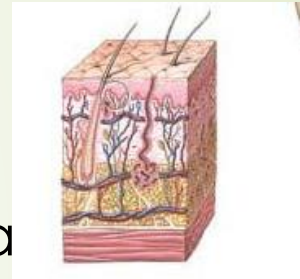
+ : Nevus



- : Melanoma



- Dermatofibroma
- Haemangioma
- Adnexal tumor
- Basal Cell Carcinoma
- Actinic keratosis/ Bowen disease
- Seborroic Keratosis
- Squamous Cell Carcinoma
- Merkel carcinoma
- Sarcoma Kaposi
-



The ABCDE of Melanoma

Ordinary
mole



Melanoma



Asymmetrical



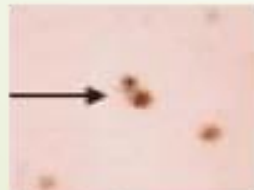
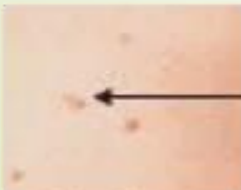
Border less



Color change



Diameter (bigger than 1/4")



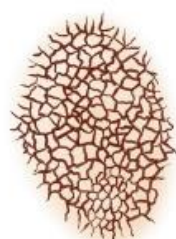
Evolving (color & size changes)



N.B: Specific structures must support interpretation of the global pattern!

Homogenous pattern

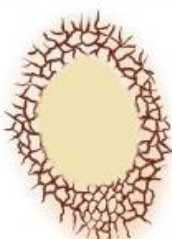
Nevus
(context)



Reticular /
Network



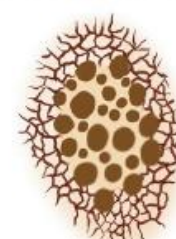
Patchy network /
reticular



Peripheral network &
central
hypopigmentation



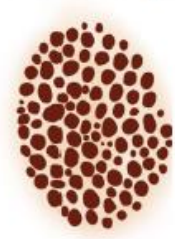
Peripheral network &
central
hyperpigmentation



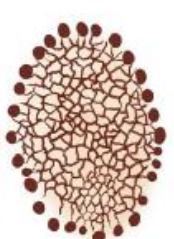
Peripheral network &
central globules



Globular
Cobblestone



Globular



Peripheral globules



Starburst



blue



brown



tan / pink

IDN / DF



IDN: comma/curved vessels, brown halo, brown
pigmentation, globules



DF: network with central
white blotch



DF: network with ring-like globules,
shiny white streaks & pink hue

Seb K



Milia cysts



Comedo openings



Crypts / Sulci



Gyri/ridges and
sulci/fissures



Fingerprint like
structures



Moth eaten
border



Sharp demarcation



Hairpin vessels with
whitish halo

Other



Angioma: Red
lacunae



Angiokeratoma:
Red / blue / black lacunae



Sebaceous hyperplasia:
Crown vessels



CCA: Vessels in serpiginous /
string of pearls arrangement

With experience



Poroma: Multi-looped vessels
with rounded endings



Xanthogranuloma:
setting sun sign



Pyogenic granuloma:
rail sign

If the lesion does not have one of these patterns, go to step 2

Step 2a: Malignancy should be considered in lesions manifesting a “disorganized” pattern

BCC



Leaf like areas



Spoke wheel like structures



Multiple blue gray dots / globules



Blue gray ovoid nests



Shiny white blotches and strands



Arborizing / branched vessels



ulceration



Multiple aggregated yellowish-whitish (MAY) globules

SCC



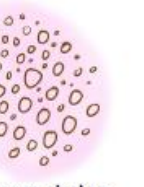
strawberry pattern



Glomerular / coiled vessels



Brown dots radially arranged



Brown circles



White circles / pearl like structures



Rosettes



Adherent yellow scale

MM



Atypical network



Angulated lines



Negative network



Atypical streaks



Atypical dots and globules



Tan structureless areas



Raised blue white structureless area
Blue white veil



Shiny white lines / streaks



multiple small hyperpigmented areas



Atypical blotches



Granularity / peppering



Scarlike depigmentation and peppering



Flat blue white structureless area



Dotted



Serpentine



Polymorphous



Milky red areas / milky red globules

Regression structures

Atypical vascular pattern

Other

malignancies such as Merkel cell carcinoma can mimic amelanotic melanoma

If the lesion appears organized, go to step 2b (context)



milky red areas,
polymorphous/serpentine vessels,
shiny white structures

Effetto Tyndall attraverso la cute

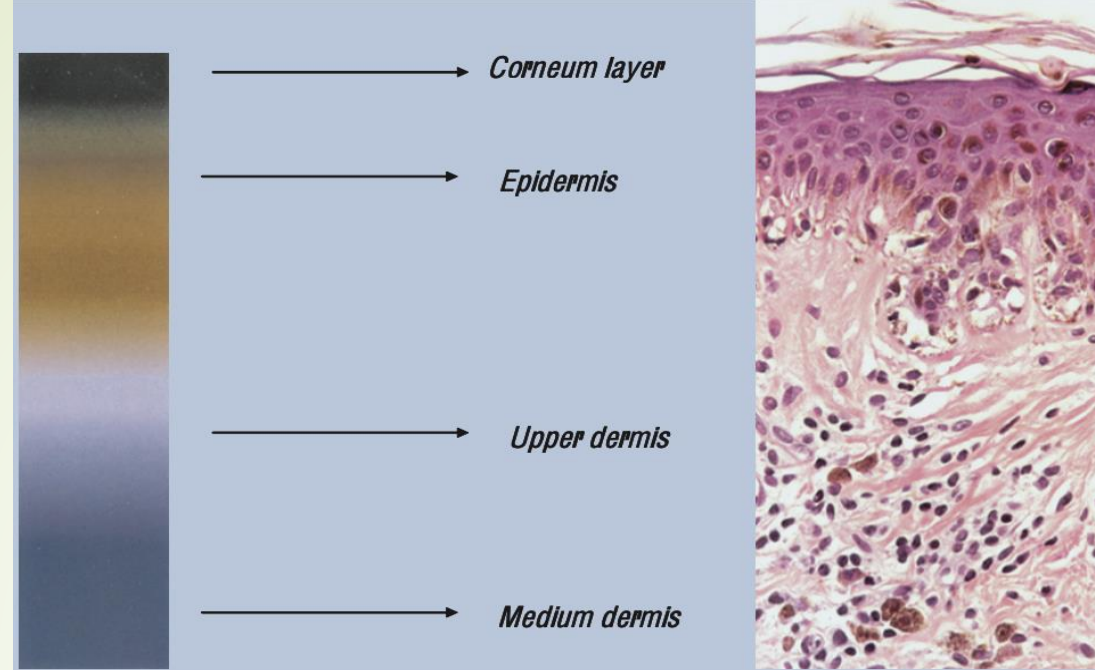


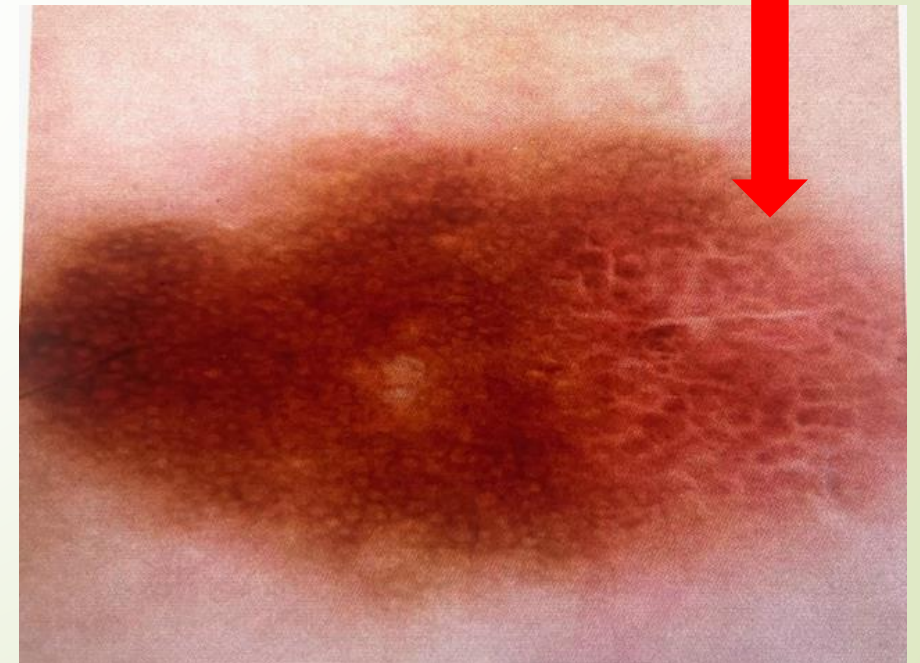
Figure 1.1 Colors in dermoscopy depending on the location of melanin in the skin.



Table 1.1 Histopathologic correlation of the principal dermoscopic structures.

Dermoscopic feature	Histopathologic correlation
Pigmentation and color	Melanin, keratin and hemoglobin at different levels in skin anatomy
Pigment network	Melanocytic pigmentation or melanin in keratinocytes along the rete ridges
Pigment pseudonetwork	Pigment in the epidermis or dermis interrupted by follicular and adnexal openings of the face
Black dots	Aggregates of melanocytes or melanin granules in the upper epidermis or stratum corneum
Multiple blue-gray dots 'peppering'	Melanophages/ melanin in the upper dermis
Brown globules	Nests of melanocytes in the upper dermis
Radial streaming and pseudopods (streaks)	Aggregates of tumor cells running parallel to the epidermis (Spitz/Reed nevi or radial growth phase of melanoma)

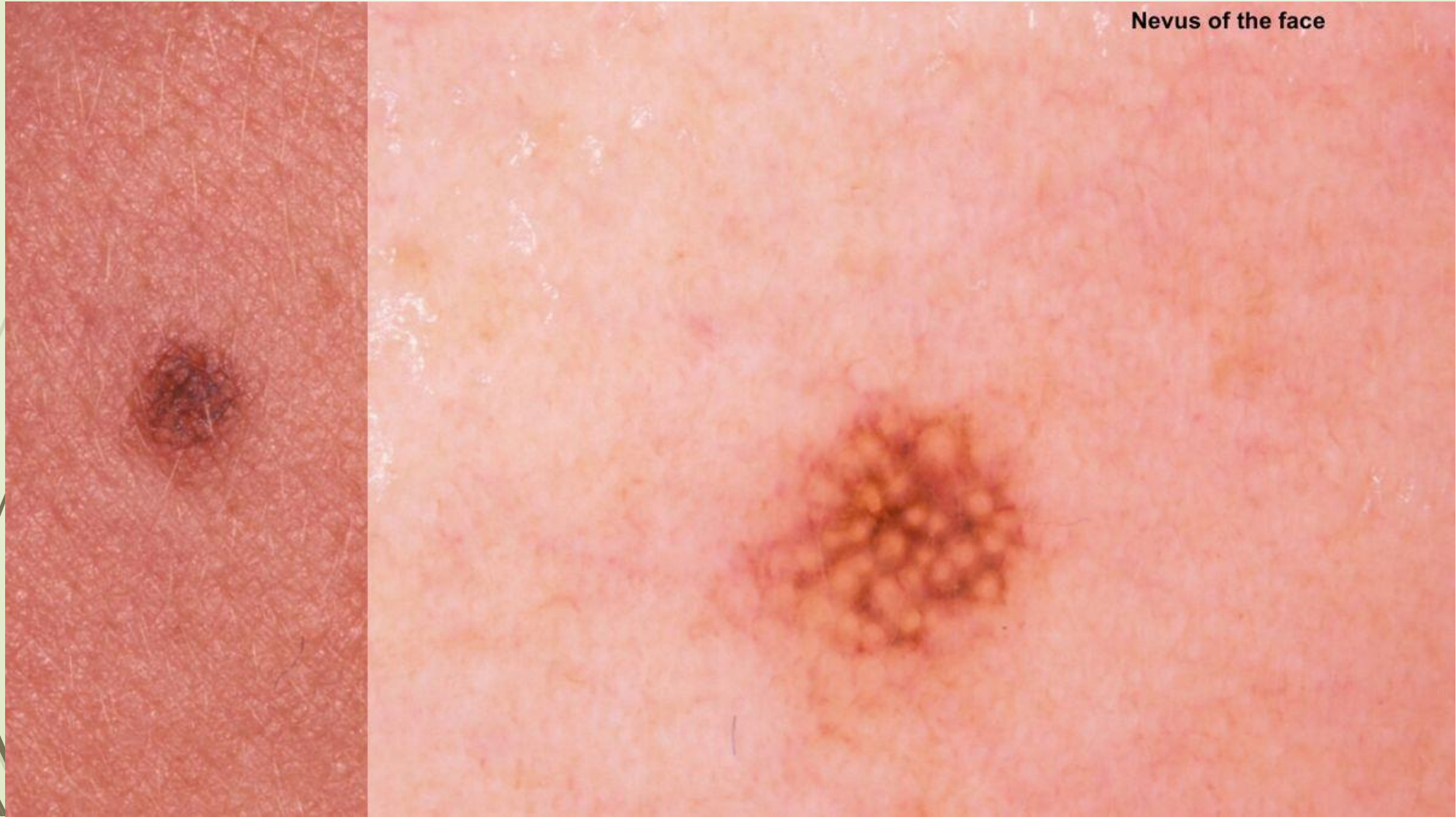
Alcuni termini dermoscopic

- Reticolo (pigment network): ramificazioni pigmentate marroni o nere con fori ipopigmentati. A volte le linee sono chiare (reticolo invertito)
 - > tipico: linee con spessore e fori regolari, colore omogeneo, sfuma in periferia
 - > atipico: trama e/o fori irregolari sia nella forma che nel colore, interrompe brusco in periferia

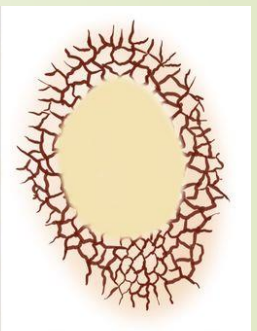
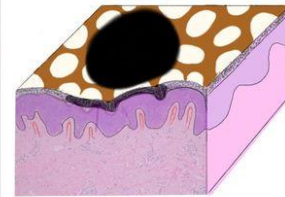
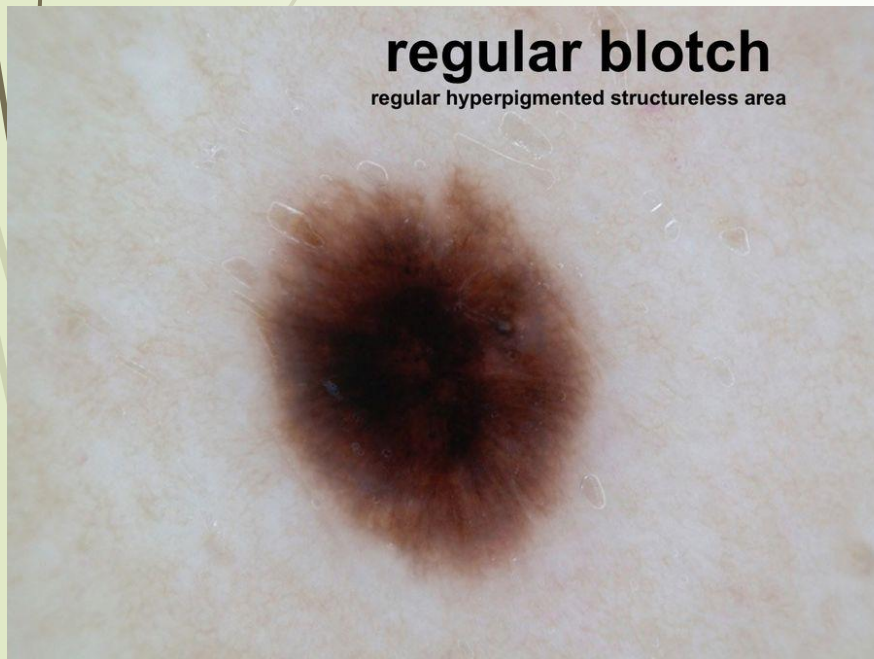


- 
- 
- Pseudo-reticolo (pseudonetwork): sul viso il pigmento omogeneo viene interrotto dalle aperture naturali delle strutture annessiali (ghiandole sebacee, follicoli piliferi, etc) creando un pseudo-pattern reticolare
 - Aree senza struttura: regioni senza struttura con colore omogeneo, ipo o iperpigmentate

Pseudo-network sul viso



Structureless areas



N.B: Specific structures must support interpretation of the global pattern!

Homogenous pattern

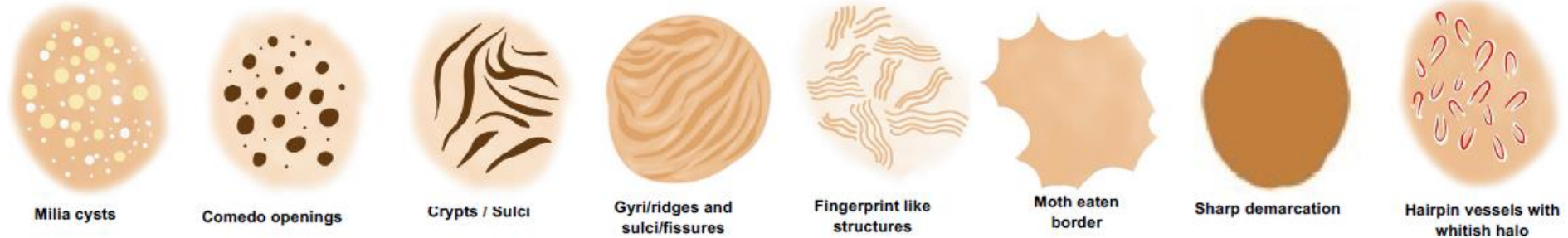
Nevus
(context)



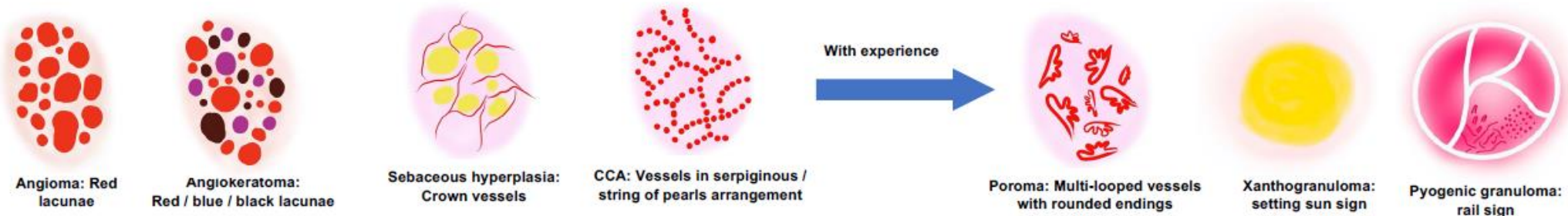
IDN / DF




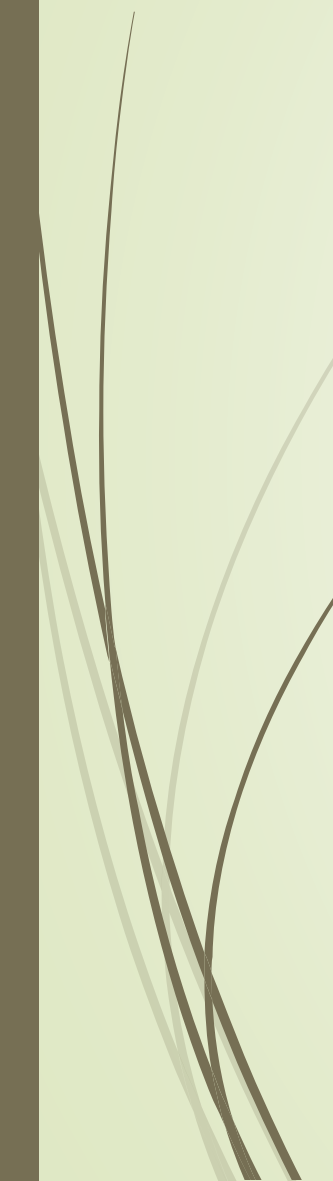
Seb K

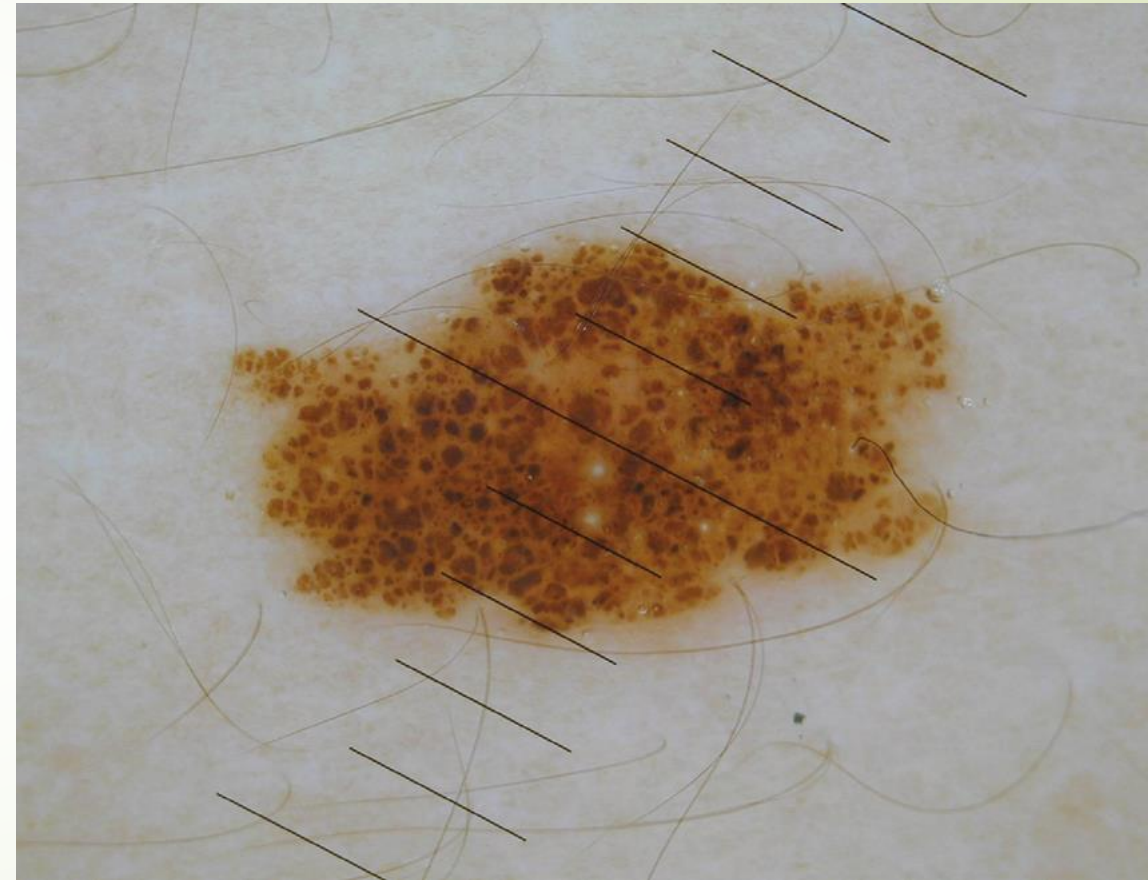
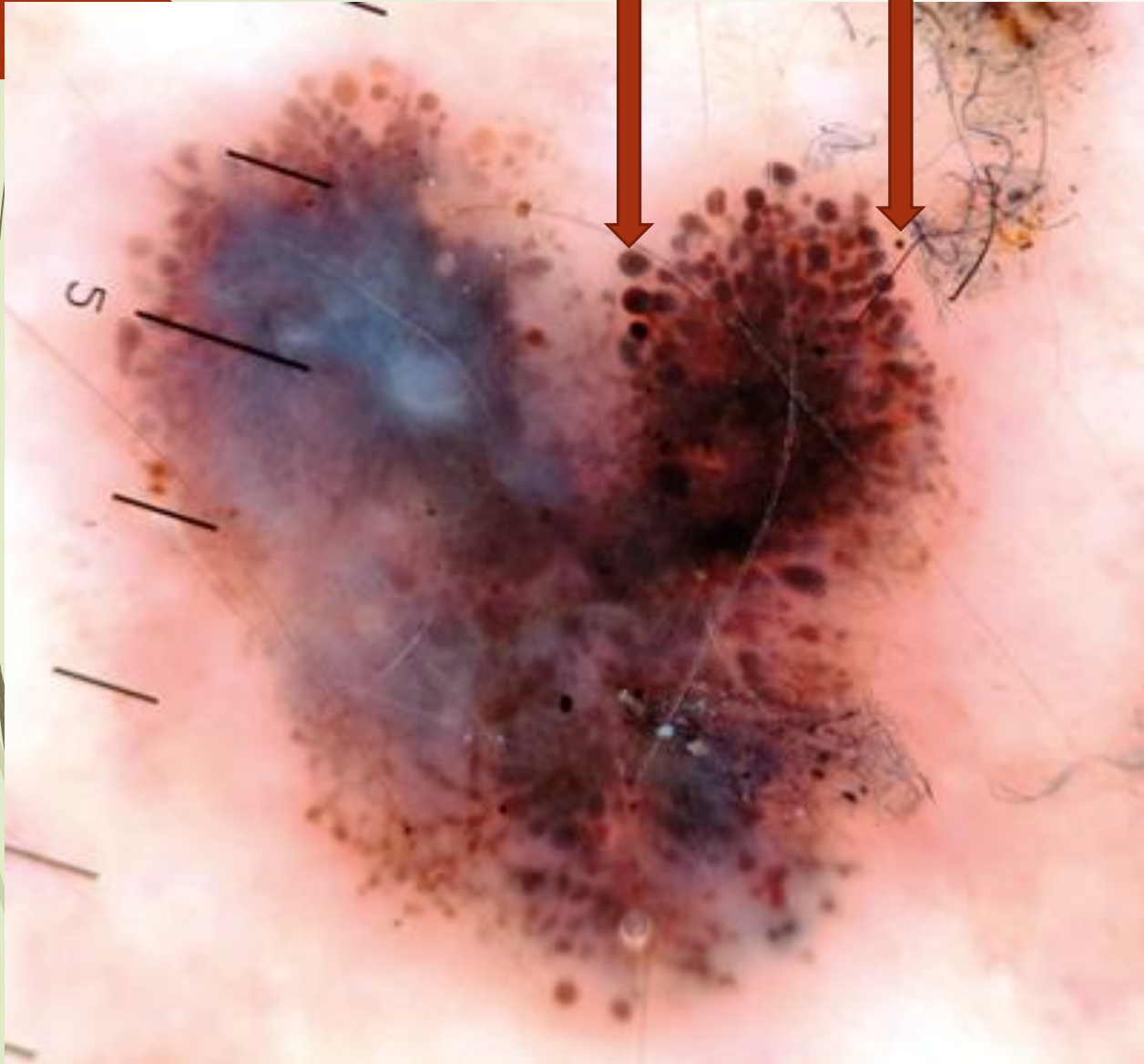


Other



If the lesion does not have one of these patterns, go to step 2

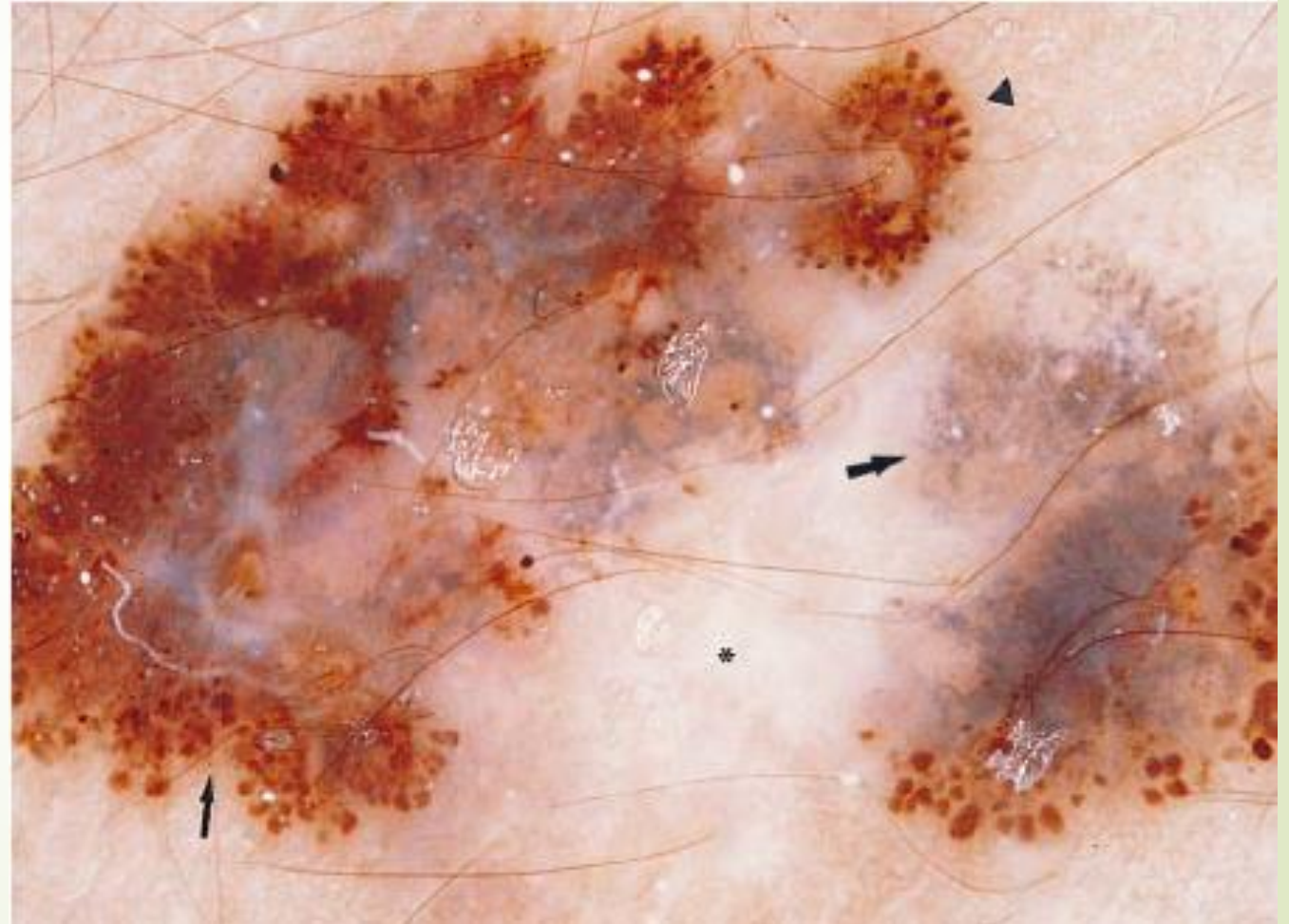
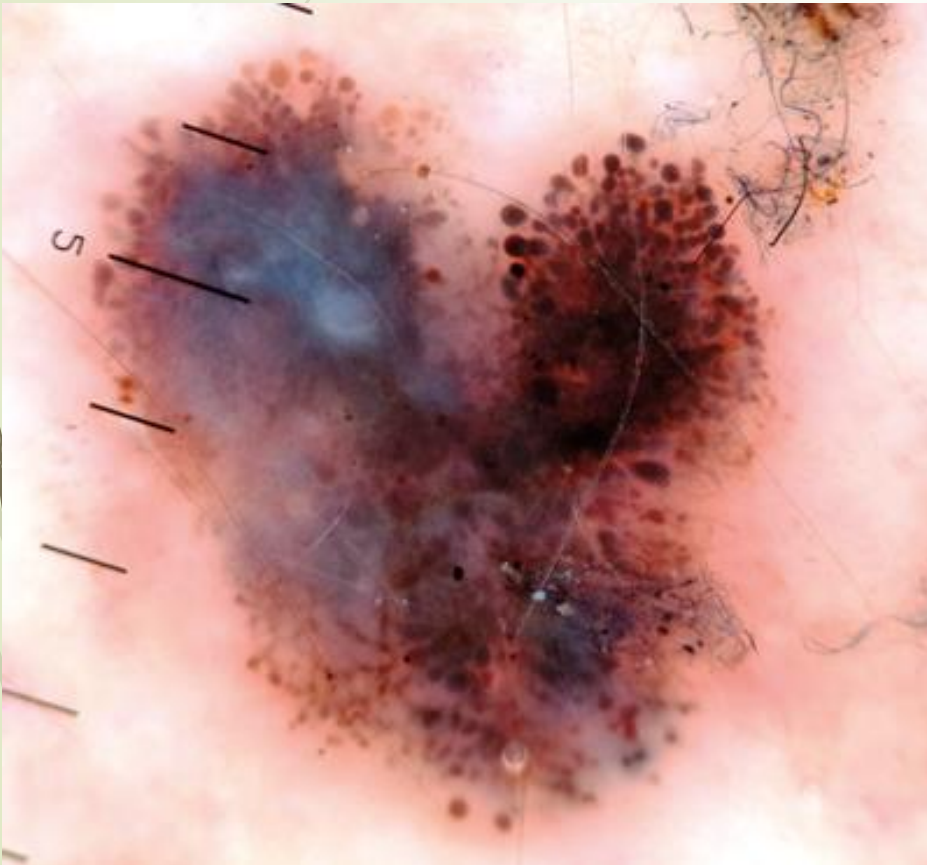
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- Dots: strutture sferiche <0.1 mm di colore scuro (marrone, nero, blu-grigio)
 - Globuli: strutture arrotondate >0.1 mm di colore scuro o rosso
 - “peppering”: granuli di melanina molto piccoli, blu-grigi
 - Ovoid nest: strutture ovoidali più grandi dei globuli, colore blu-grigio o marrone
 - Globuli “cobblestone”: globuli poligonali adesi tra di loro che creano un pattern come un ciottolato



- Radial streaming: estensioni lineari radiali al bordo della lesione
- Pseudopodi: proiezioni scure lineari che terminano con delle protuberanze di varie forme tondeggianti, sempre collegate alla lesione



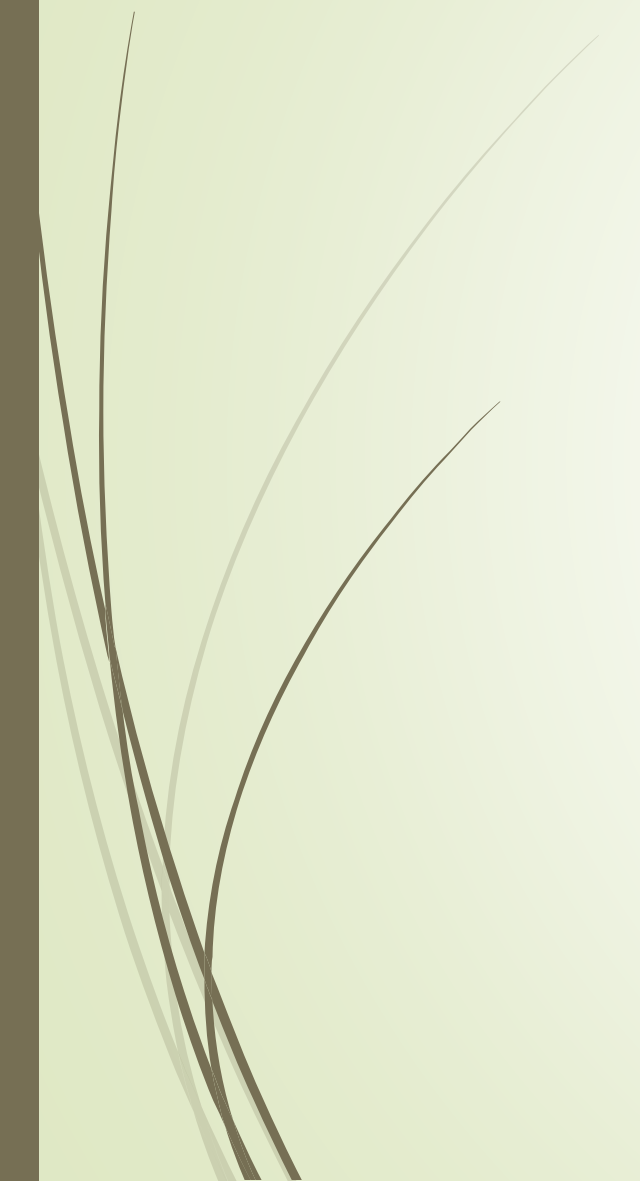
- Aree di regressione: depigmentazione biancastra, irregolare simil-cicatriziale (+/- peppering)
- "blue-white veil": pigmentazione bluastra sovrastata da un velo "latteo"









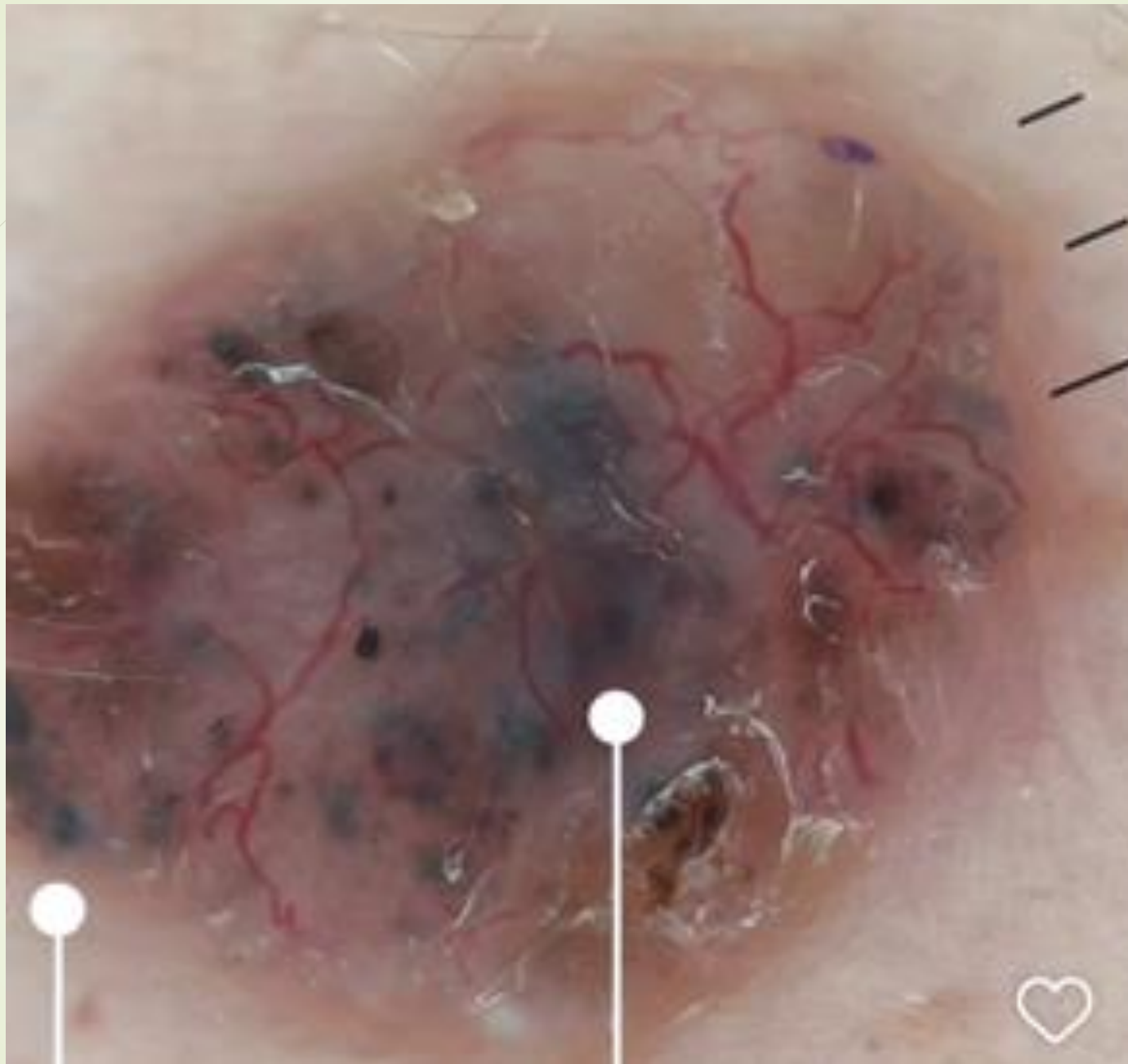


➤ **Strutture vascolari** possono essere regolari o irregolari

➤ **Spesso non specifiche**

- Lacune (per es. Emangiomi, angiocheratomi)
 - Virgola
 - “pin-point” (puntiforme)
 - Arboriforme
 - “hair-pin”, a spilla
 - Glomerulare
- 

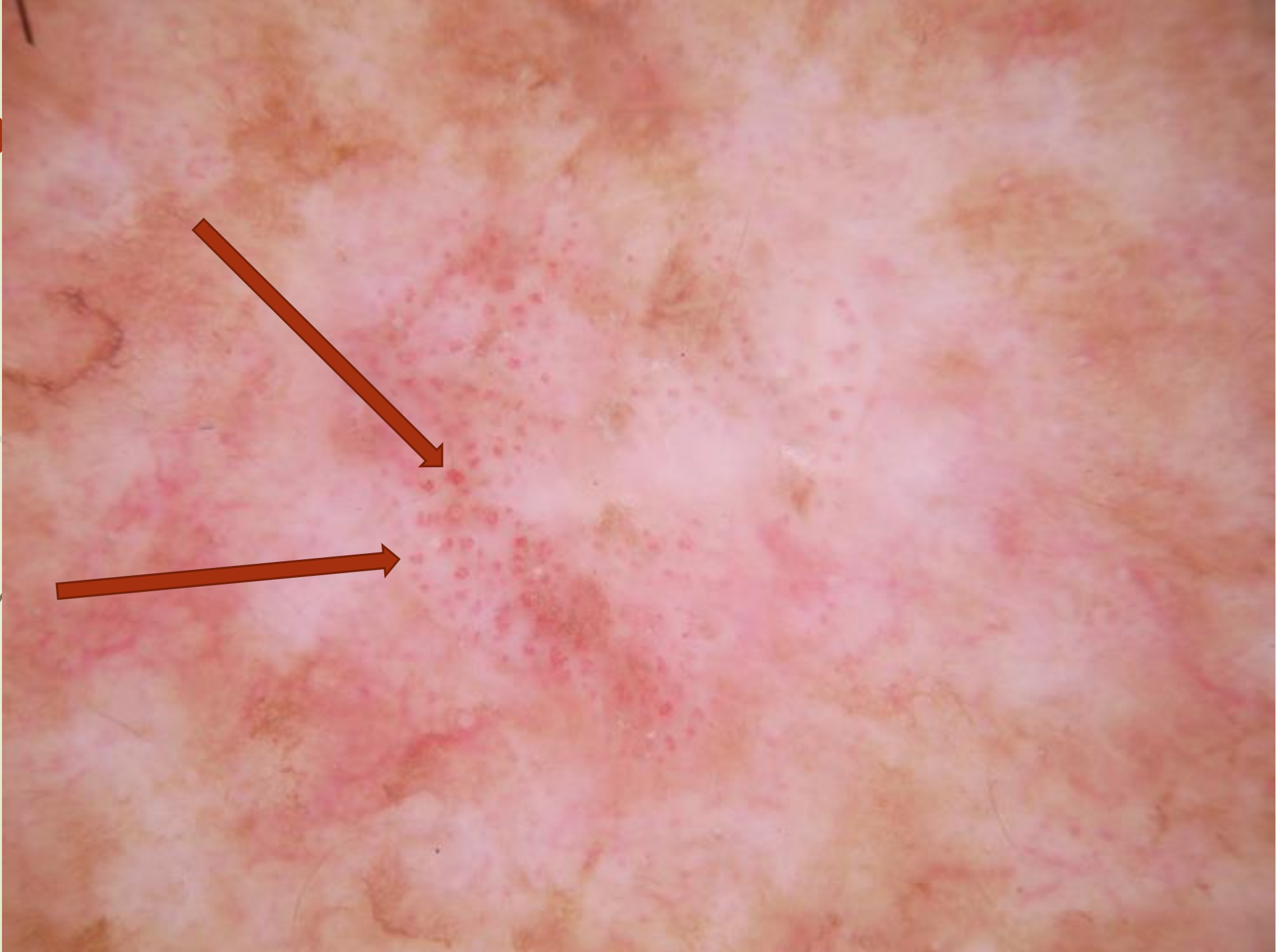
Vascular Pattern	Description	Interpretation	Diagram
Arborizing vessels or telangiectasias	In-focus large -caliber vessels that branch into finer secondary vessels	<ul style="list-style-type: none"> - Basal cell carcinoma - Adnexal tumors 	
Hairpin vessels	Vessels that double back on themselves and are seen as loops when they are oblique to the surface of the lesion; in keratinizing tumors, they are surrounded by a hypopigmented halo	<ul style="list-style-type: none"> - Regular: seborrheic keratosis - Irregular: melanoma, Spitz nevus, and keratoacanthoma 	
Crown vessels	Barely branching peripheral vessels that do not cross the center of the lesion	<ul style="list-style-type: none"> - Sebaceous hyperplasia - Molluscum contagiosum 	
Comma vessels	Thick, linear curved lines with little branching and occasionally one end that is thicker than the other	<ul style="list-style-type: none"> - Compound or dermal nevus 	
Dotted vessels	Small-caliber reddish vessels that resemble a pinhead	<ul style="list-style-type: none"> - Spitz nevus - Melanoma - Inflammatory lesions 	
Glomerular vessels	Larger-caliber reddish dots formed by tortuous capillaries curled up into a ball or resembling the glomerular apparatus of the kidneys	<ul style="list-style-type: none"> - Bowen disease - Stasis dermatitis 	








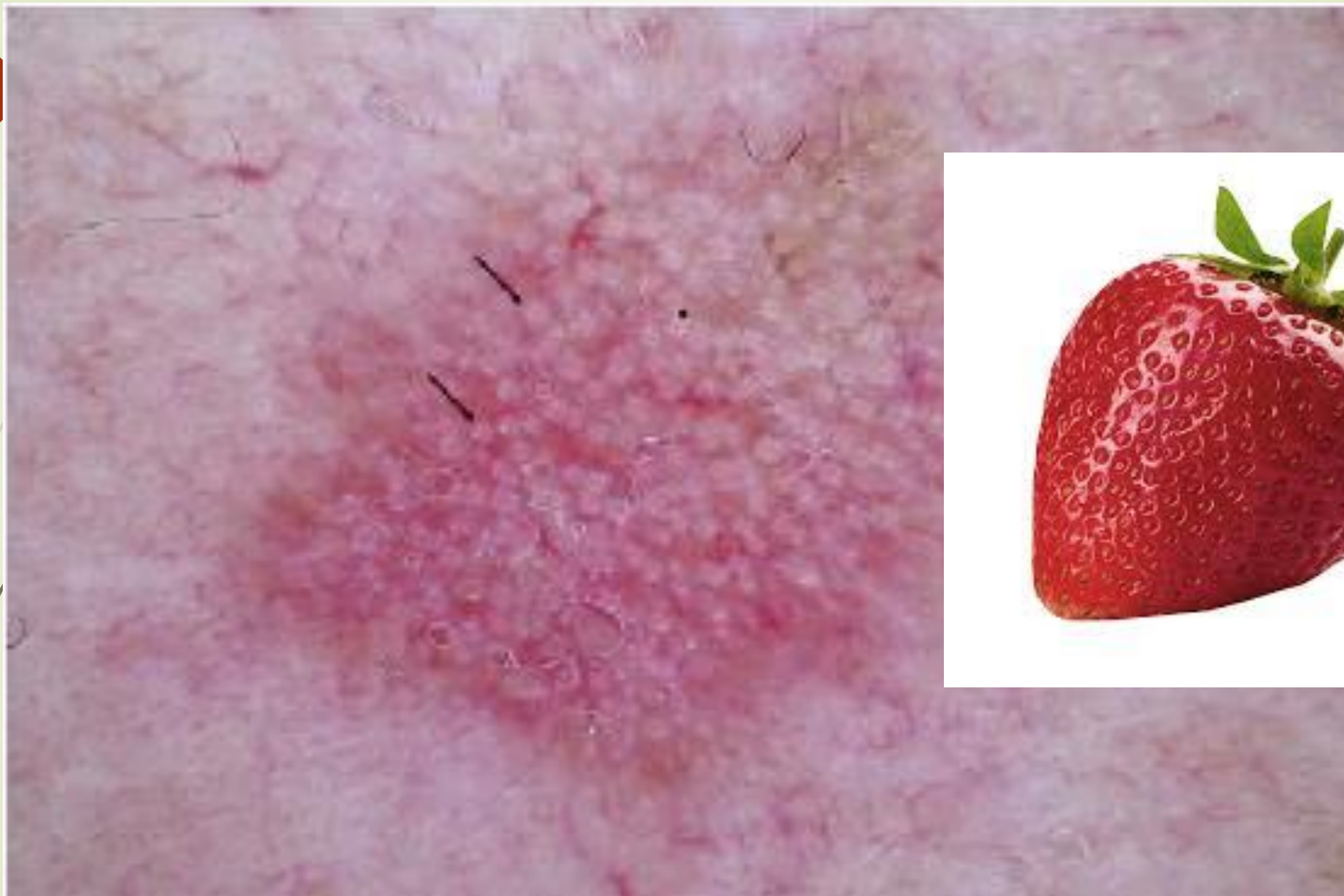


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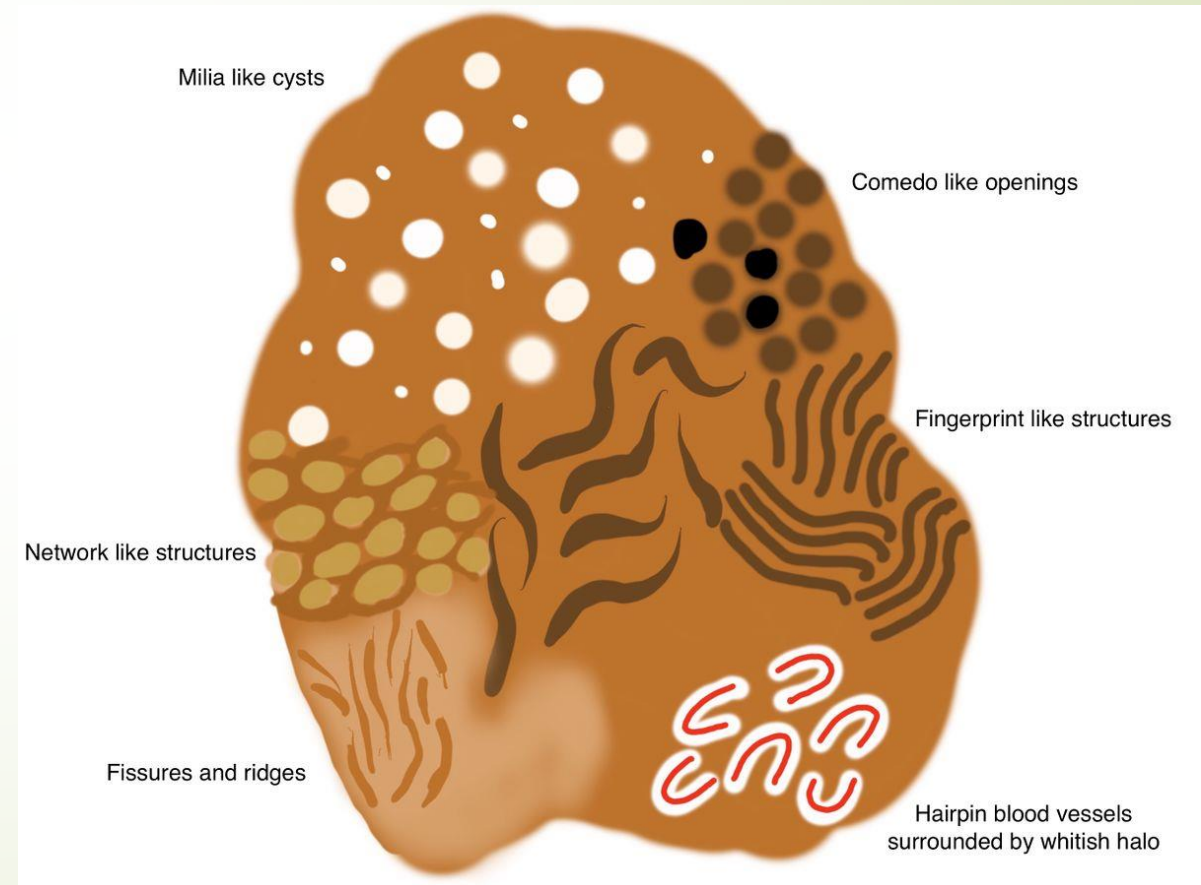
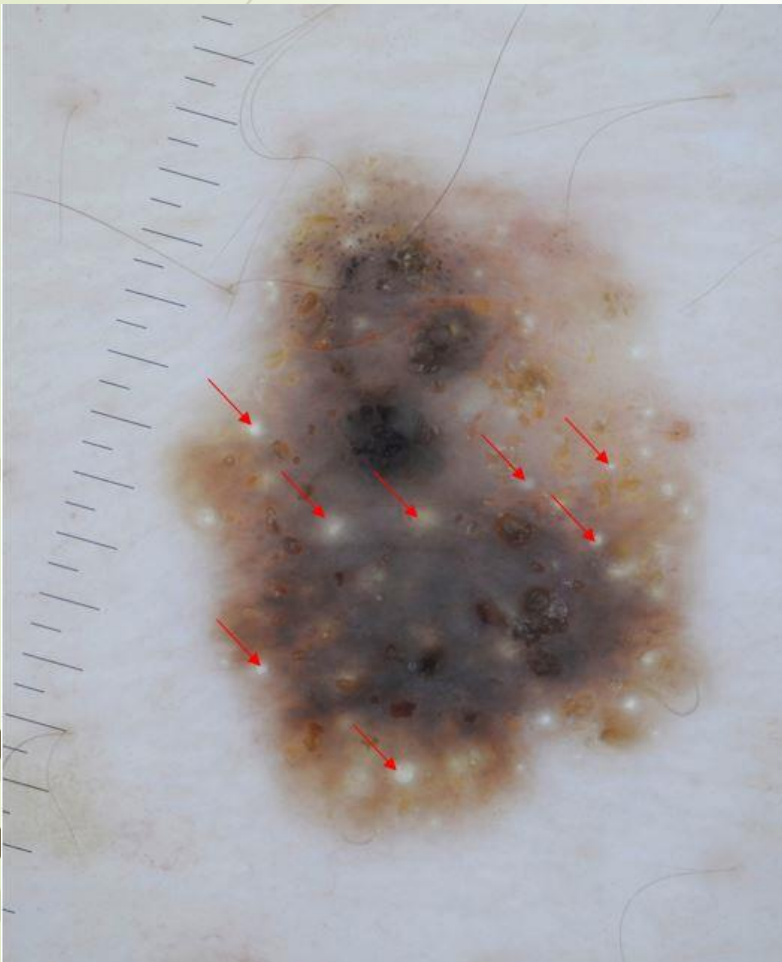




Corkscrew vessels	Linear irregular spiral vessels areas containing atypical linear vessels	- Melanoma - Melanoma metastasis	
Milky-red areas/globules	Out-of-focus pink-reddish oval or polygonal areas containing atypical linear vessels	- Melanoma	
Strawberry pattern	Structureless erythematous areas with heterogeneous whitish areas forming a type of pseudonetwork	- Melanoma - Superficial basal cell carcinoma	
Linear irregular vessels	Straight vessels varying in shape and size	- Melanoma	
Polymorphous vessels	Different vascular morphologies in the same lesion	- Melanoma - Carcinomas	



- Milia-like cysts: piccole strutture cistiche bianche o gialle
- Comedo-like openings: invaginazioni riempite di cheratina che assomigliano a comedoni
- Strutture a impronta digitale: fini linee marrone chiaro disposte parallele



N.B: Specific structures must support interpretation of the global pattern!

Homogenous pattern

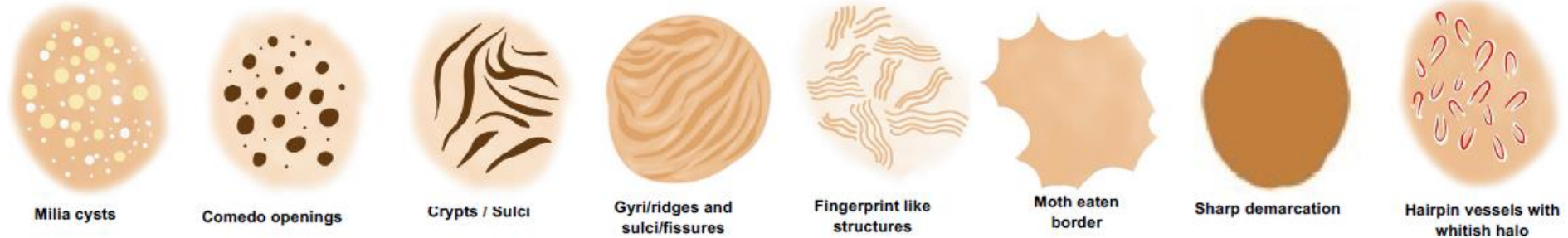
Nevus
(context)



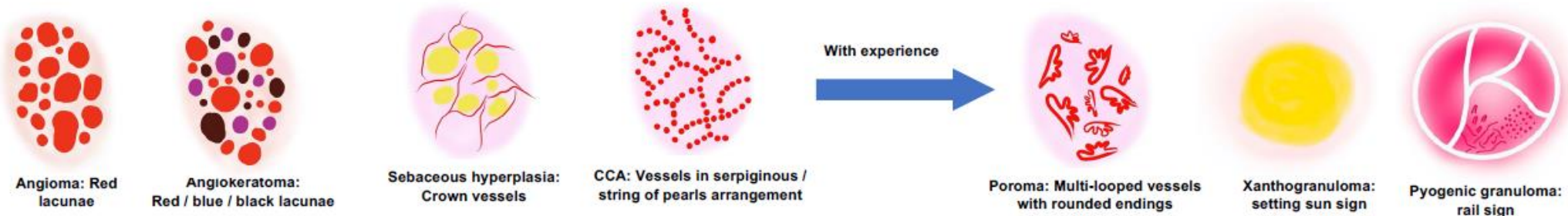
IDN / DF



Seb K

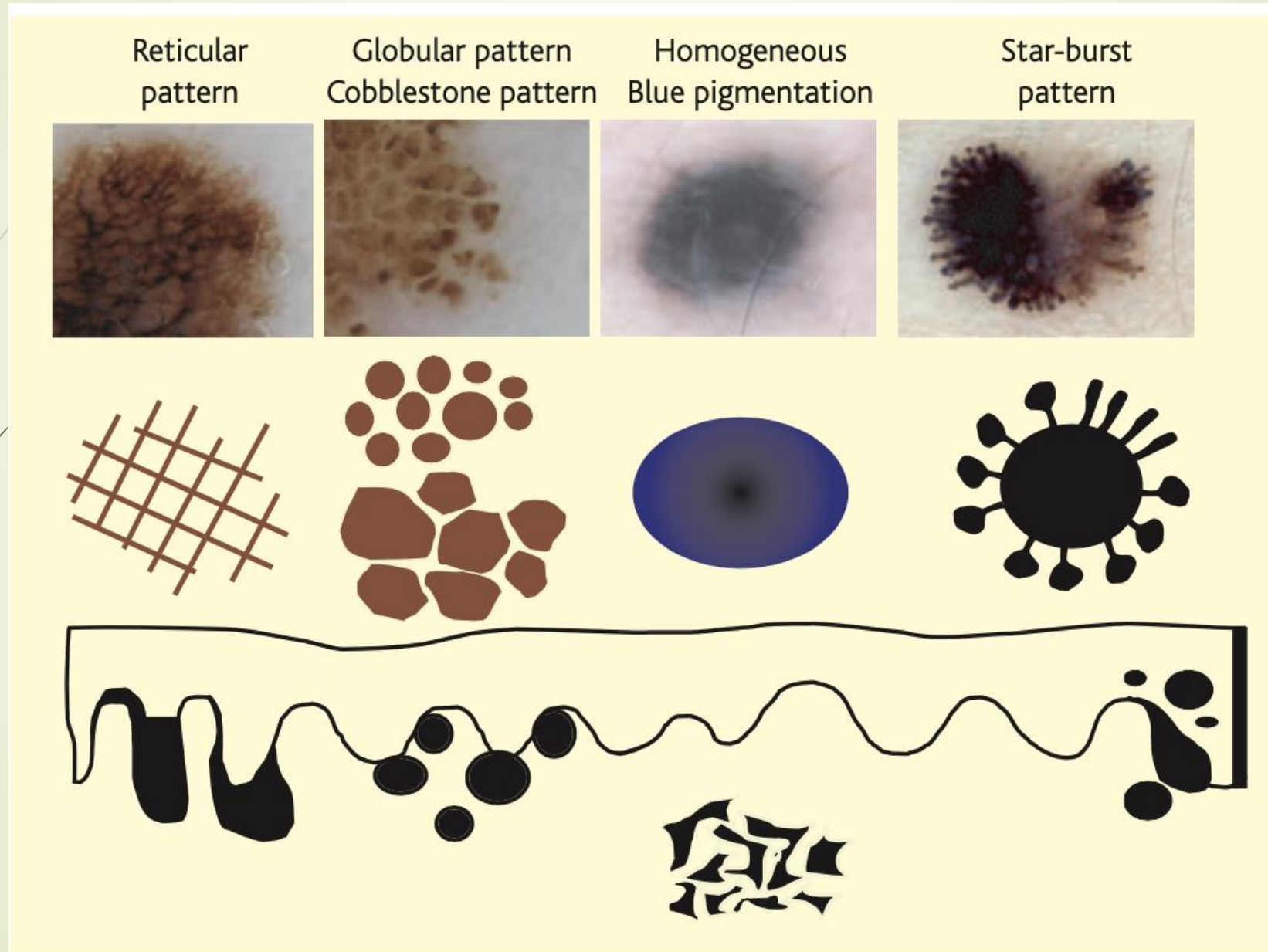


Other



If the lesion does not have one of these patterns, go to step 2

Correlazione isto-patologica in dermoscopia



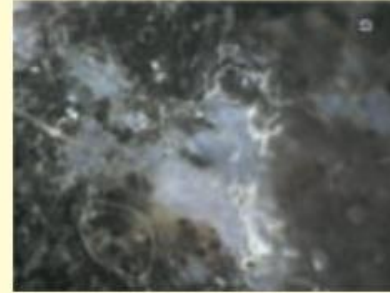
Blotch



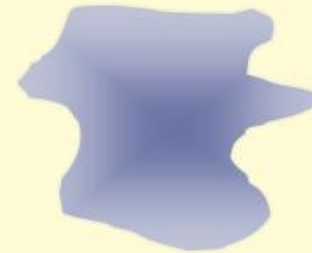
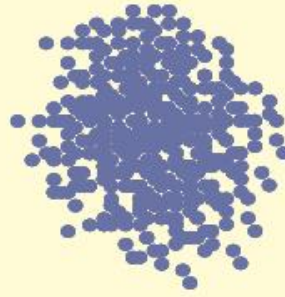
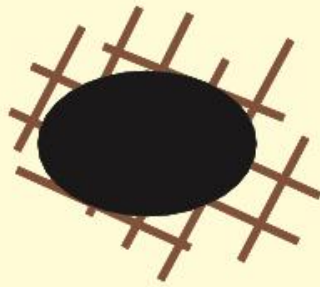
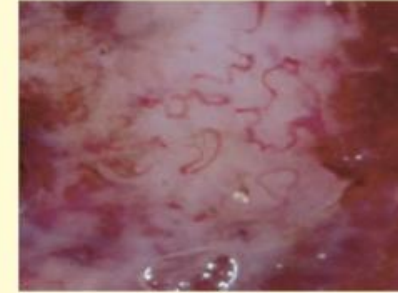
Blue-gray dots
White areas



Blue-white veil



Atypical vessels
Dotted/Irregular





Algoritmo diagnostico

1) Lesione presenta pattern suggestivo per lesione melanocitaria?

-> se si (pigment network), caratteristiche per nevo benigno o melanoma?

Eccezione: dermatofibroma (delicate pattern)

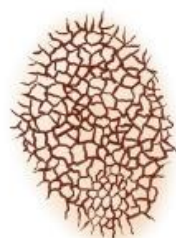
Se no, 2) lesione presenta caratteristiche evocative per altre lesioni non melanocitarie?

- BCC (vasi arboriformi, leaf-like areas, blue-gray ovoid nests...)
- Kseb (comedo-like openings, milia like cysts, fessure e creste..)
- Angioma/angiokeratoma
- Altre strutture vascolari evocative

N.B: Specific structures must support interpretation of the global pattern!

Homogenous pattern

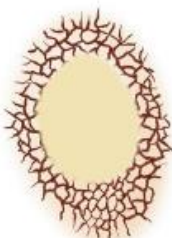
Nevus
(context)



Reticular /
Network



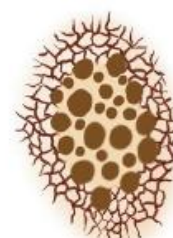
Patchy network /
reticular



Peripheral network &
central
hypopigmentation



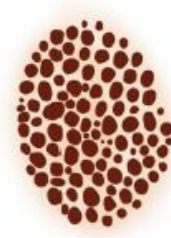
Peripheral network &
central
hyperpigmentation



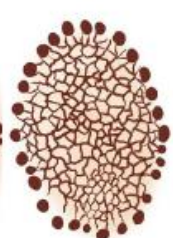
Peripheral network &
central globules



Globular
Cobblestone



Globular



Peripheral globules



Starburst



blue



brown

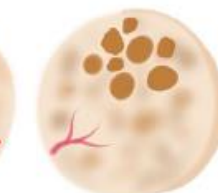


tan / pink

IDN / DF



IDN: comma/curved vessels, brown halo, brown
pigmentation, globules



DF: network with central
white blotch



DF: network with ring-like globules,
shiny white streaks & pink hue

Seb K



Milia cysts



Comedo openings



Crypts / Sulci



Gyri/ridges and
sulci/fissures



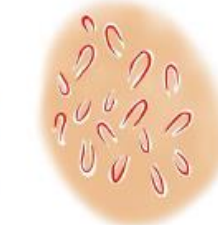
Fingerprint like
structures



Moth eaten
border



Sharp demarcation



Hairpin vessels with
whitish halo

Other



Angioma: Red
lacunae



Angiokeratoma:
Red / blue / black lacunae



Sebaceous hyperplasia:
Crown vessels



CCA: Vessels in serpiginous /
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With experience



Poroma: Multi-looped vessels
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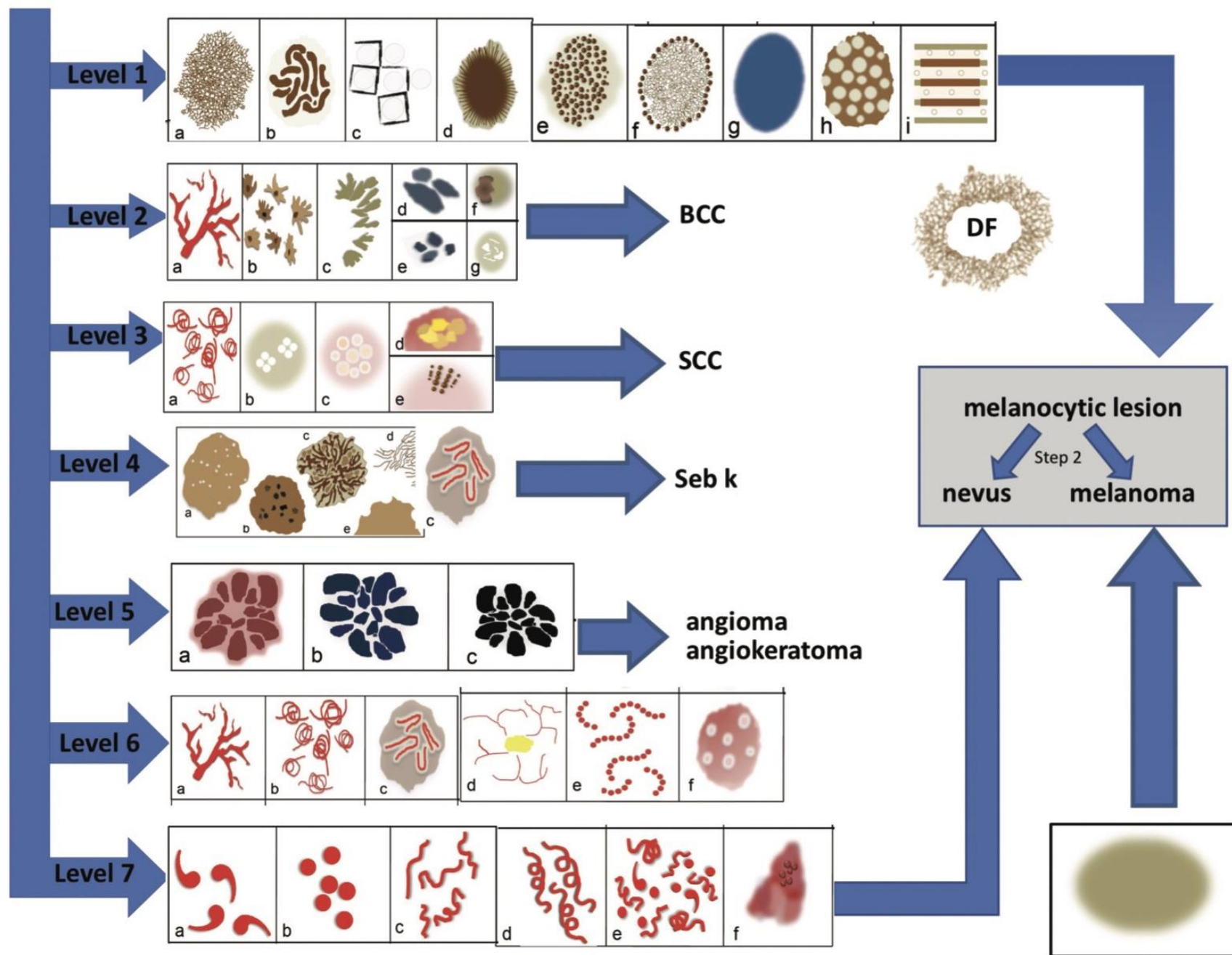


Xanthogranuloma:
setting sun sign



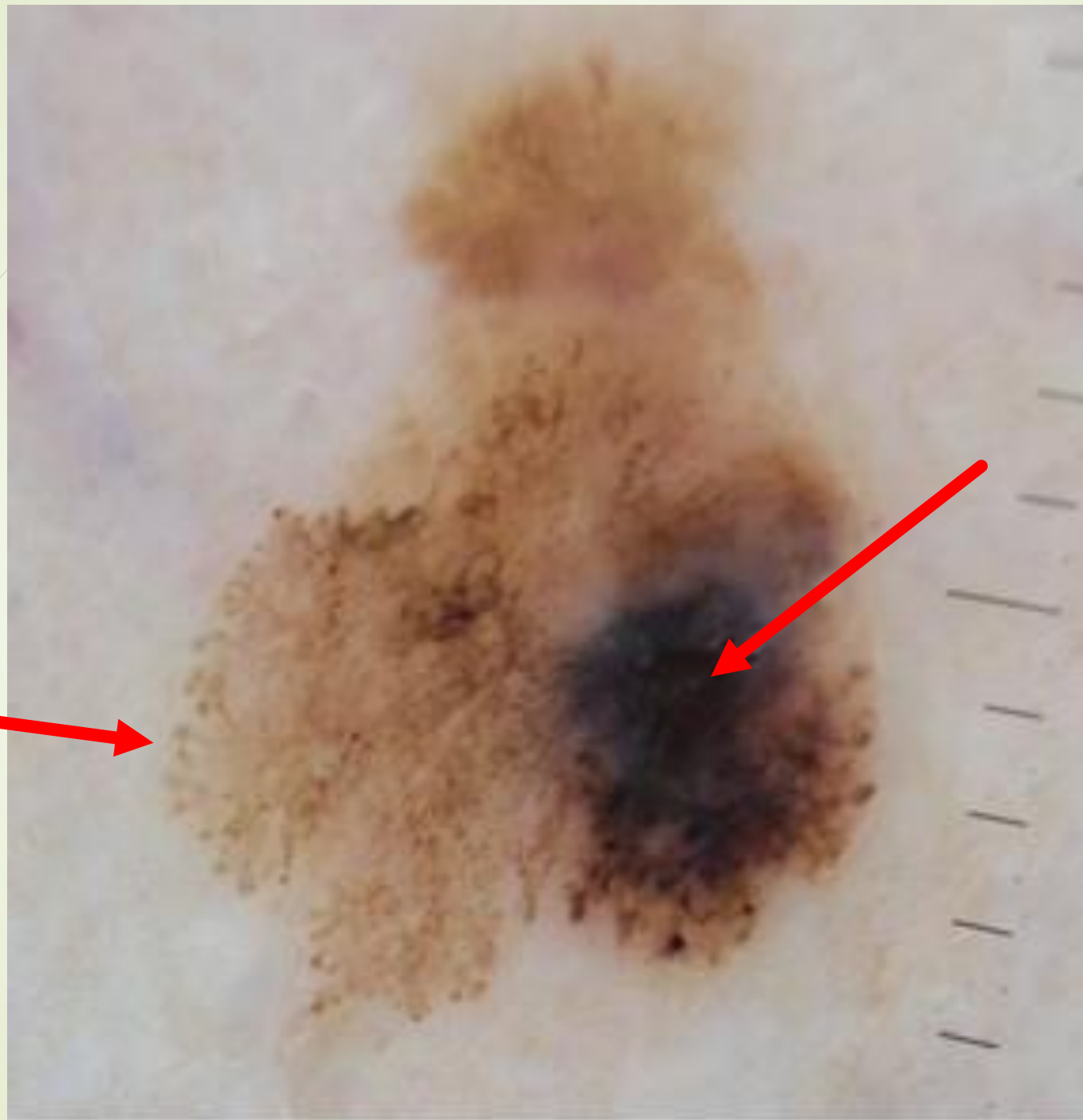
Pyogenic granuloma:
rail sign

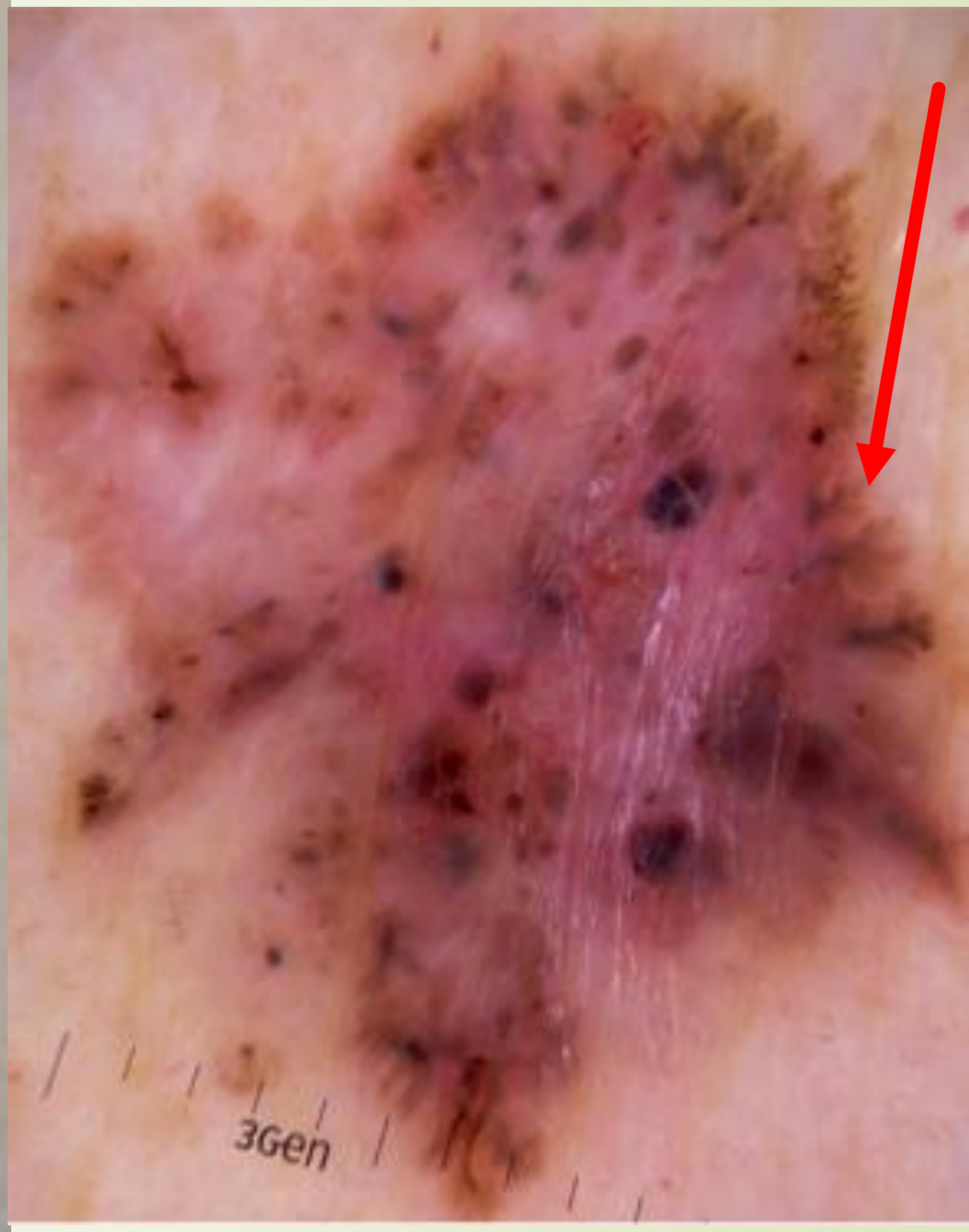
If the lesion does not have one of these patterns, go to step 2

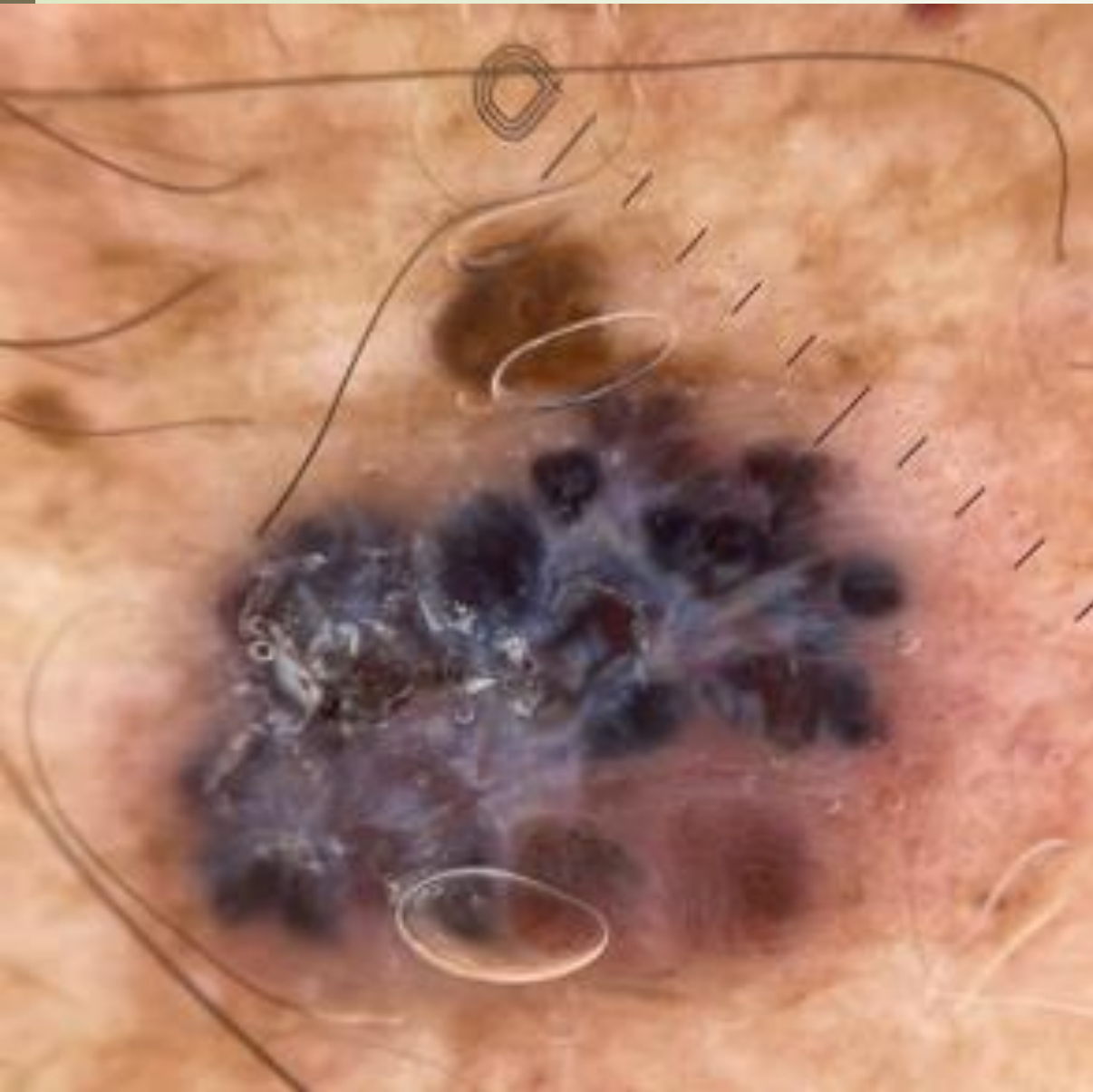


Una lesione melanocitaria é sospetta se:

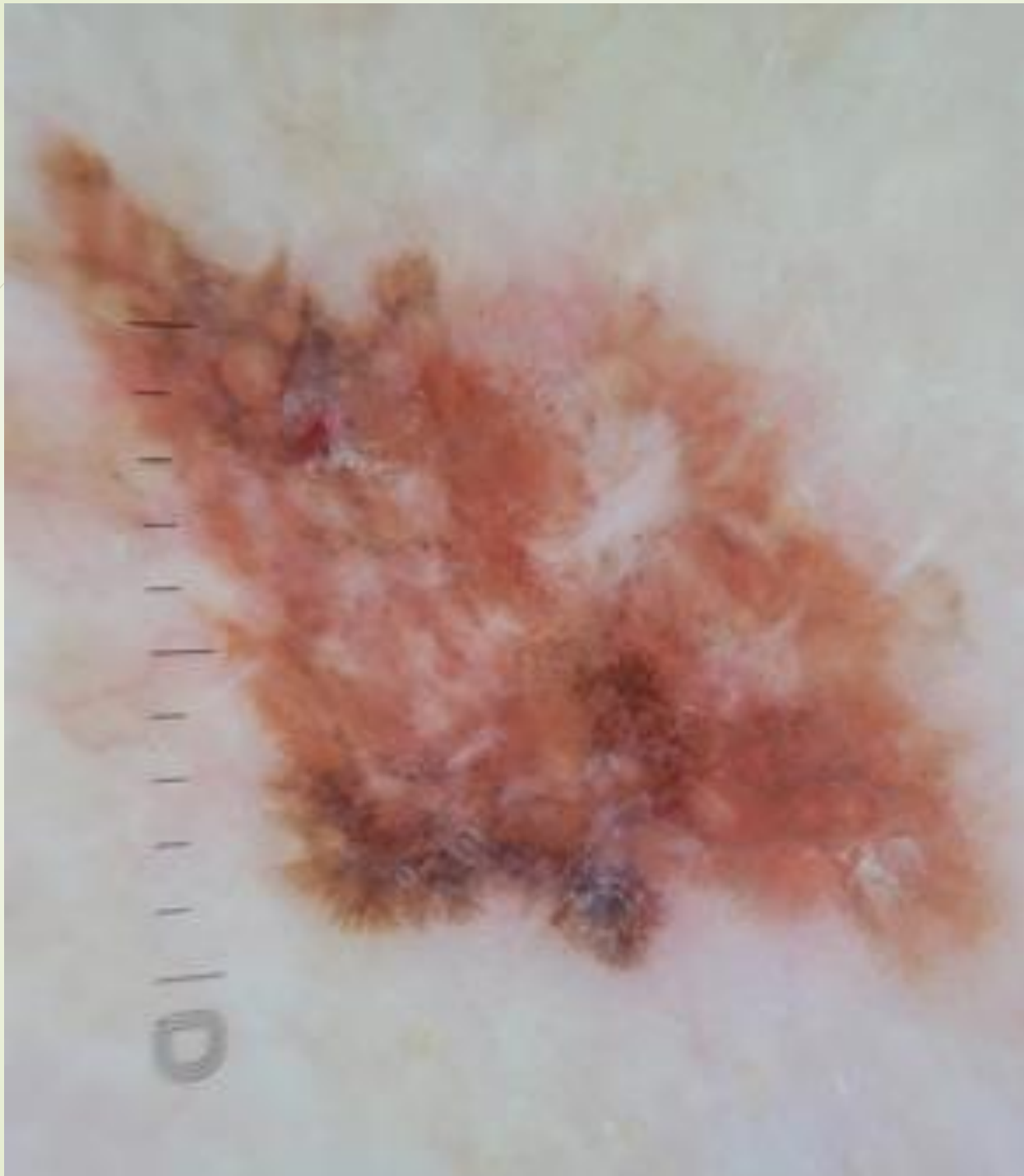
- Pattern asimmetrico (strutture dermatoscopiche e colore, non la forma)
- Presenta più di un colore (marrone chiaro/scuro, nero, blu, grigio, bianco, rosso)
- Presenta caratteristiche quali:
 - Aree di blue-white veil
 - Aree focali di dots, streaks o dots/globuli neri periferici
 - Aree di regressione (ipopigmentazione bianca, cicatriziale)
 - Aree di reticolo disomogeneo, grossolano o reticolo multicomponente
 - Molteplici colori (>2)
 - Vasi irregolari o atipici
 - Pattern "starbust" in età adulta (nevo di reed)







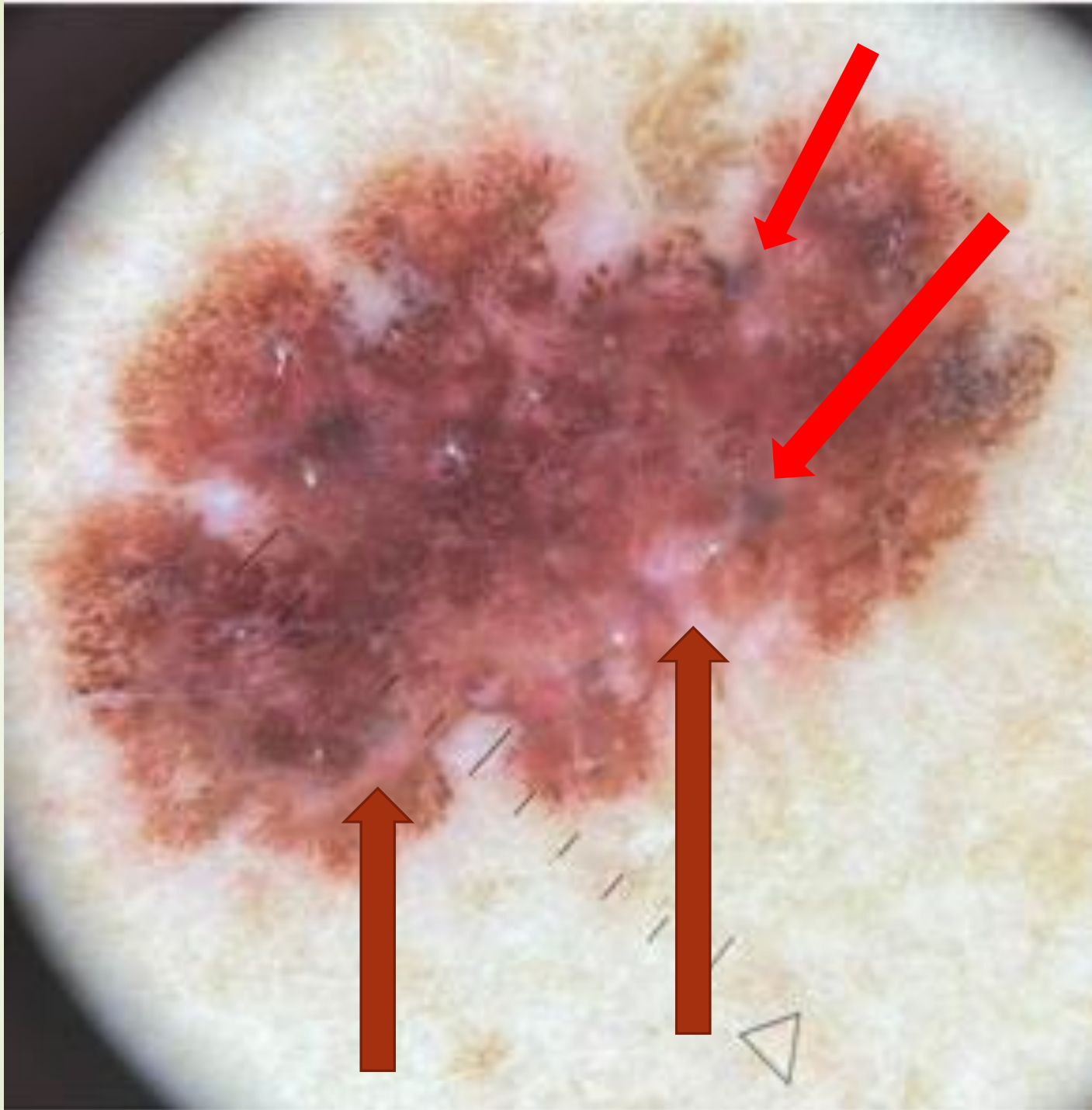


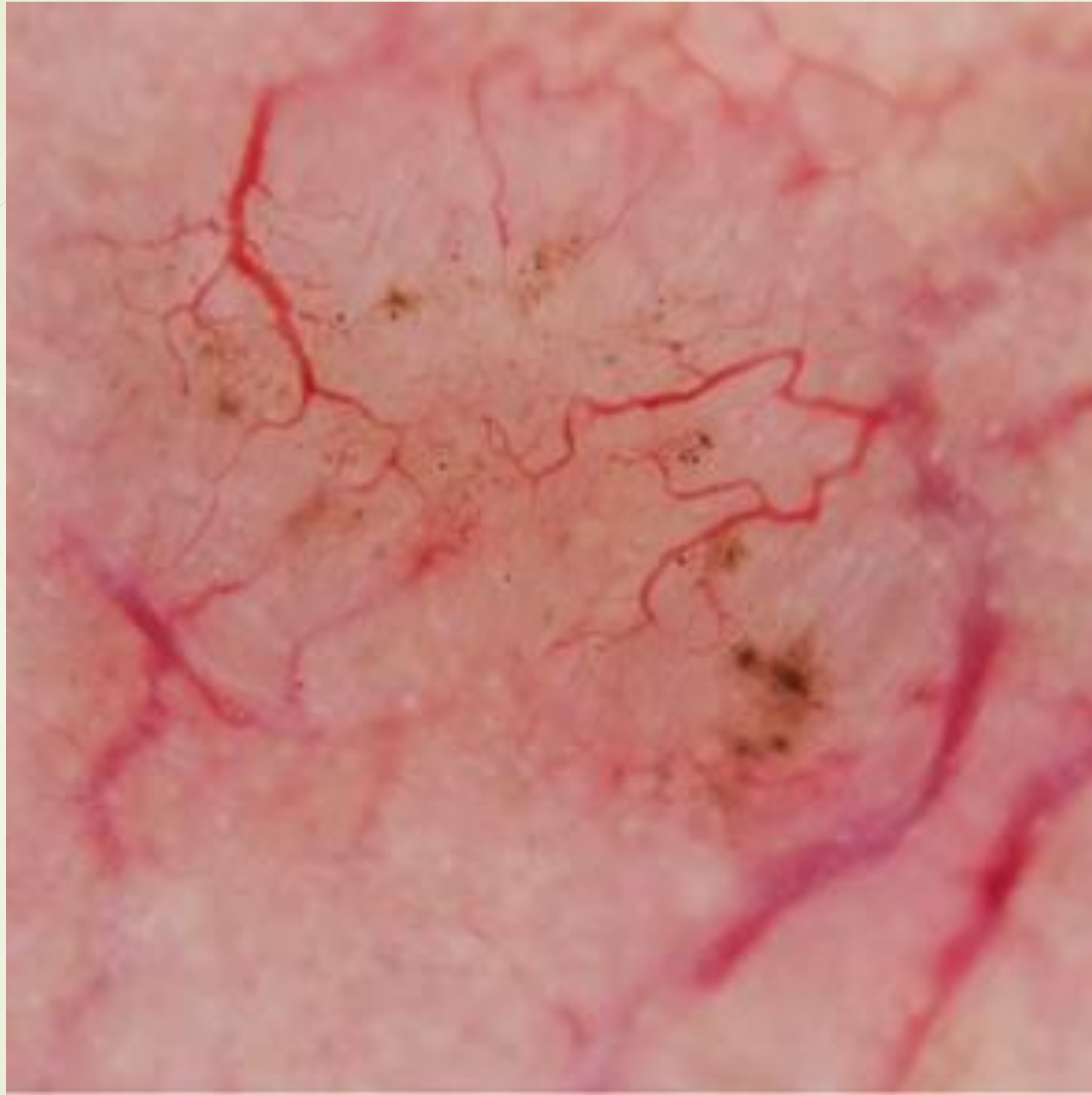


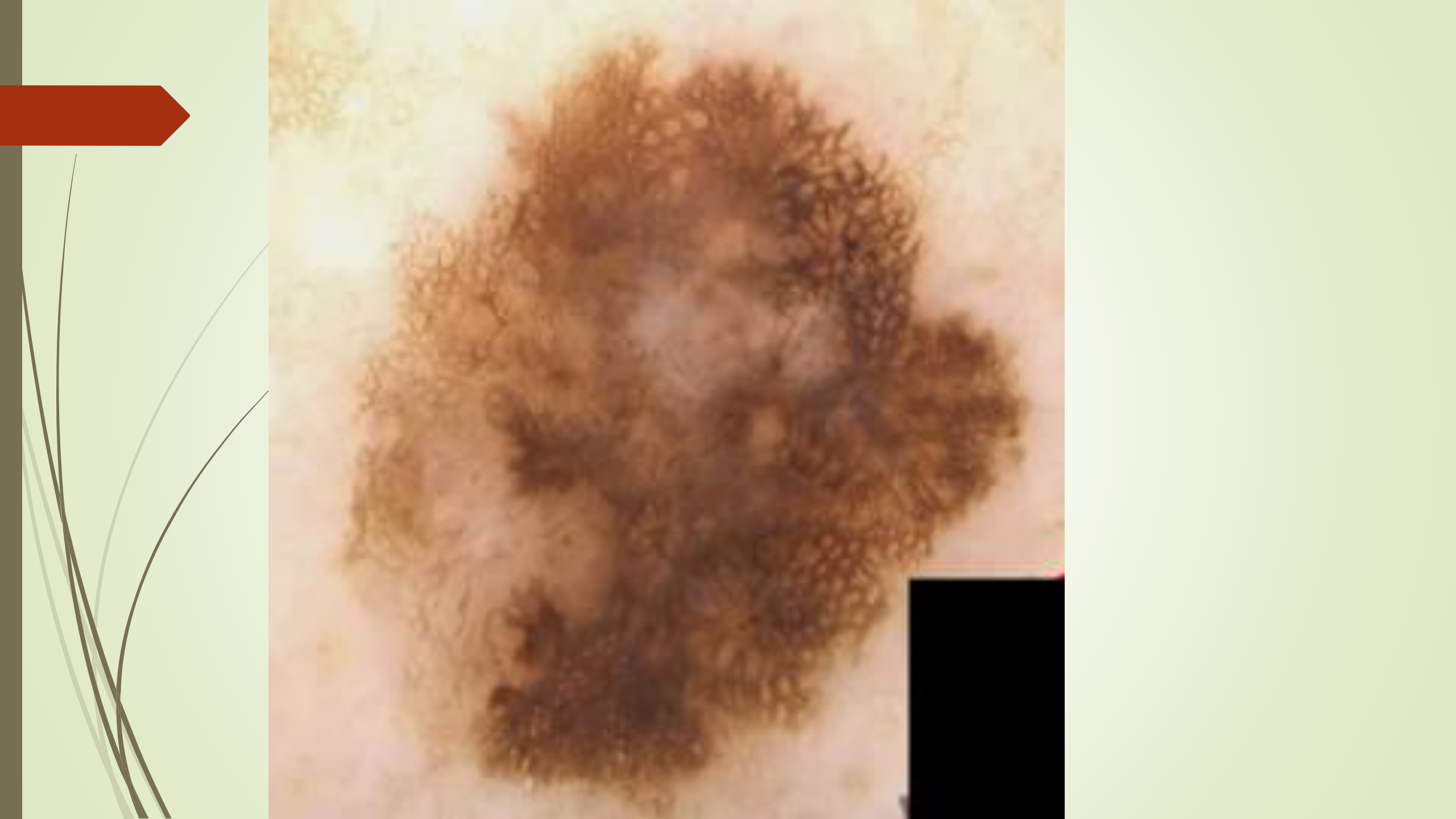


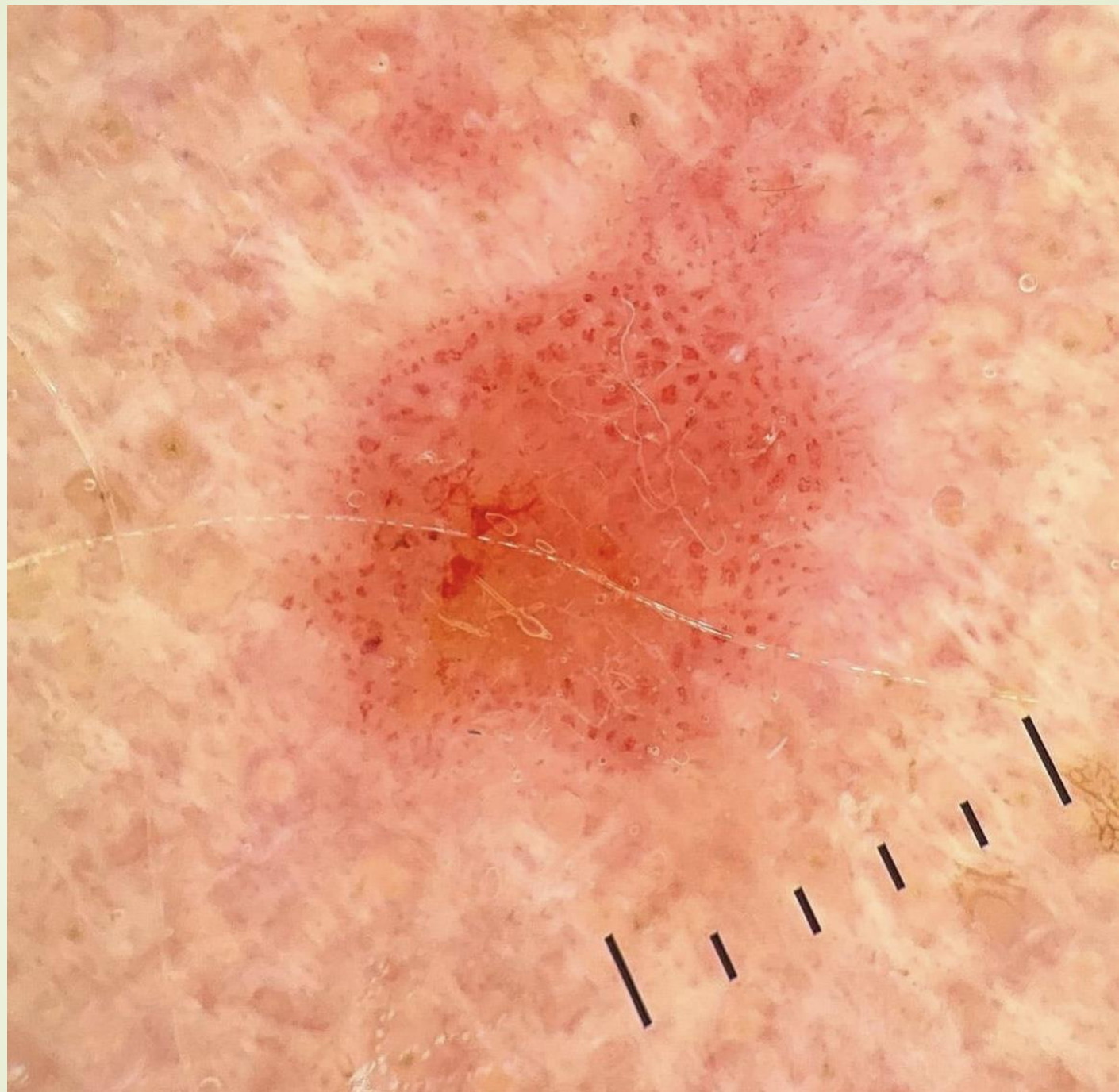




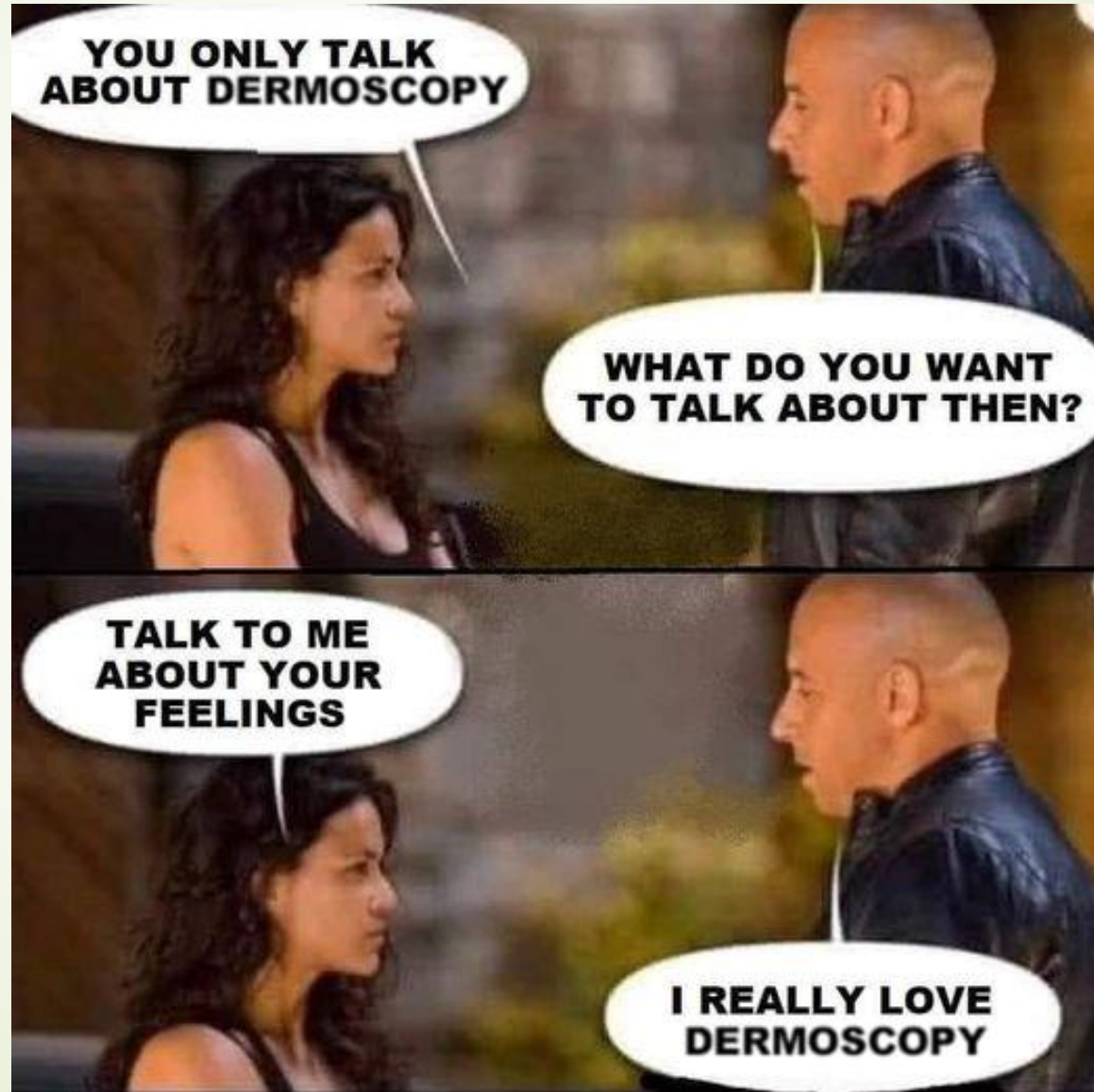








Grazie!!



Fonti

- Dermoscopedia.org
- Dermoscopy_ ; dermoscoper ; dermoscopyislit (pagine instagram)
- Marghoob, Malvehy e Braun, Atlas of Dermoscopy, 2a edizione
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