



**CAMFiC**  
societat catalana de medicina  
familiar i comunitària

# IX Jornada de Patologia Cutània a l'Atenció Primària

## Dermatoscòpia en colors

I. Damas, R. Senan, C. Vilavella

Metgesses de MFiC, GdT Dermatologia CAMFiC

Barcelona, 1 de juny de 2026

# PROGRAMA

- INTRODUCCIÓ
  - Recordant lo ja après...diagnòstic en dues etapes i quelcom més
- CONÈIXER LA DERMATOSCÒPIA SEGONS ELS COLORS
  - Diagnòstic de les lesions tenint en compte els colors:
    - Part1: groc/taronja
    - Part 2: marró
    - Part 3: vermell
    - Part 4: blanc
    - Part 5: blau
    - Part 6: negre
- CASOS EN COLORS





# 0.INTRODUCCIÓ

# LA IMPORTÀNCIA DEL PROBLEMA



**EL CÀNCER CUTANI ES EL MÉS FREQUËNT DE TOTS ELS CÀNCERS AMB UNA INCIDÈNCIA EN AUGMENT: 1 de cada 3 càncers diagnosticats es de pell**

- ✓ Es un dels càncers mes freqüents a Espanya:  
Es diagnostiquen aprox. 21.000 nous casos/any de càncer cutani
- ✓ En els darrers 4-5 anys hi ha hagut un increment d'un 40% de la incidència (creixement anual continuu 1,5-2,5%/any)
- ✓ En la darrera dècada, el diagnòstic del melanoma ha augmentat un 50% (amb una sv a 5 anys del 86%)
- ✓ Mayor riesgo en población >65 años

# LA IMPORTÀNCIA DEL PROBLEMA

## Càncer cutani no melanoma (CCNM) 95%:

- 70%-80% són carcinomes basocel·lulars CBC
- Predomini en homes en edats avançades (> 65 anys)

## MELANOMA:

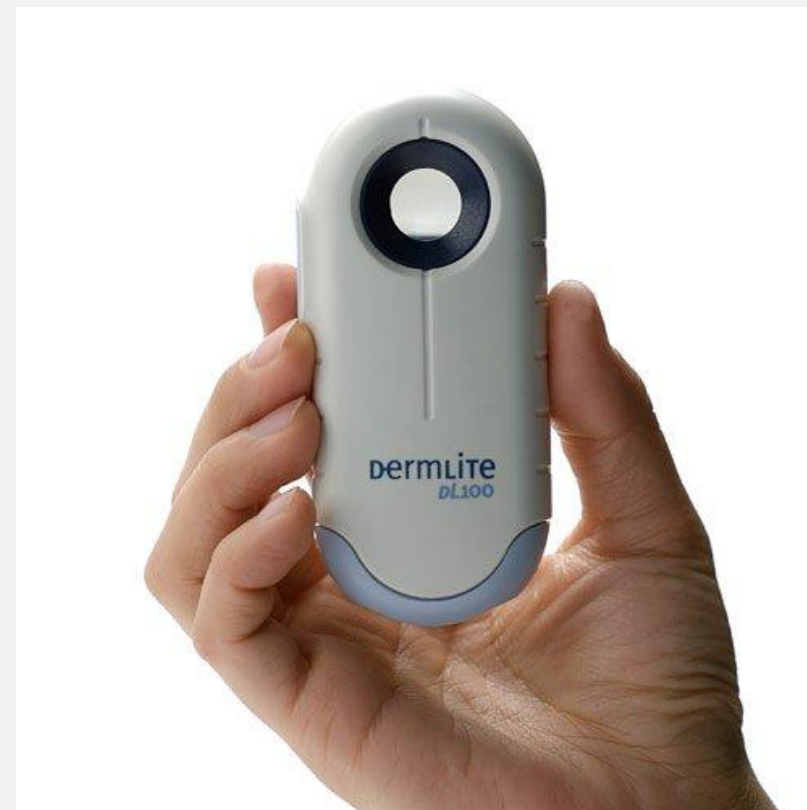
- Problema de salut pública
- La majoria de les morts per càncer cutani són per MELANOMA
- **Aproximadament 8.000 casos/any a Espanya**
- Els darrers 20 anys ha tingut un augment d'incidència a un ritme mes accelerat que altres neoplàsies.

Incidencia espanyola estimada de MM 15-18 casos/100.000 habitants

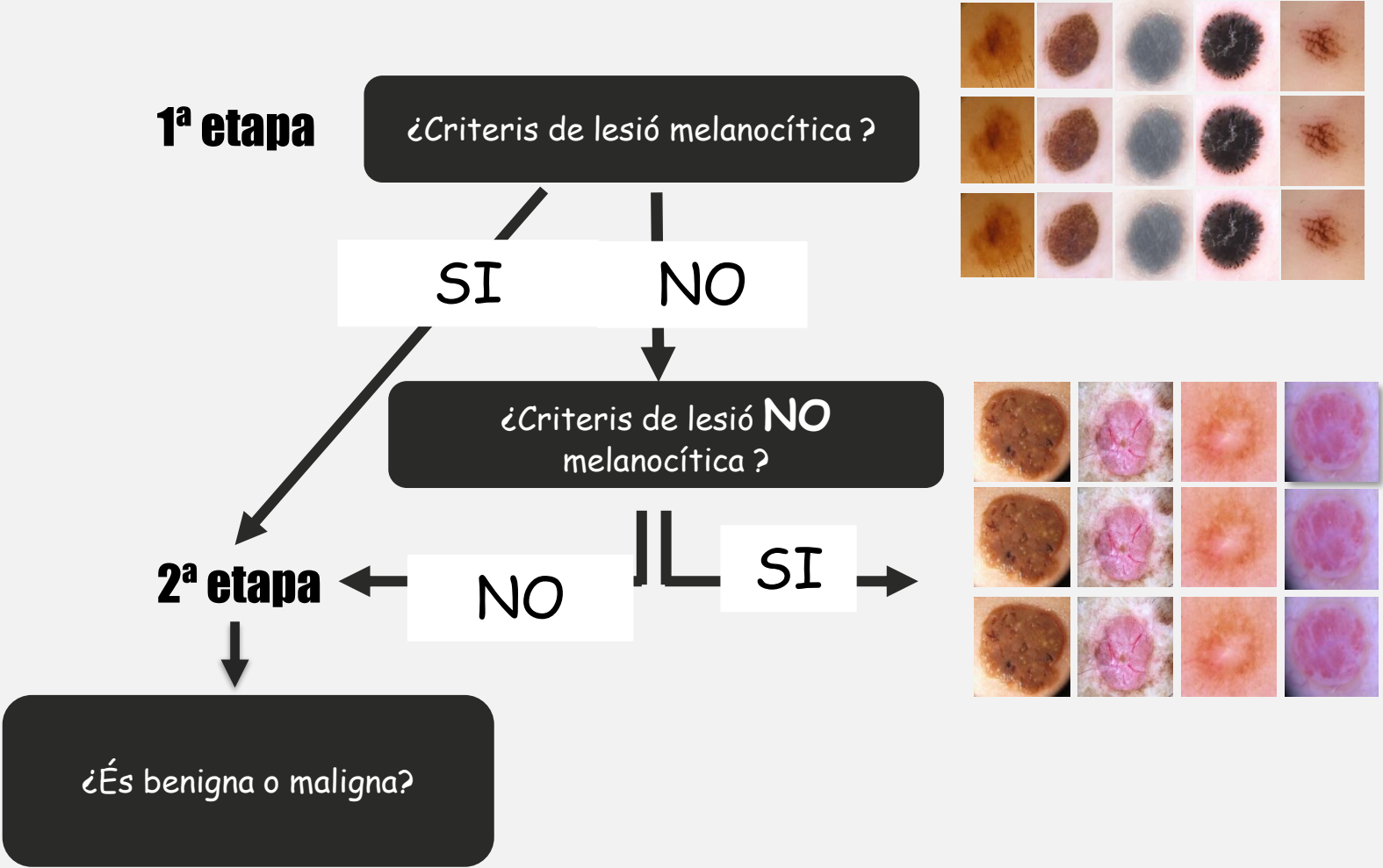
REDECAN/AEDV



Infografía REDECAN sobre Melanoma



# Mètode de diagnòstic en 2 etapes



# Cóm sé si la lesió està formada per melanocits?

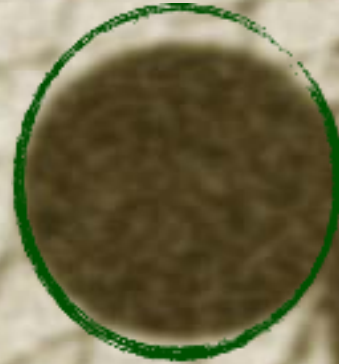
Projeccions



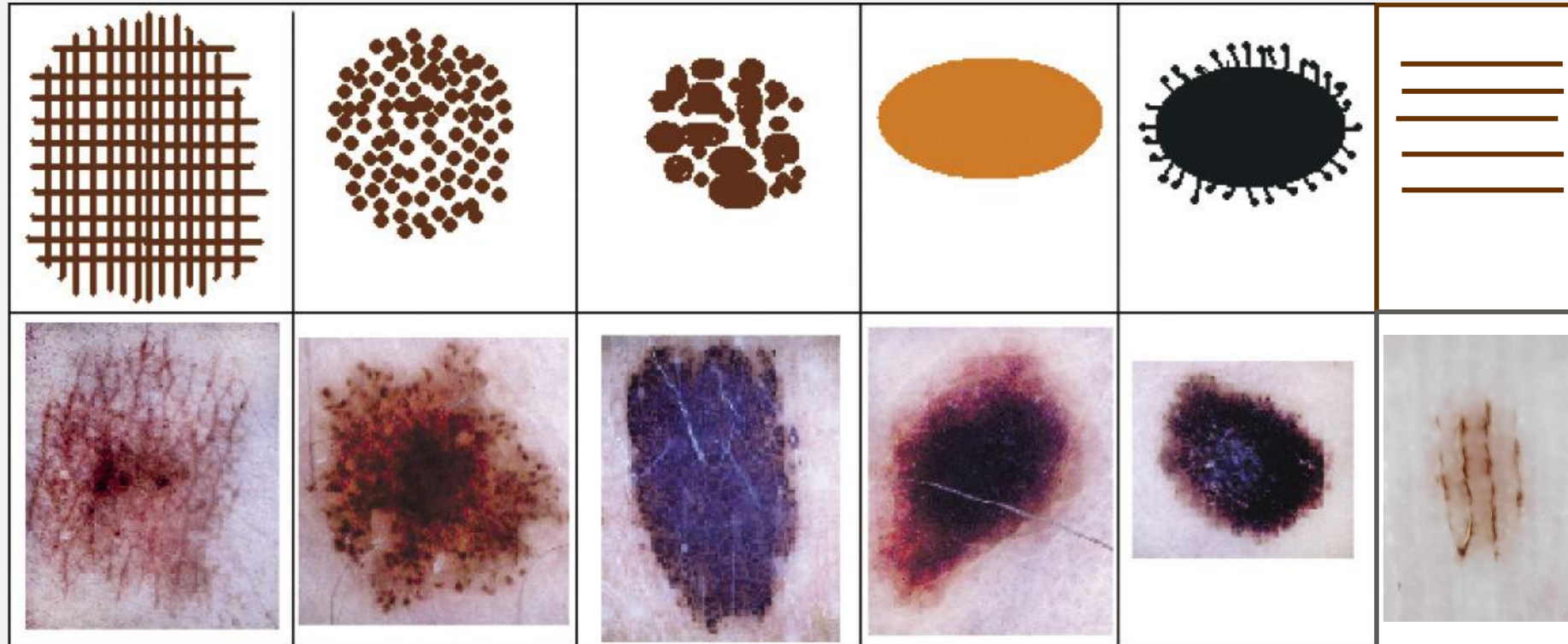
Retícle



Glòbuls



# Patrons de lesió melanocítica



Reticular

Globular

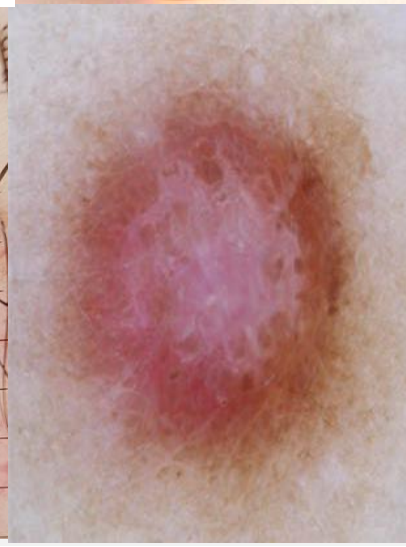
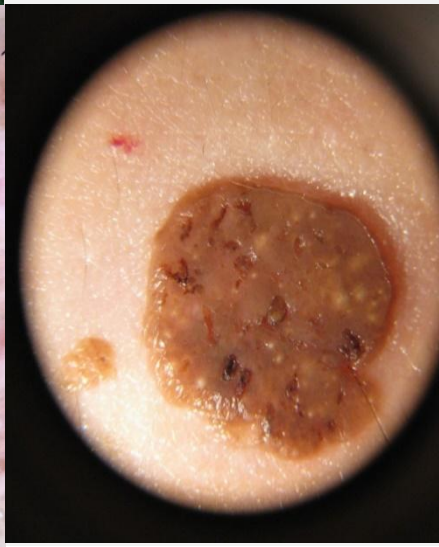
Empedrat

Homogeni

En esclat

Paral·lel

# Críteris de lesió **NO** melanocítica



# Quina és la idea clau per detectar a temps el melanoma?

**Projeccions**

**8**



**Illa**



**Crisàlides**



**Glòbuls atípics**

**Reticle atípic**

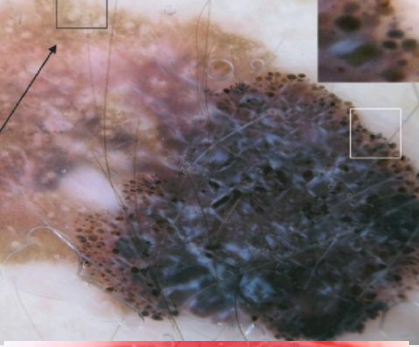
**Regressió**

**Vasos atípics**



**8**

**Color blau**




**8**


**P**


**G**


**I**

**R**

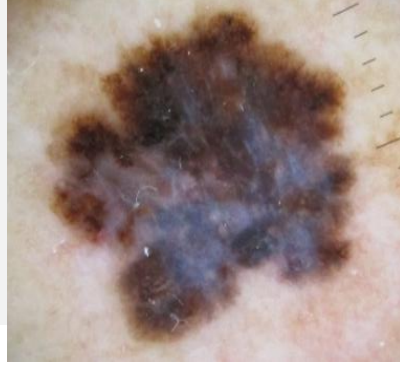
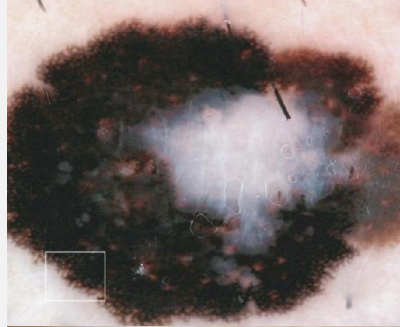
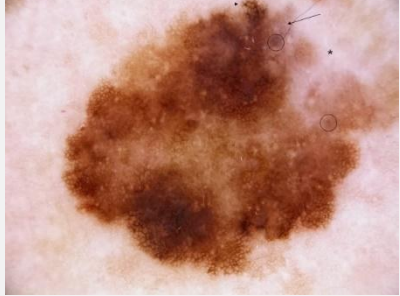






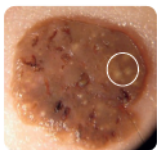


**8**



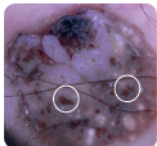
## Queratosis seborreicas

### Criterios dermatoscópicos



#### Milium

Blancos y redondos.

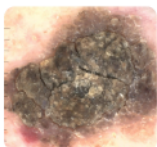


#### Tapones córneos

Oscuros y redondos.  
También pueden verse en nevus dérmicos.



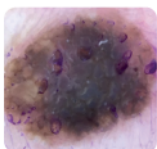
#### Fisuras y crestas



#### Queratina

Se desprende al rascar.  
También en queratosis actínicas y carcinoma escamoso.

### La tinta ayuda a ver los tapones córneos y las fisuras



Si existen dudas de la existencia de tapones córneos o fisuras, podemos pintar la lesión con un rotulador quirúrgico, quitar con un poco de alcohol el exceso y volver a mirar.

- De manera excepcional podemos encontrar tapones córneos en melanomas.
- Ante una lesión con tapones córneos, debemos consultar/biopsiar si vemos:
  - Azul
  - Criterios de lesión melanocítica (glóbulos, retículo o proyecciones)



## DERMATOSCOPIA EN ATENCIÓN PRIMARIA

### Anamnesis básica del paciente con lesión pigmentada

- ¿Edad?
- ¿Desde cuándo tiene la lesión?
- ¿Ha cambiado?
  - ¿Desde cuándo?
  - ¿Qué cambio ha notado?
  - ¿El cambio ha sido progresivo o brusco, en pocos días?
- ¿Tiene antecedentes personales o familiares de melanoma?

### Autores

Montse Andreu, Mar Ballester, Octavi Figueras, David García, Teresa Mateu, Sandra Pons, Rosa Senán, Mireia Serrano, Clara Vilavella  
(Especialistas en medicina familiar y comunitaria)

Marc Sagristà Garcia  
(Especialista en dermatología)



- @lapellcamfic
- dermatoscopia.camfic.cat
- dermato@camfic.org

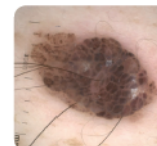
## 3 PUNTOS DE SOYER Derive si hay 2 o más puntos

### Asimetría de color o estructuras



#### ASIMETRÍA = 1 punto

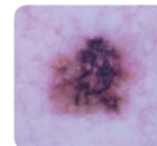
Debemos valorar si existe asimetría evidente de colores y estructuras, no de forma.



#### SIMETRÍA = 0 puntos

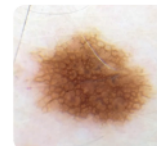
No debemos valorar la forma de la lesión, sino si tiene estructuras y colores de forma armónica.

### Retículo atípico



#### RETÍCULO ATÍPICO = 1 punto

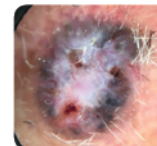
Presenta líneas burdas, de grosor irregular y orificios no uniformes.



#### RETÍCULO TÍPICO = 0 puntos

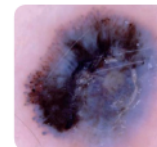
Presenta líneas regulares con orificios uniformes.

### Presencia de color blanco o azul (puntúa solo un punto en el caso de que estén los dos)



#### BLANCO = 1 punto

Color blanco, más blanco que la piel de alrededor, en forma de crisálidas o regresión.

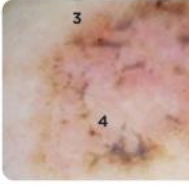
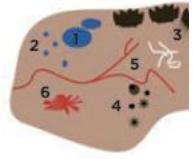


#### AZUL = 1 punto

Color gris azulado, que no es marrón pero tampoco negro.



Carcin



De

Signo del oyuelo. Tacto duro, como una cicatriz.

Si vemos lagunas de de vasos.



Quera

Ver el dorso del tripa



NOMA  
ciente

; marrón  
negro.

**IS**  
ias alargadas

**N**  
a que la piel  
si afecta a  
la lesión.

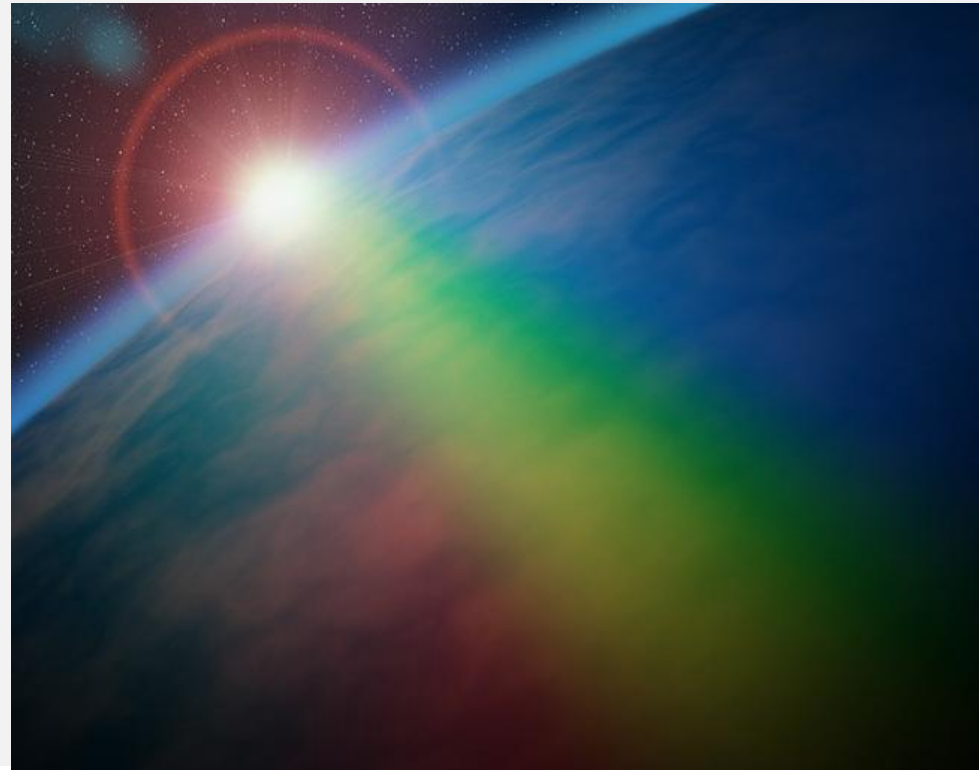
**ATÍPICO**  
os colores.  
si la lesión

**S**  
de glóbulos  
nes en la

**ONES**  
yores de

cura en la  
si la lesión

# “DERMATOSCÒPIA EN COLORS”





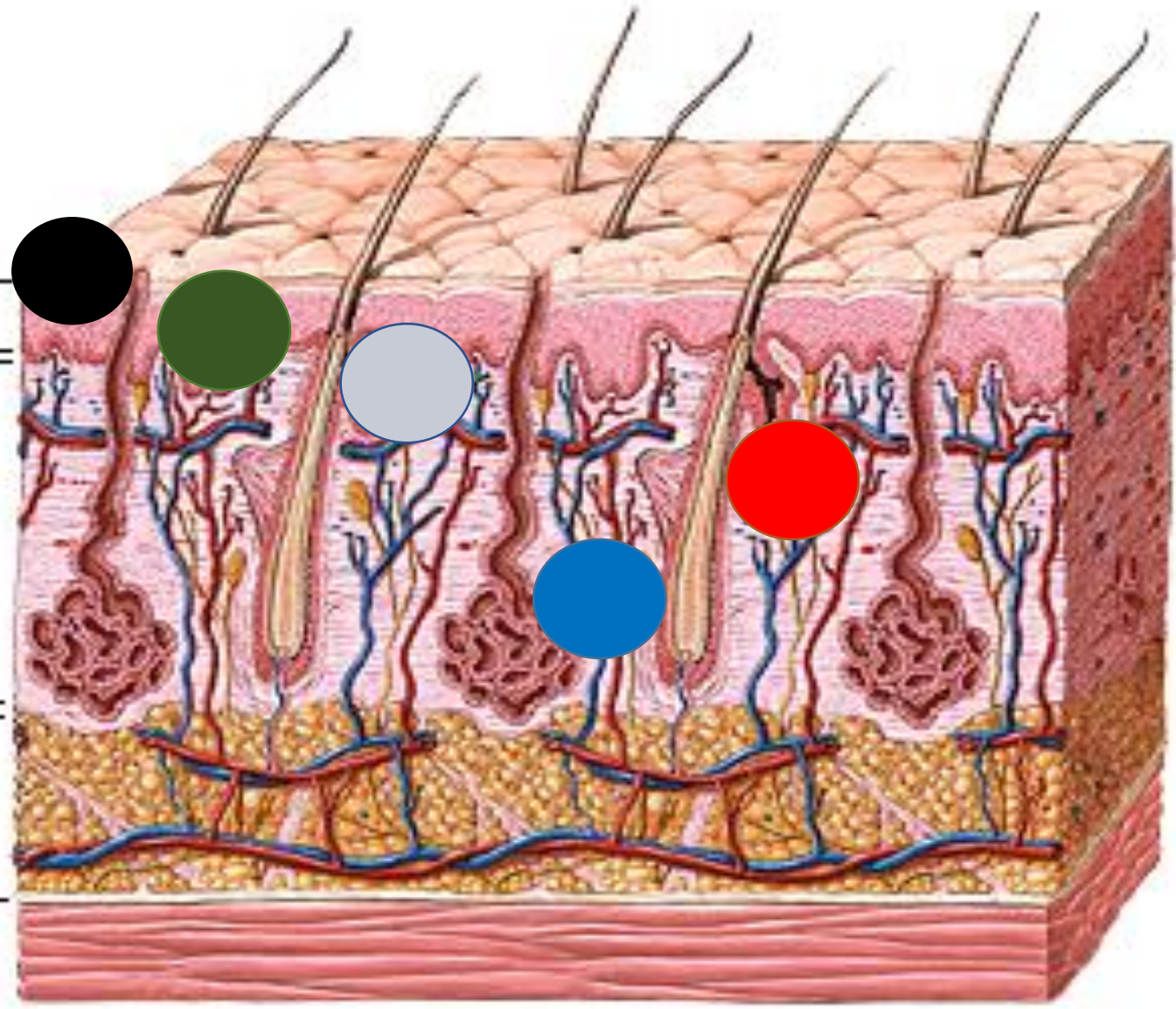


**Què ens tradueixen els colors en dermatoscòpia?**

Epidermis

Dermis

Hipodermis







**En dermatoscòpia,  
quins ens han d'espantar?**





**GROC/TARONJA**

# On trobarem groc i taronja?

## color groc dermatoscòpic

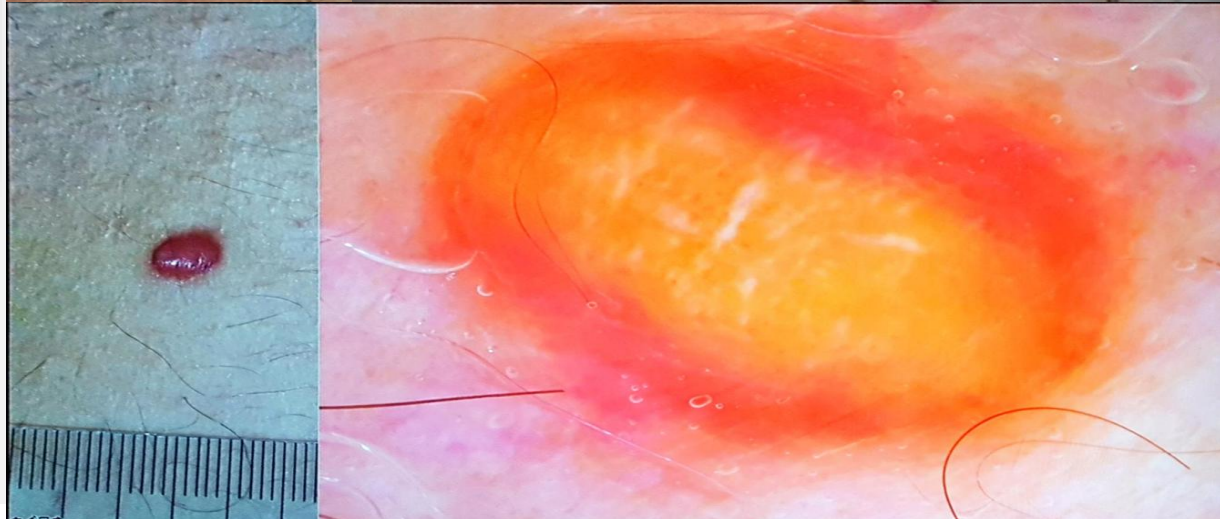
- Relacionat amb la **queratina i lípids**:
- Principalment en tumors queratinitzants i tumors amb diferenciació sebàcia
- En **trastorns de les fibres elàstiques** de la pell i **lesions inflammatòries i infeccioses**

## color taronja dermatoscòpic

- Quan hi han **infiltrats celulars densos** (linfocítics, histiocítics, eosinofílics):
- En malalties granulomatoses de la pell
- Xantomes i xantogranuloma juvenil

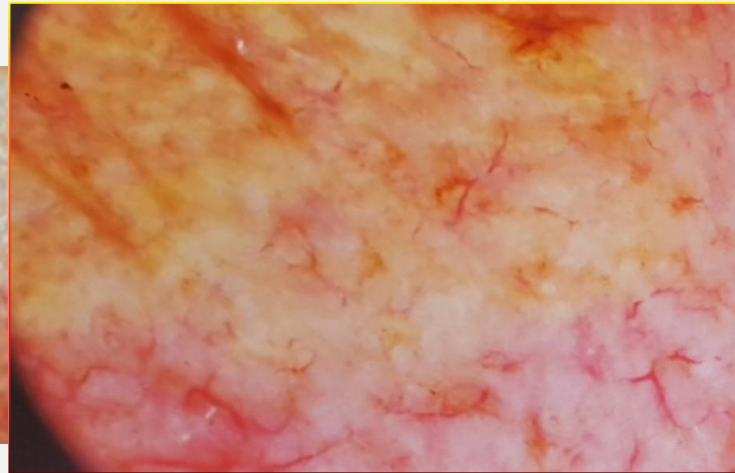
# Lesions predominantment grogues:

QUIST

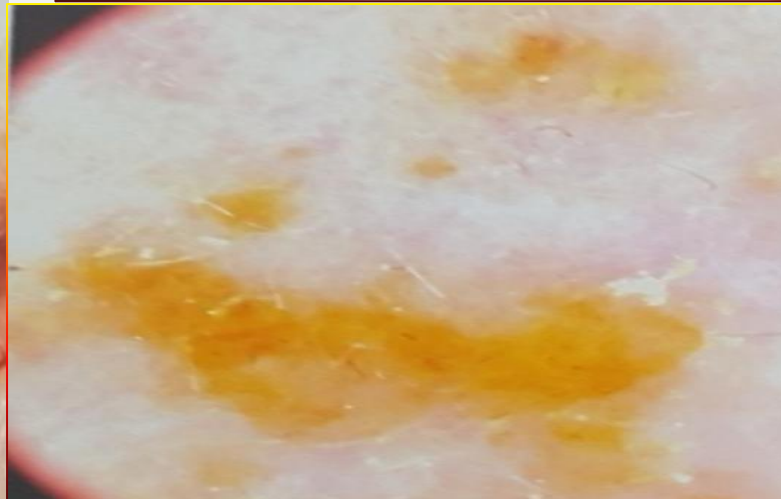


XANTOGRANULOMA  
JUVENIL

# Lesions predominantment grogues:



**XANTOMA**



**IMPETIGEN**



# Lesions predominantment grogues:



Durícies/ull de poll

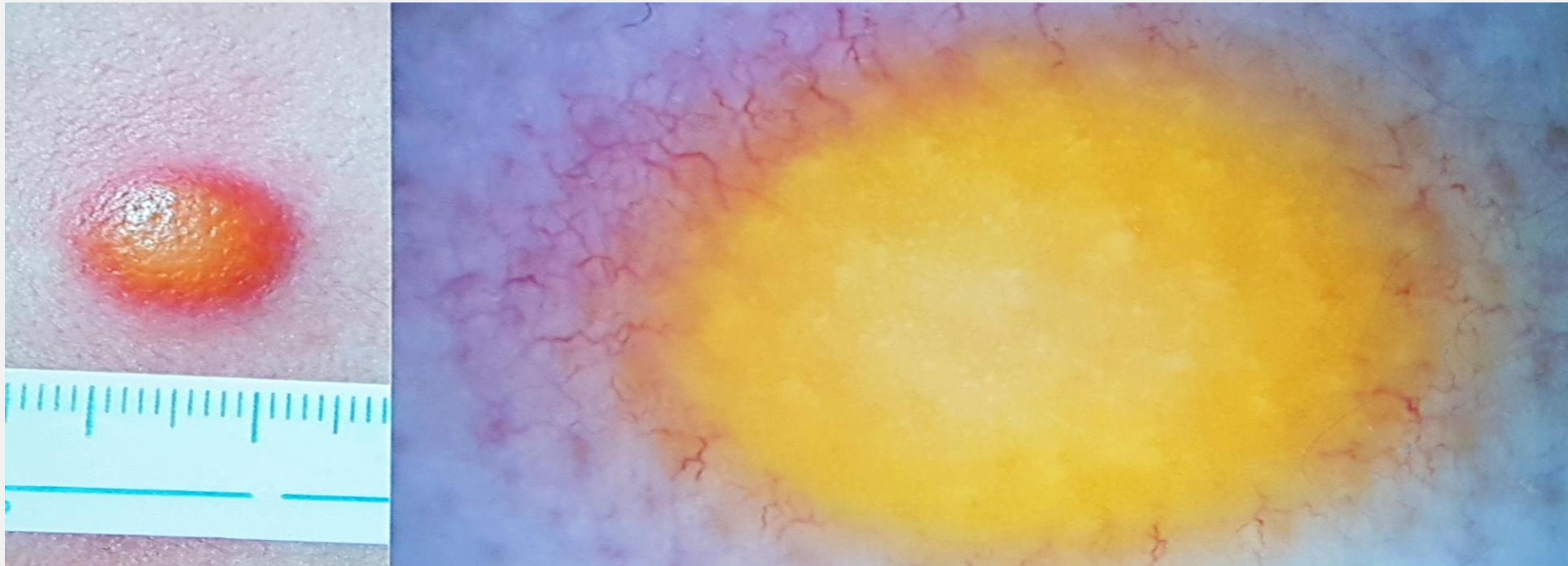


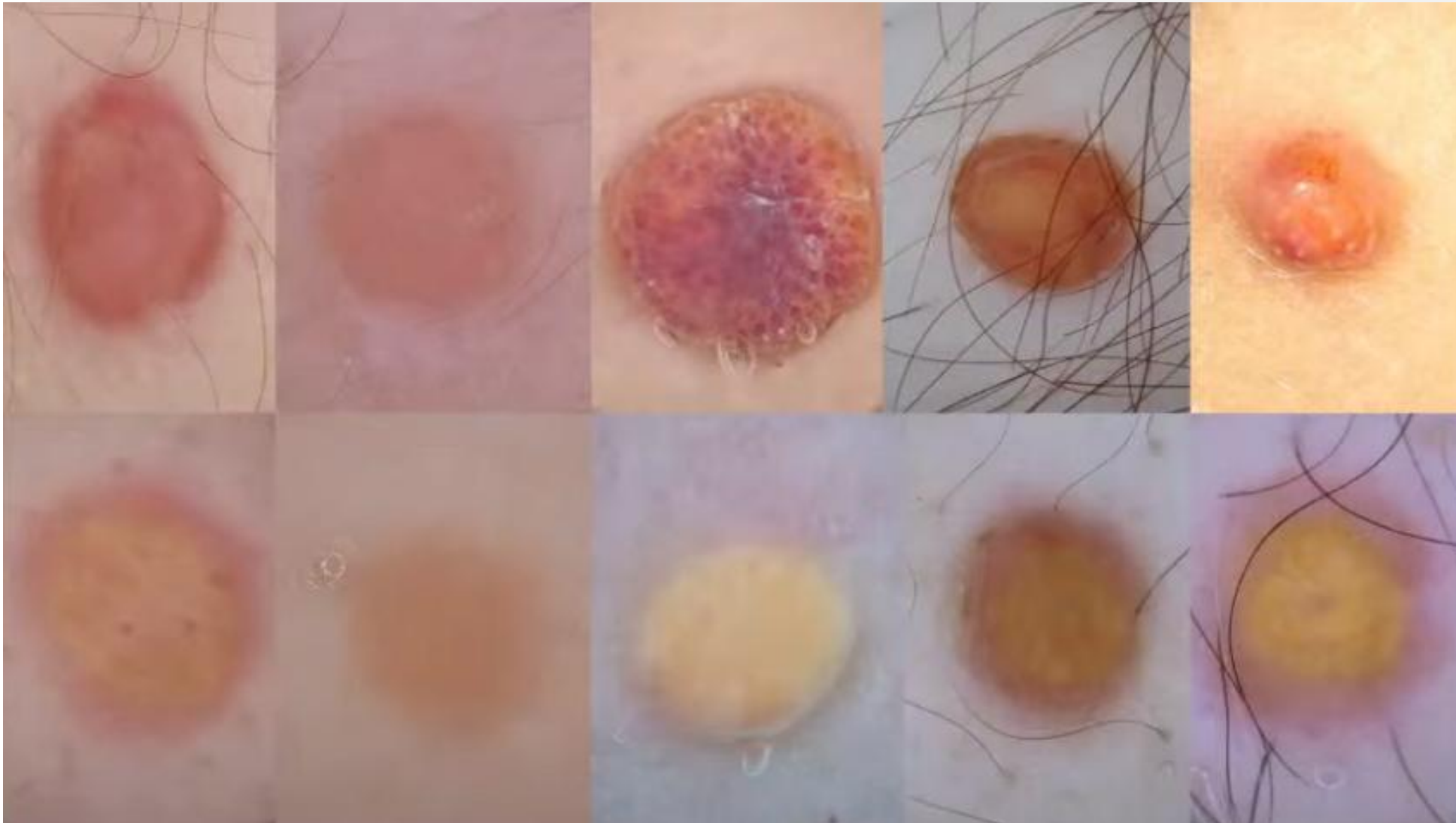
Hiperplàsia  
sebàcia

Dermapixel

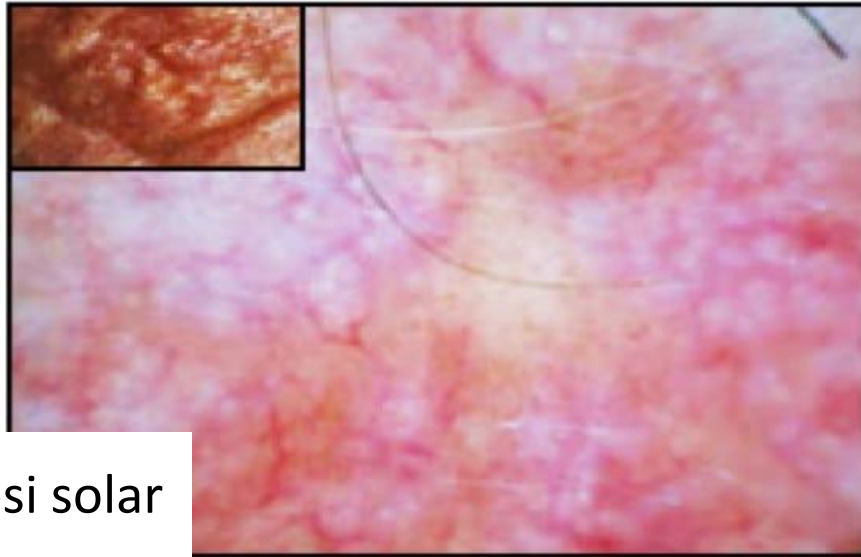
# Lesions predominantment groc/taronja:

- **Xantogranuloma juvenil** (infiltrats+depòsits lípids)
- bon pronòstic
- sobretot en cara de nens
- Auto involuciona en anys

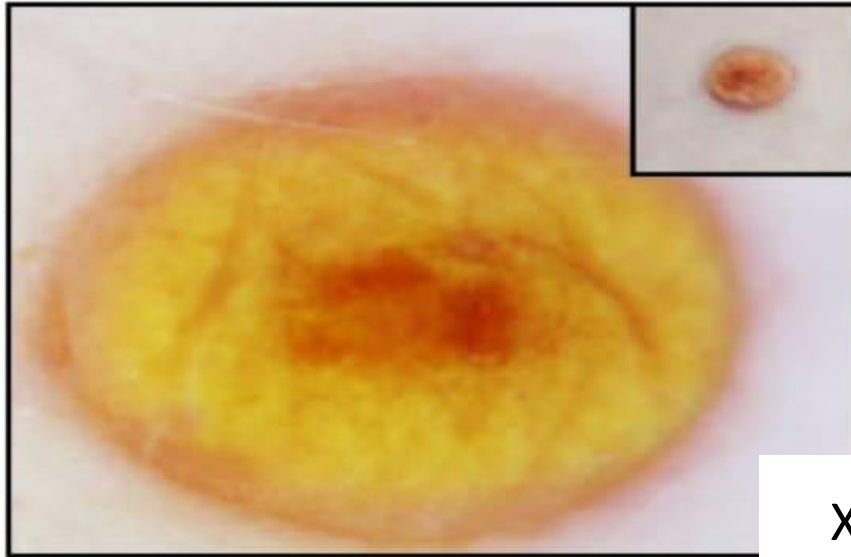




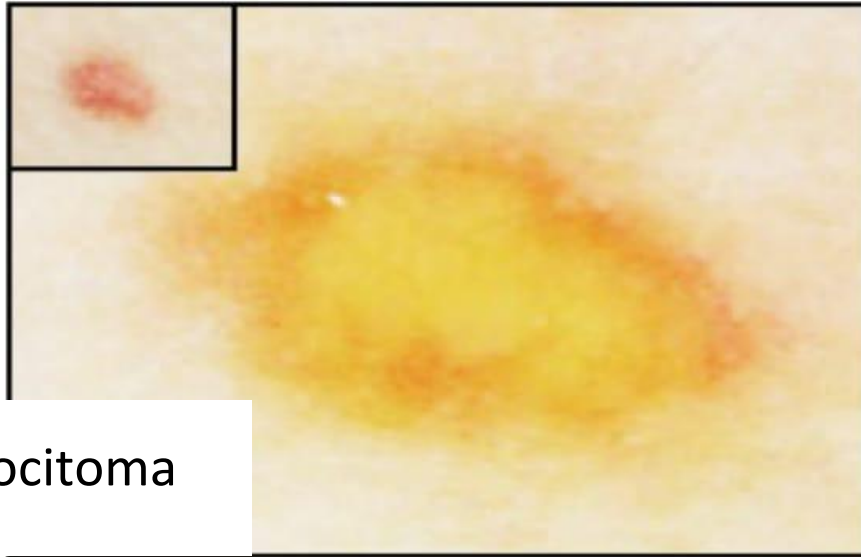
## Les escales de colors al XGJ



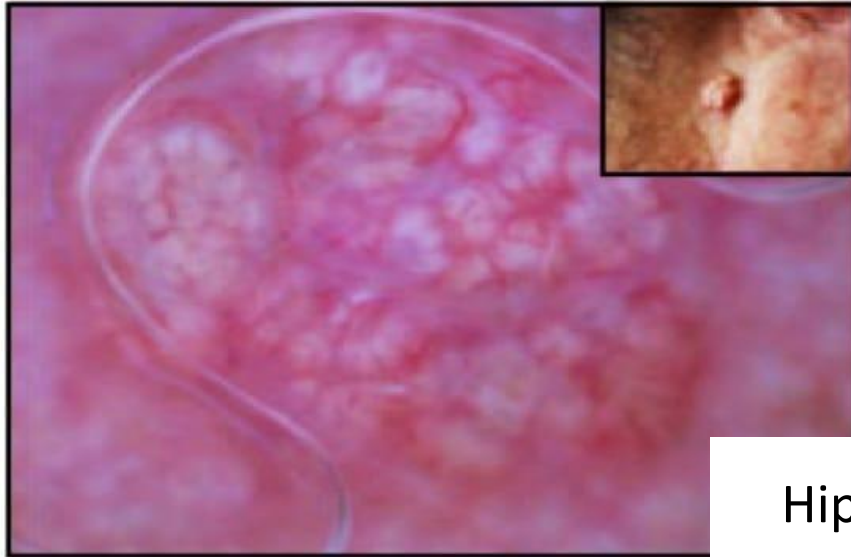
Elastosi solar



XGJ



Mastocitoma



Hiperplasia sebàcia

J. Bañuls, P. Arribas, L. Berbegal, F. J. DeLeon, L. Frances, P. Zaballos. Yellow and orange in cutaneous lesions: clinical and dermoscopic data. JEADV 2015, 29, 2317-2325

# Lesions inflammatòries que contenen groc



Pitiriasis rosada



Dermatitis seborreica



# Lesions predominantment taronges:



- **Sarcoidosis**- Vasos lineals+taronja
- **Leishmaniosis**- Taps fol·liculars (“Llàgrimes groges”)+taronja
- **Rosàcea**: taps taronjes perifol·liculars+vasos poligonals
- **Necrobiosis lipoidica**: fons taronja+xarxa densa de vasos lineals

# Lesions predominantment taronges:

Vasos lineals+taronja



Sarcoidosis. A. Lallas

Font: dermoscopia



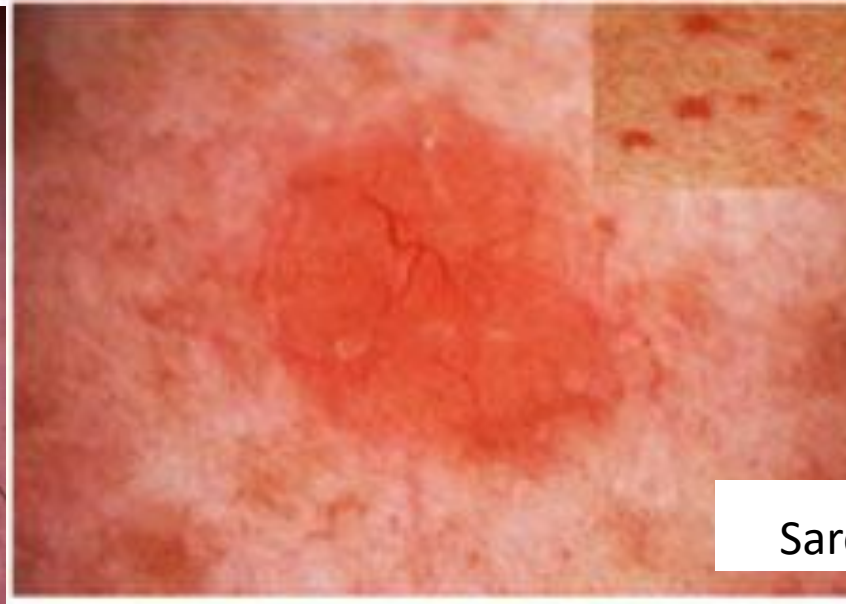
Rosàcia

Font: dermoscopia

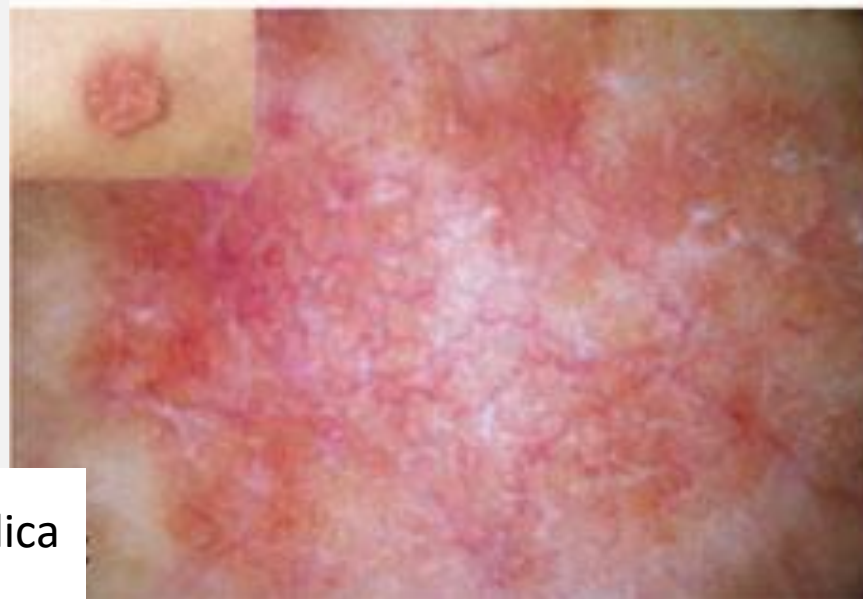
Rosàcia



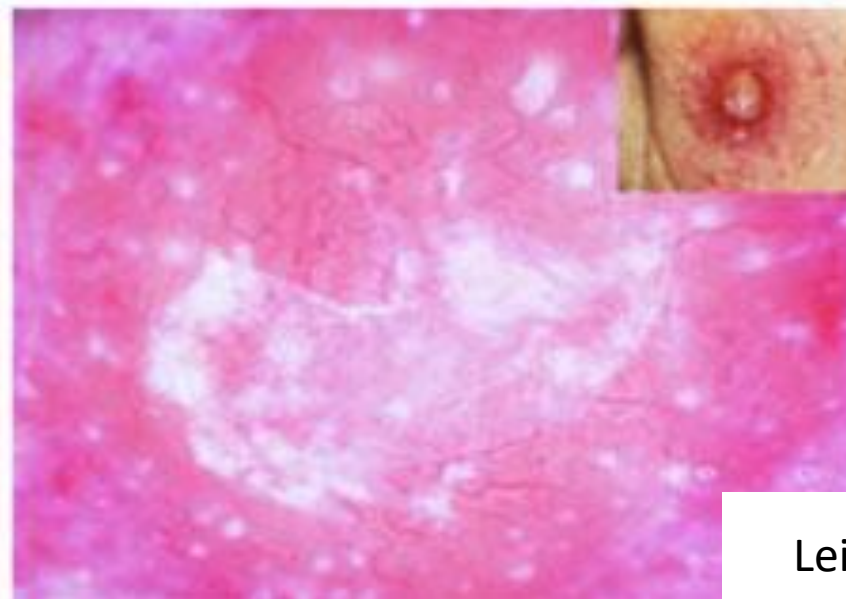
Sarcoidosis cutànea



Necrobiosis lipoidica



Leishmaniasis



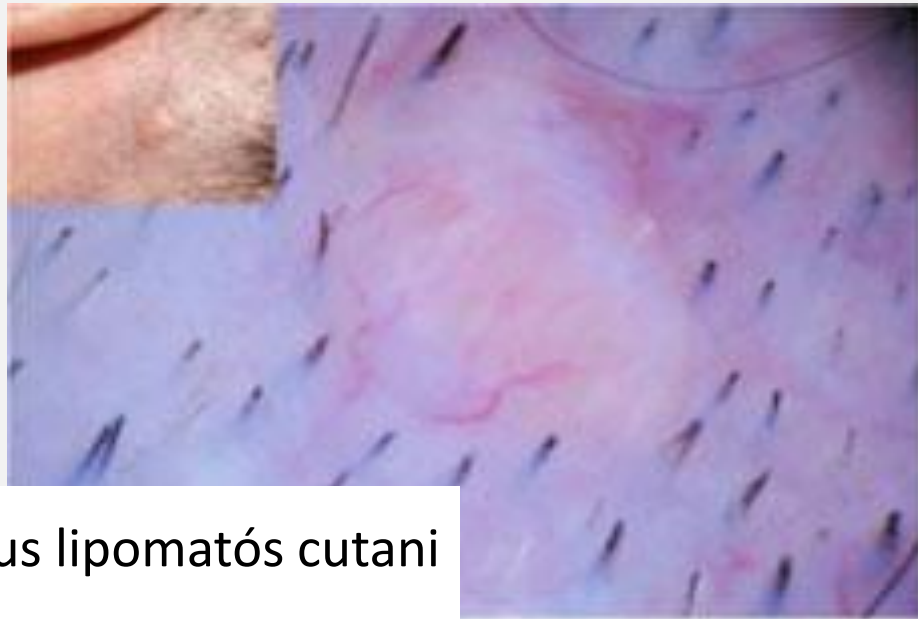
# Infiltrats de cèl·lules plasmàtiques:

- Balanitis de Zoon: Taronja+vasos lineals

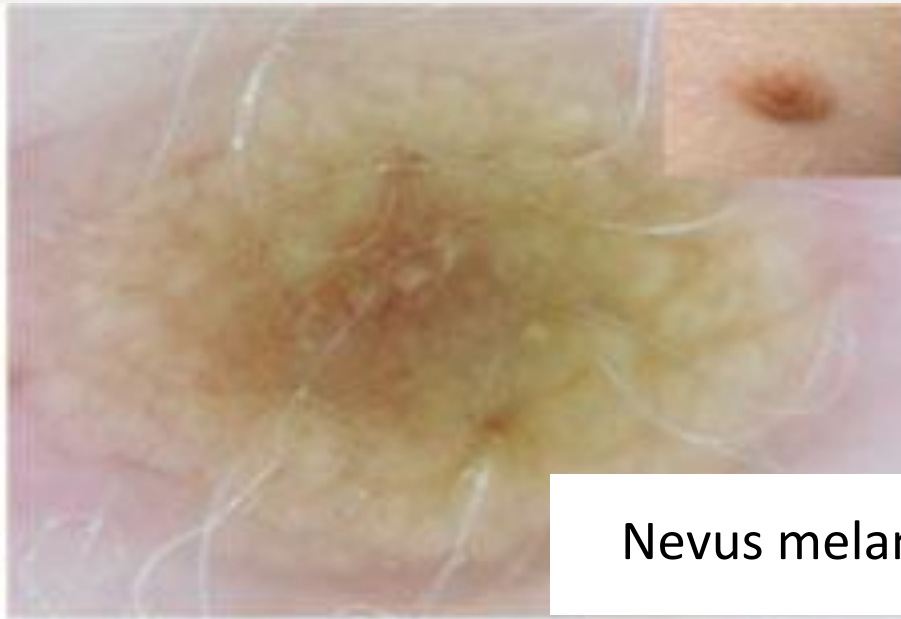


# Tumors que a vegades tenen taronja

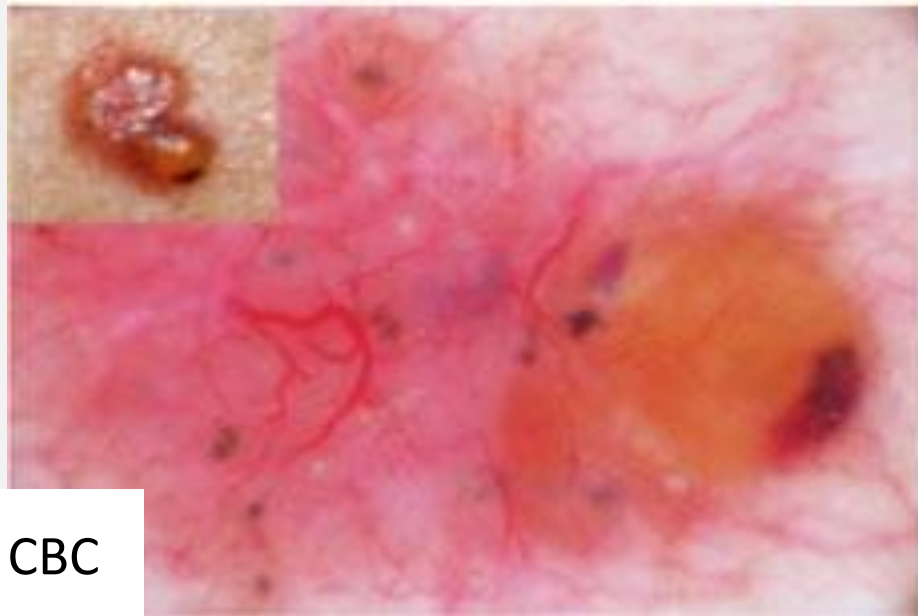




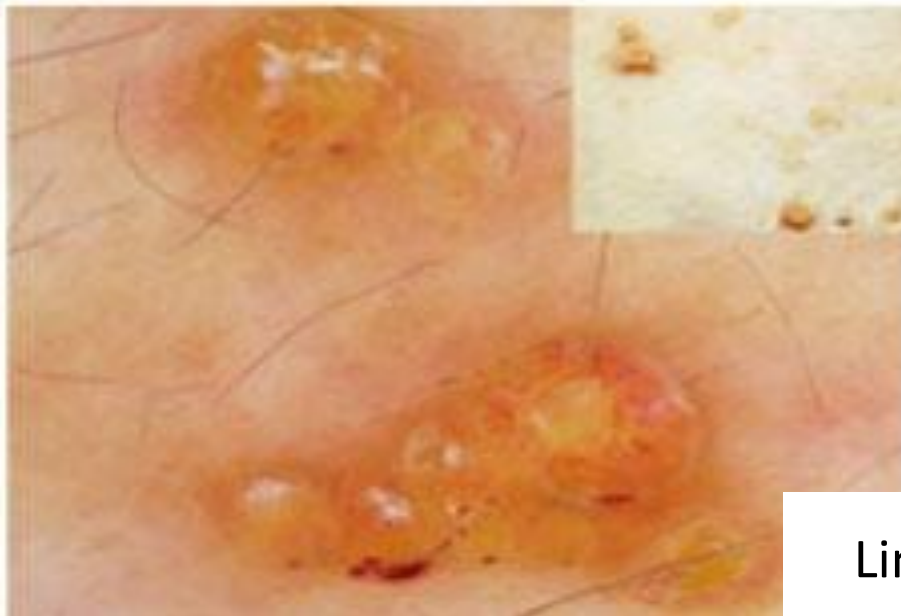
Nevus lipomatós cutani



Nevus melanocític de pacient albí



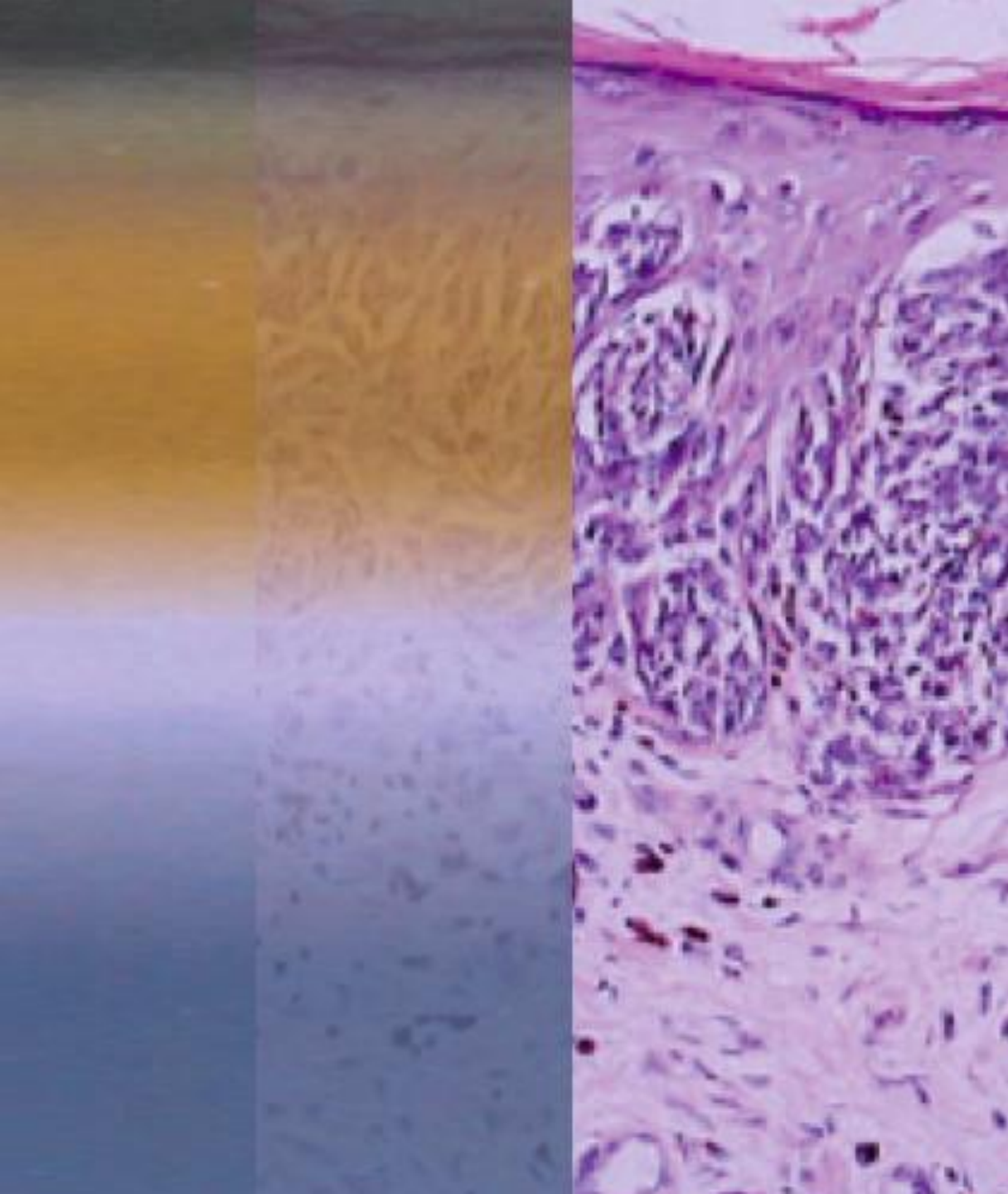
CBC



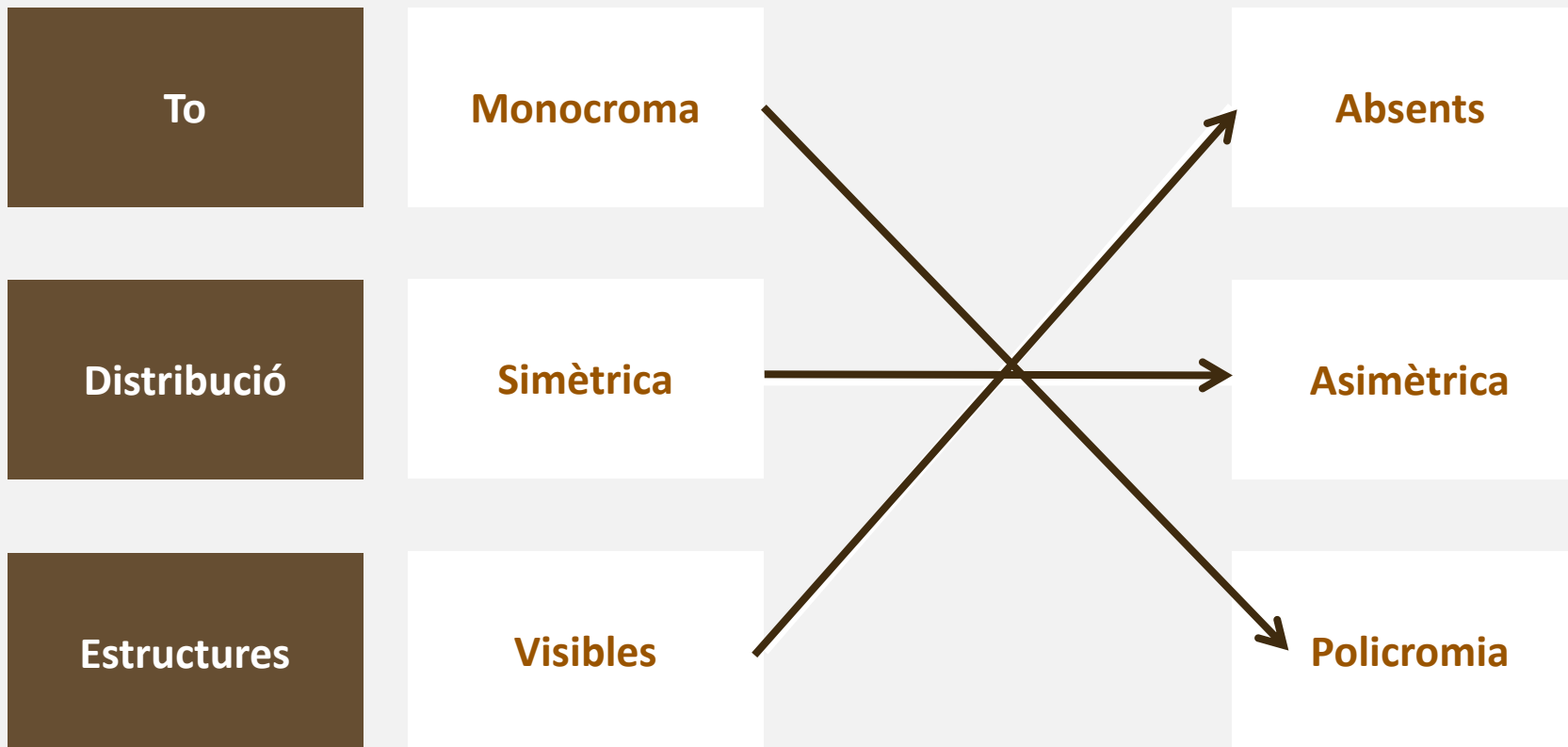
Linfangioma cutani

The image features a close-up, top-down view of a tree trunk's cross-section. The wood grain is highly detailed, showing concentric growth rings and radial lines. The color is a warm, natural brown. A horizontal, light-colored rectangular box with a slight 3D effect is centered across the middle of the image. Inside this box, the word "MARRÓ" is written in a bold, green, sans-serif font.

**MARRÓ**



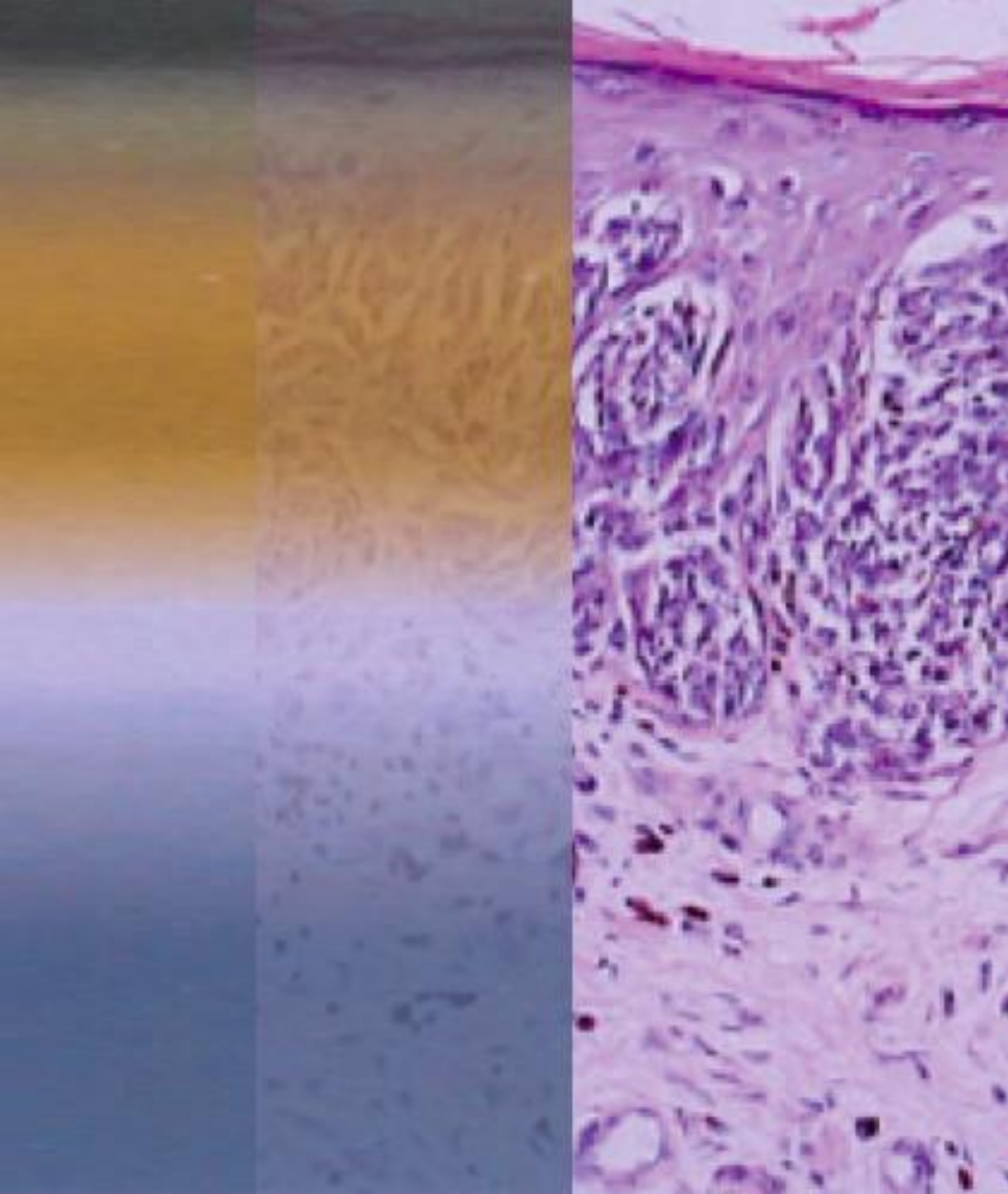
**To**  
**Distribució**  
**Estructura**



**Nevus comú**



**Melanoma**

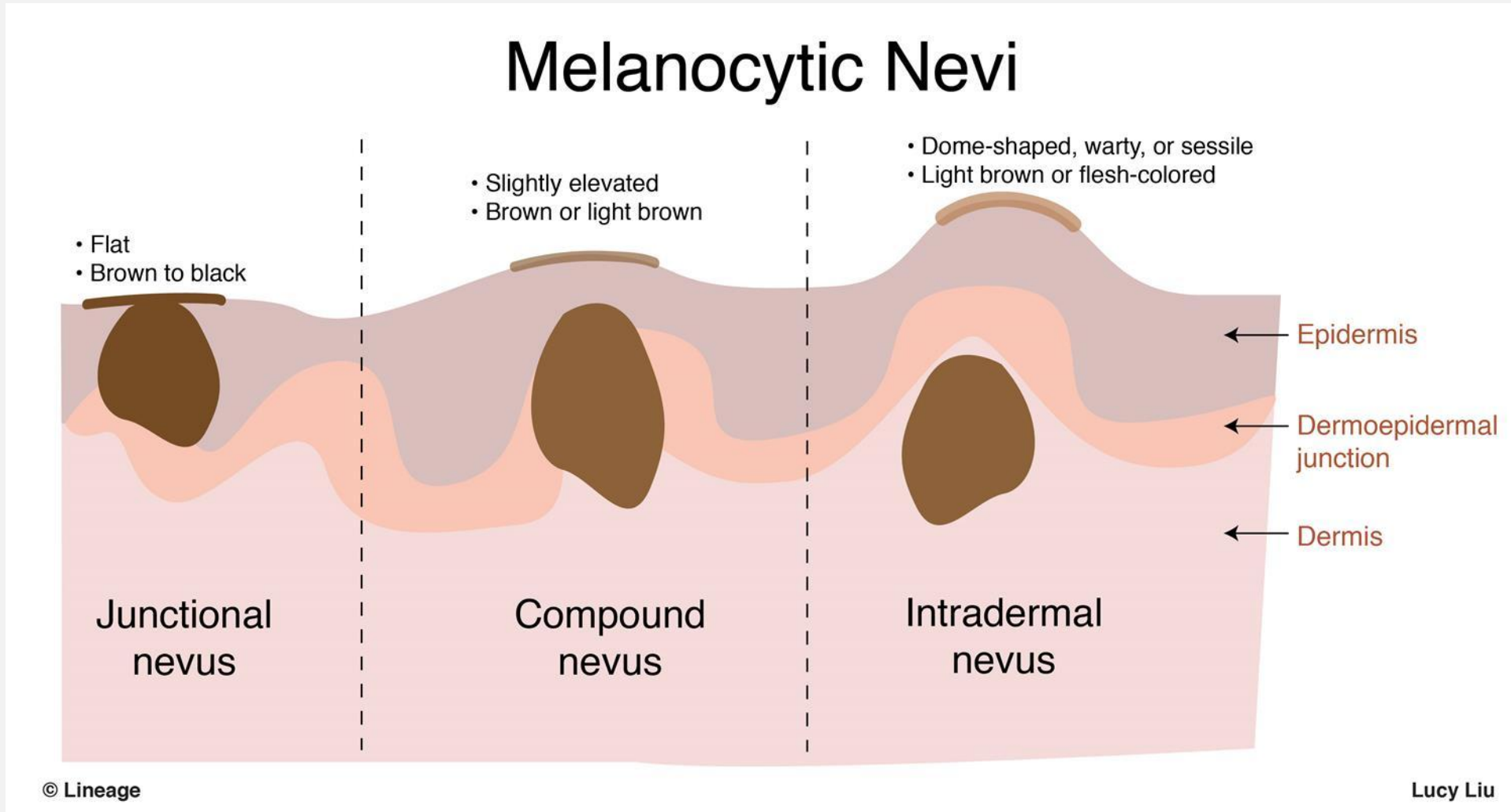


To



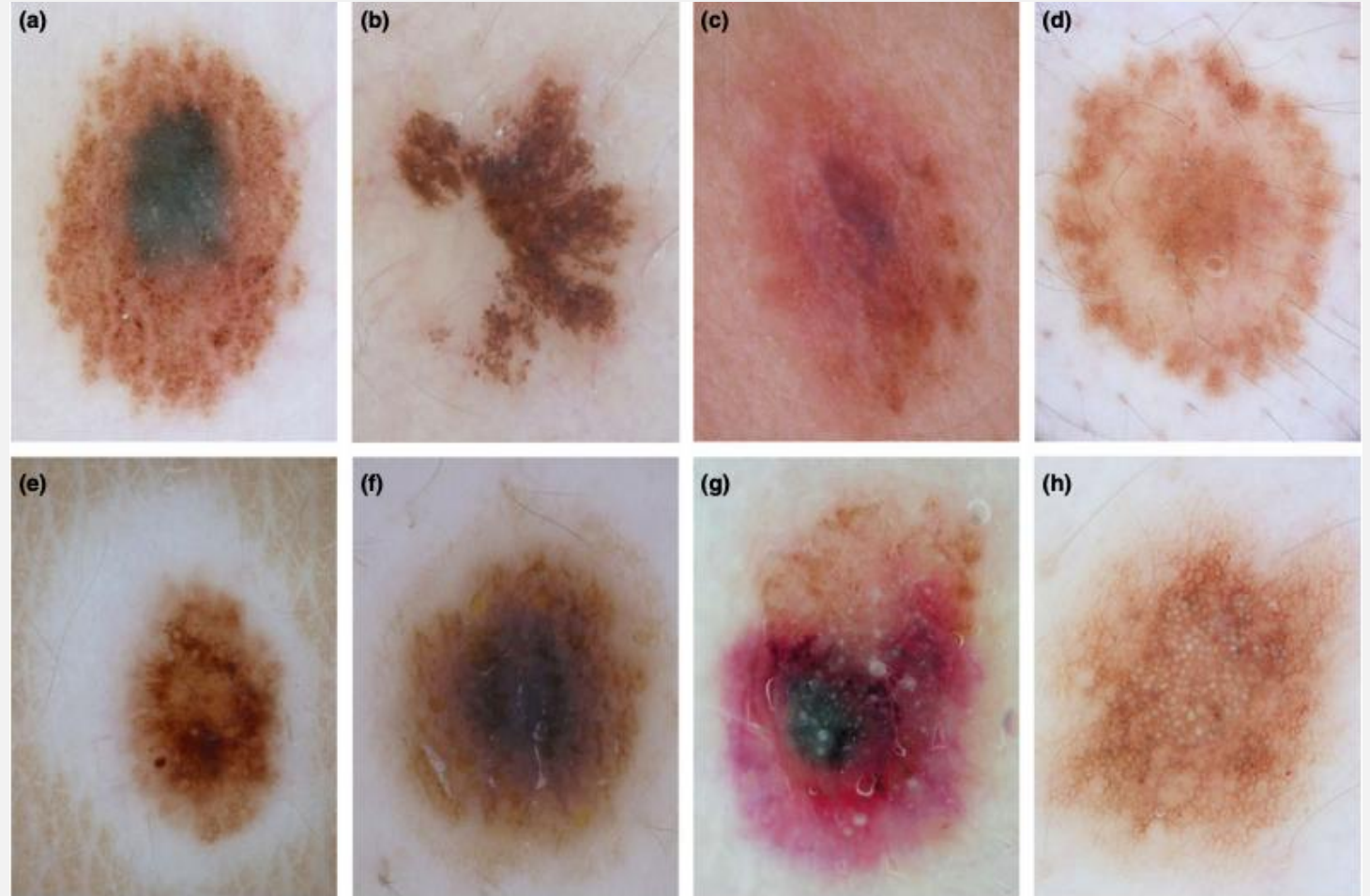
# PANTONE: guia del color identificats amb codis

# TO – Profunditat melanina



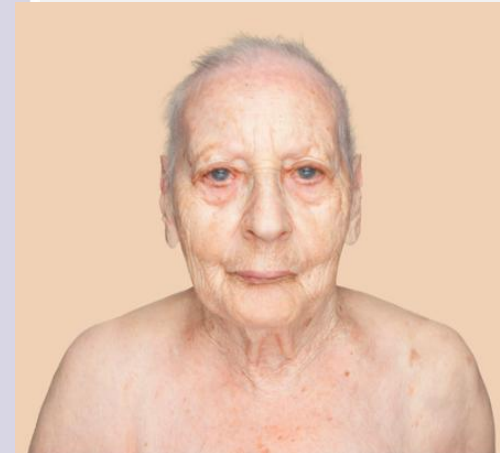
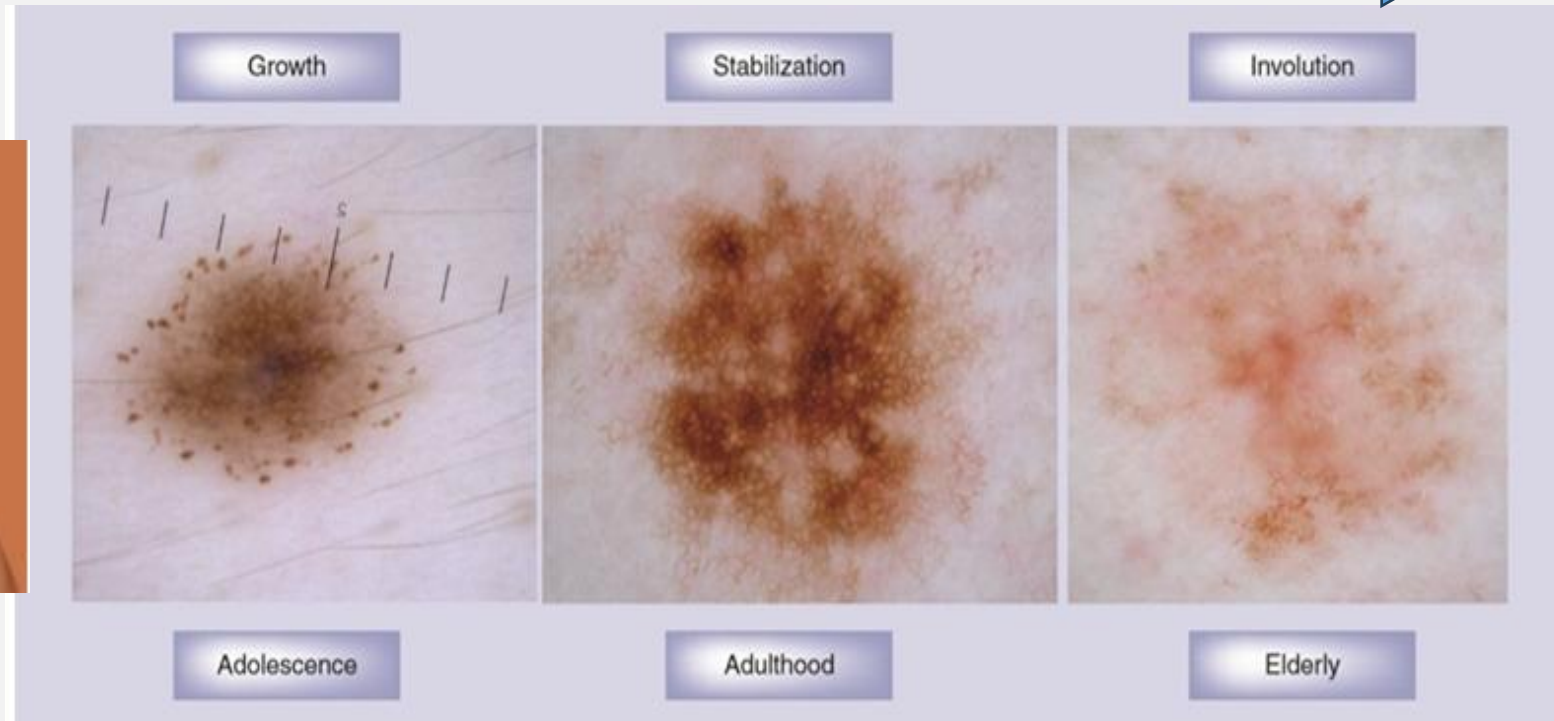
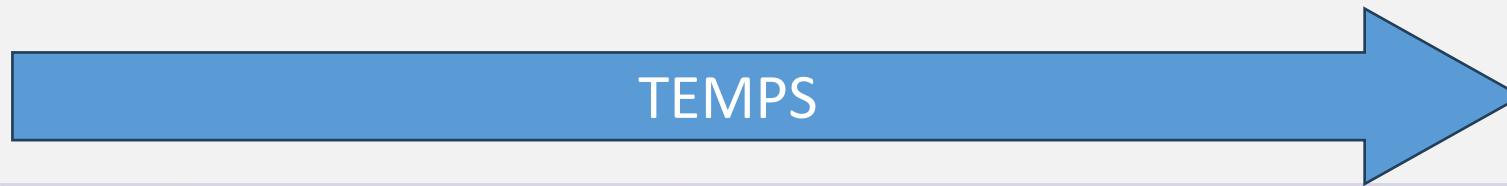
# TO – Profunditat melanina

**To** (color segons localització)  
**Distribució**  
**Estructura**



Woltsche, N et al. Abundance of the benign melanocytic universe: Dermoscopic-histopathological correlation in nevi. *The Journal of Dermatology*, 44(5), 499–506.

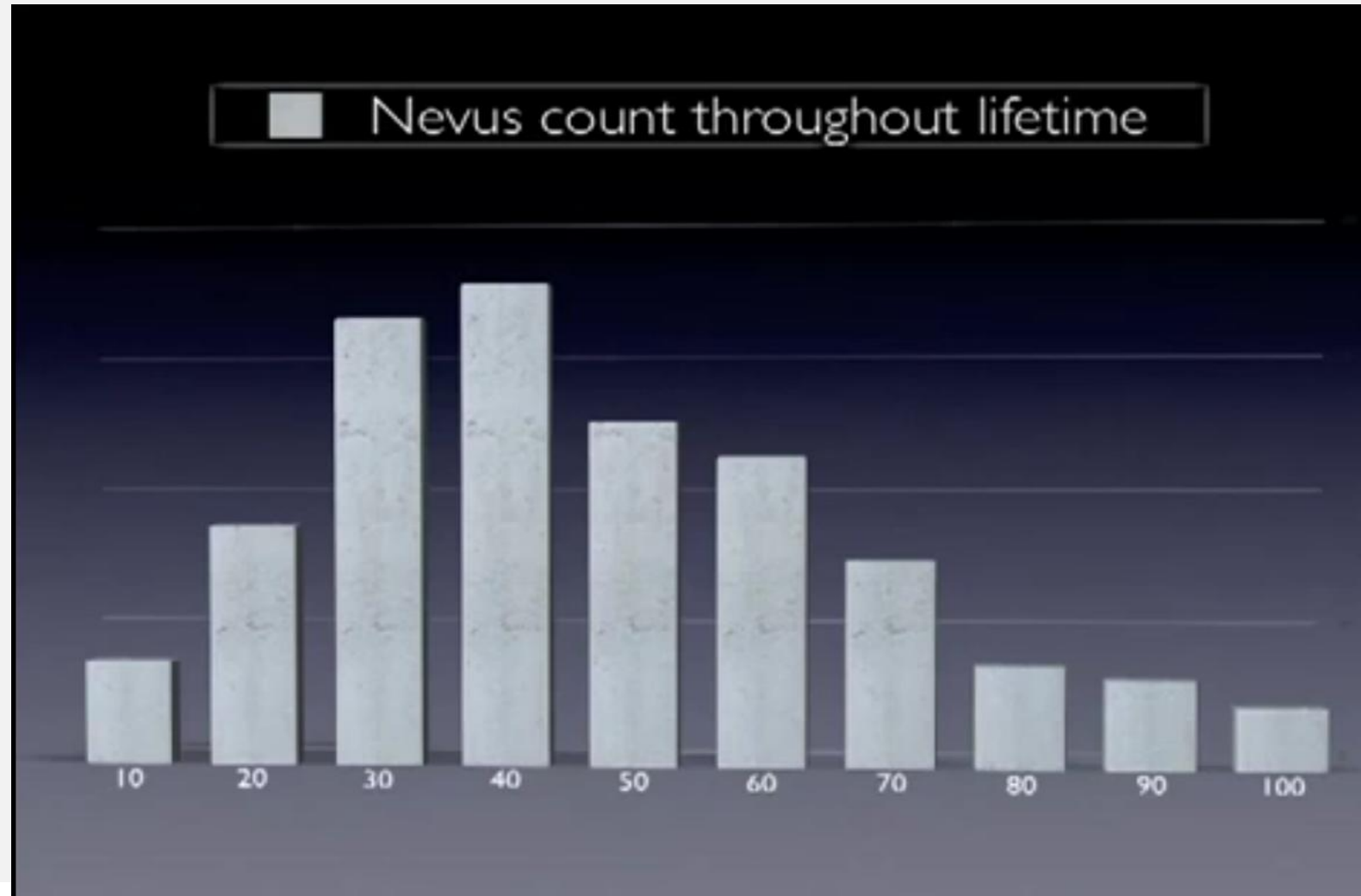
# TO – segons edat



# TO – segons edat

**No esperarem q creixin ni apareguin nevus passats els 50 anys.**

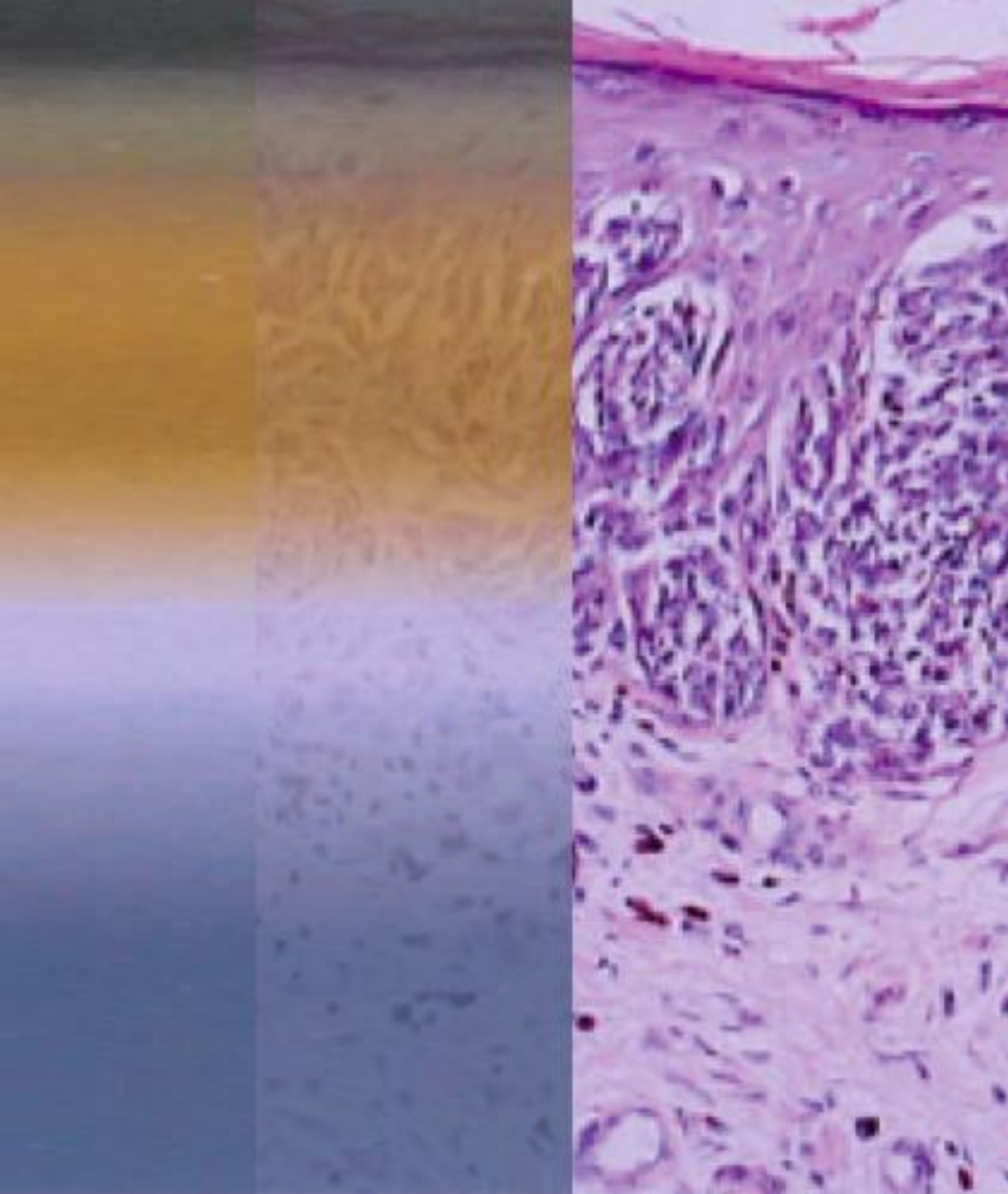
UN “NEVUS” NOU o que CREIX EN >50a-> SOSPITÒS (SOBRETOT SI MÈS DE 5 mm)



# TO – Segons fototipus

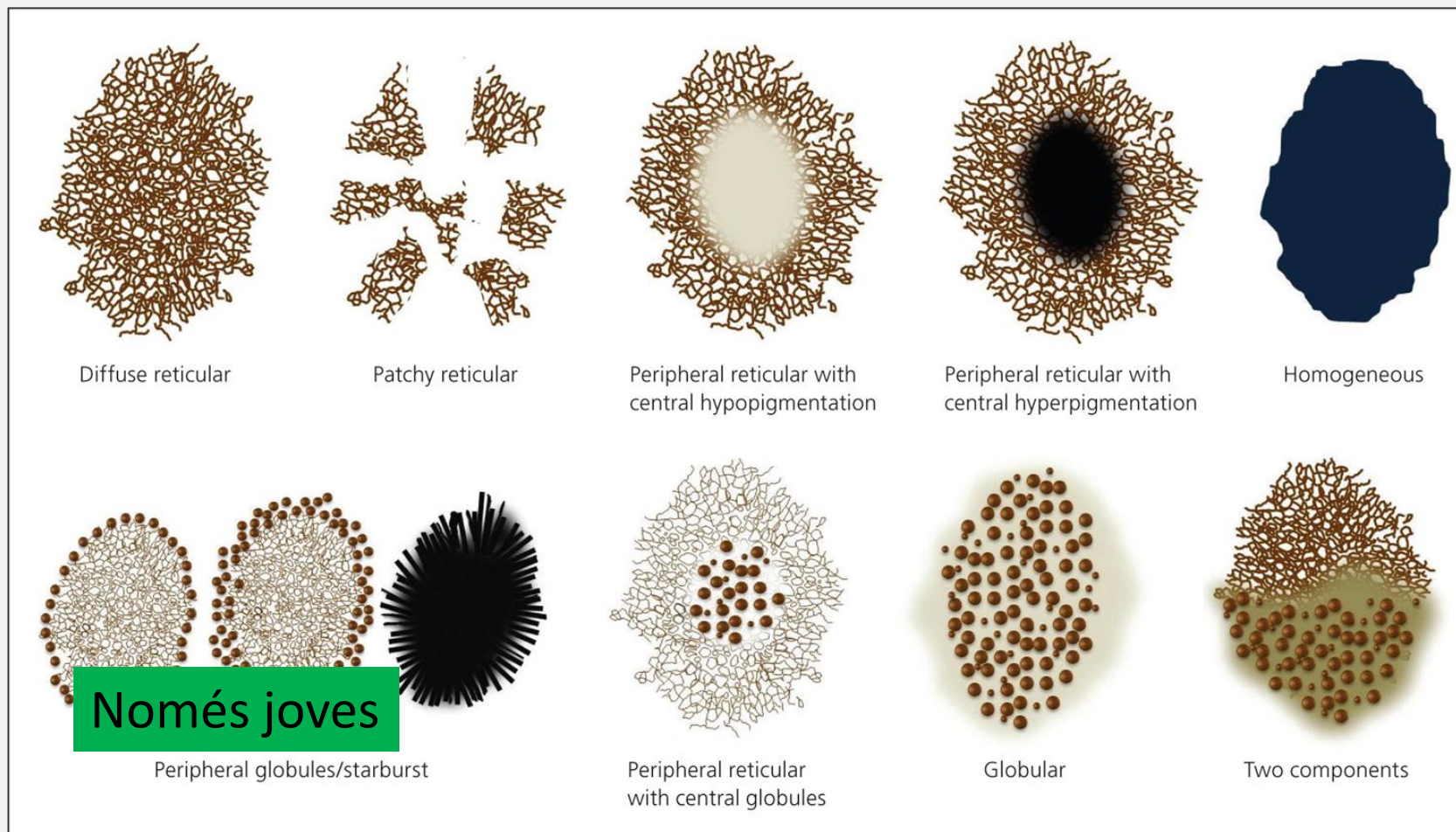


Zalaudek I et al. *Nevus Type in Dermoscopy Is Related to Skin Type in White Persons. Archives of Dermatology, 143(3).*

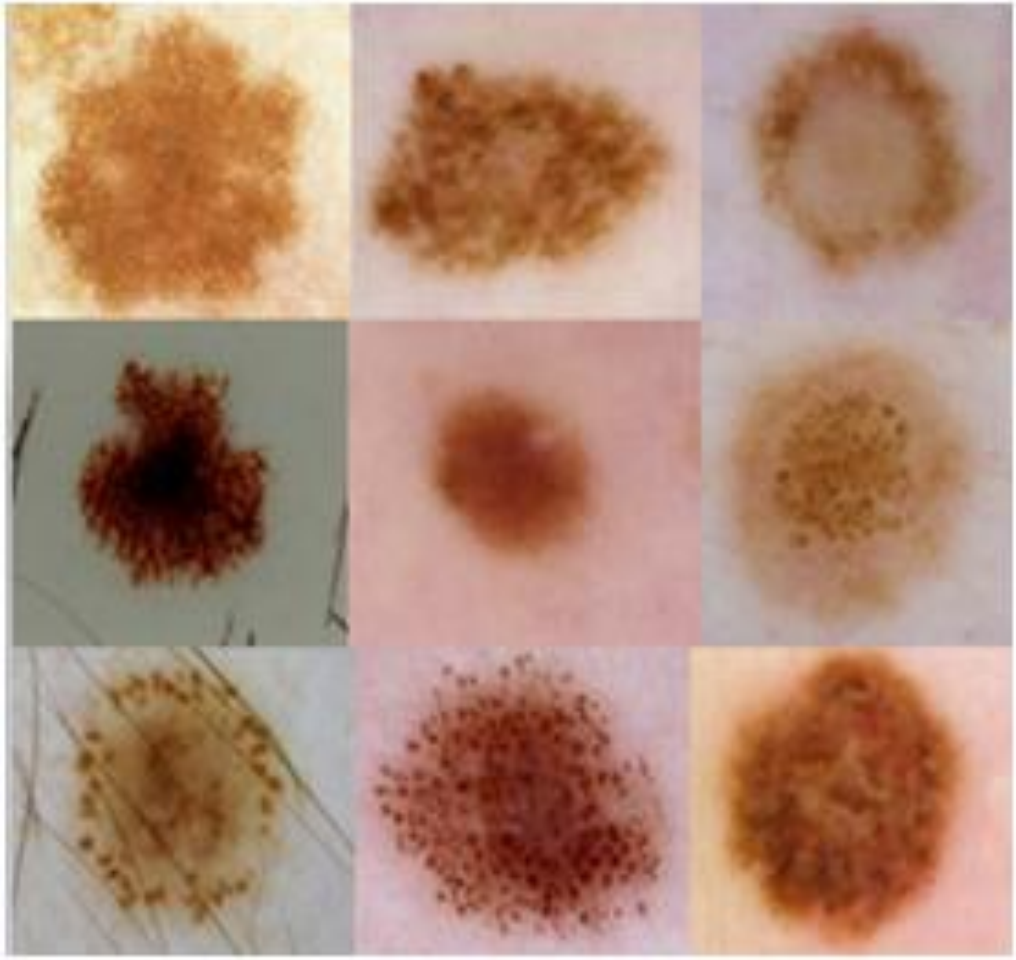


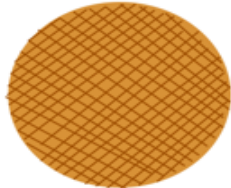
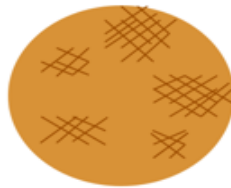
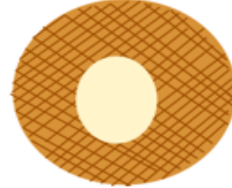
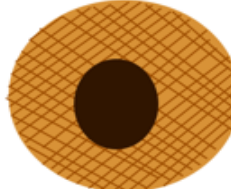

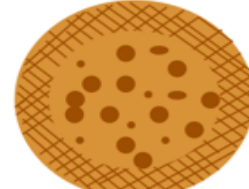
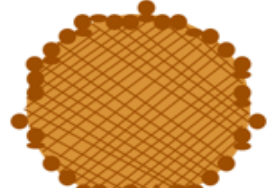
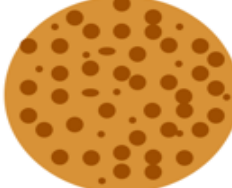
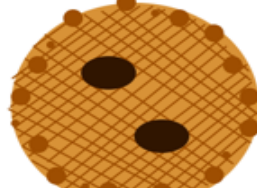
**Distribució**

# Patrons dermatoscòpics de nevus plans o compost (benignes):



# DISTRIBUCIÓ - Patrons



		
Patrón reticular difuso	Patrón reticular parcheado	Retículo periférico con hipopigmentación central
		
Retículo periférico con hiperpigmentación central	Patrón marrón homogéneo	Patrón reticular con globulos centrales
		
Patrón reticular con corona de globulos	Patrón globular	Patrón simétrico multicomponente

# DISTRIBUCIÓ - Illes

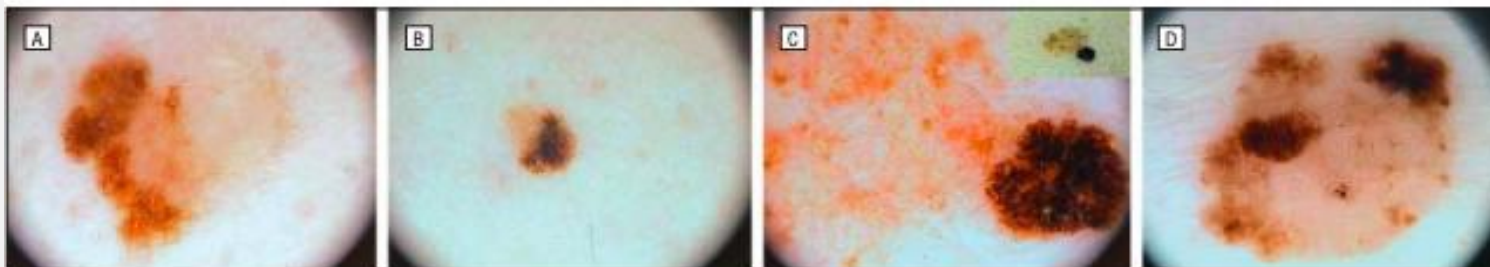


[www.dermnetnz.org](http://www.dermnetnz.org)

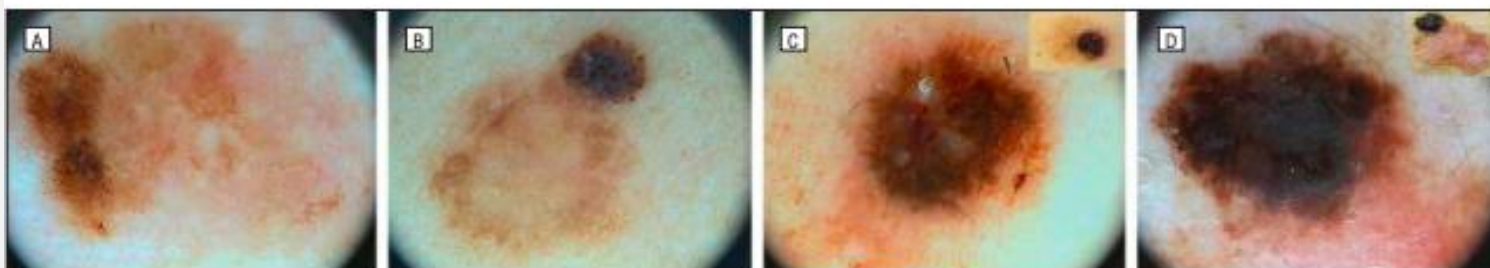
# Distribució



**Figure 2.** Dermoscopic images of melanocytic nevi containing a dermoscopic island (original magnification  $\times 20$  for all). A and B, Reticular nevi showing a reticular and a starburst island, respectively. C and D, Globular nevi presenting a reticular and a starburst island, respectively.



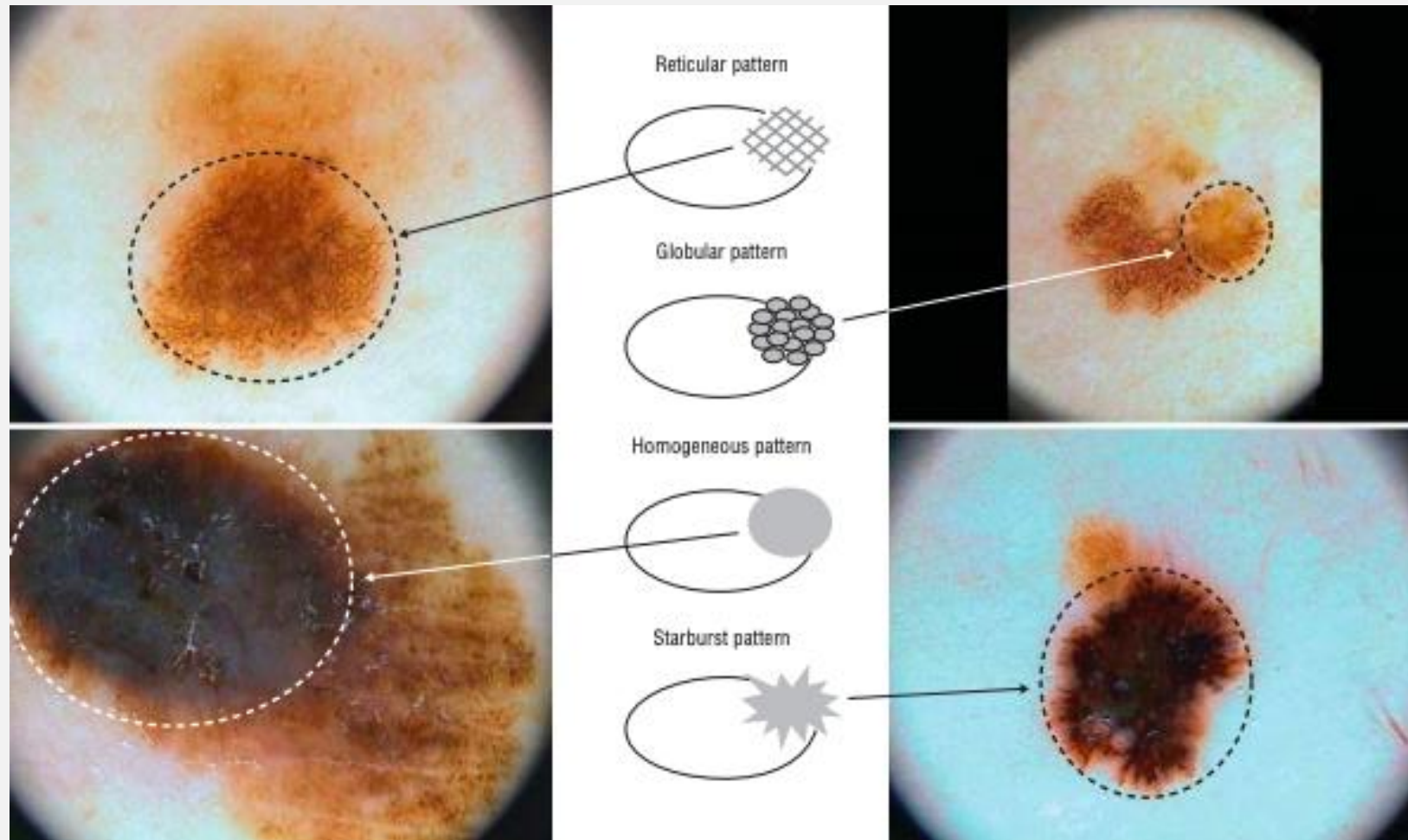
**Figure 3.** Dermoscopic images of in situ melanomas containing a dermoscopic island (original magnification  $\times 20$  for all). A-C, Reticular islands located on globular, homogeneous, and reticular backgrounds, respectively. In C, the clinical image is illustrated at the upper right-hand corner. D, A reticular lesion with 2 reticular islands.



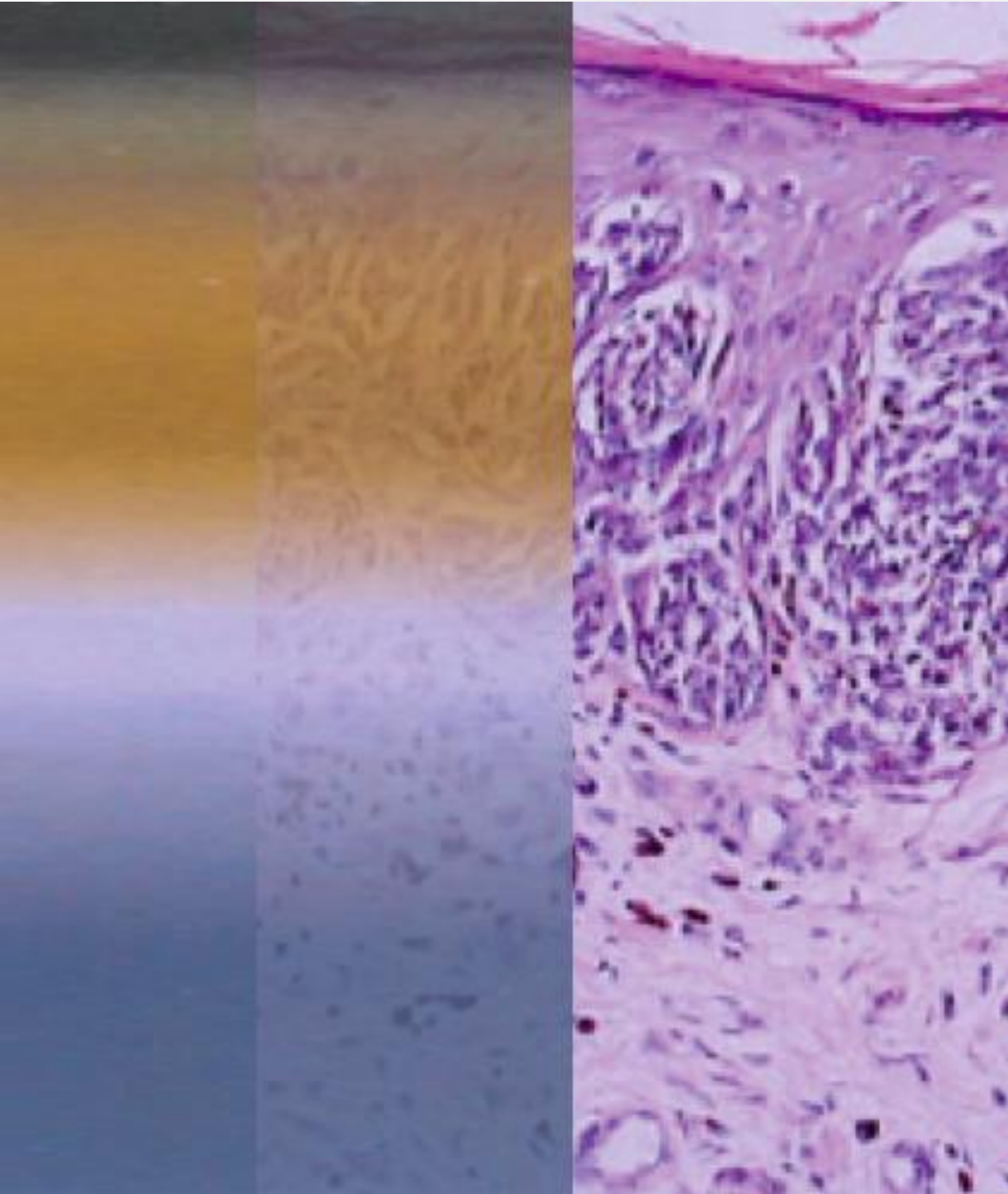
**Figure 4.** Dermoscopic images of invasive melanomas containing a dermoscopic island (original magnification  $\times 20$  for all). A, A reticular island is appreciable on a reticular background. B, A globular nevus showing a globular island. C, A reticular nevus presenting a starburst island (with the clinical image at the upper right-hand corner). D, A homogeneous island appearing on a homogeneous background (with the clinical image at the upper right-hand corner).

Borsari S. et al. *Dermoscopic Island. Archives of Dermatology*, 146(11).

# DISTRIBUCIÓ - Illes

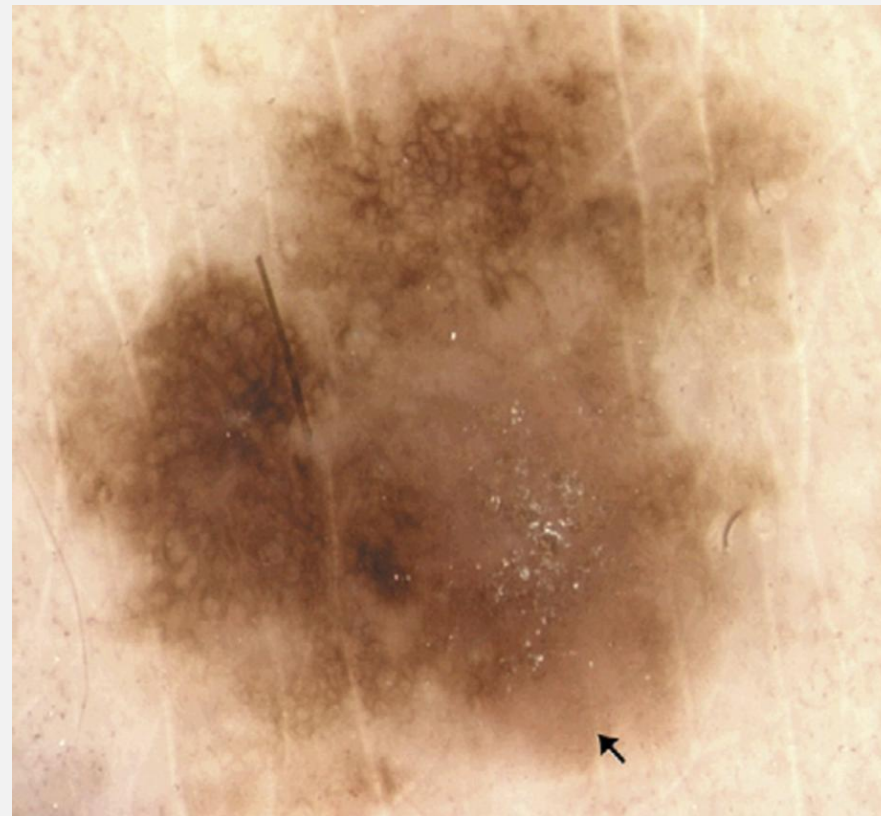
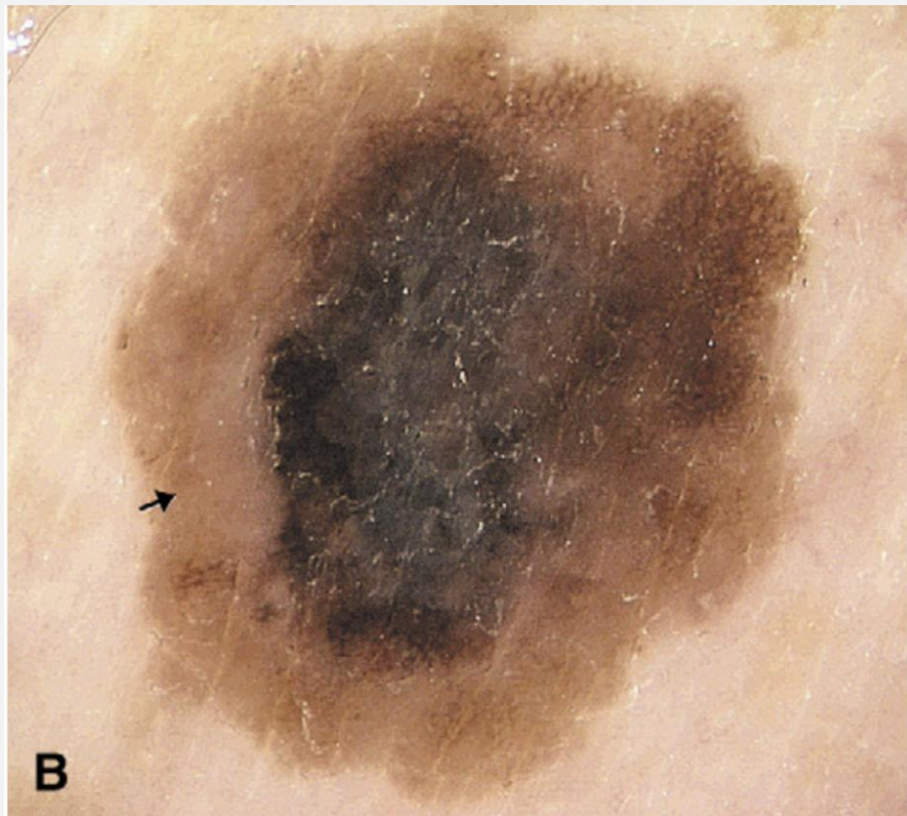


Borsari S. et al. *Dermoscopic Island. Archives of Dermatology*, 146(11).



# Estructura

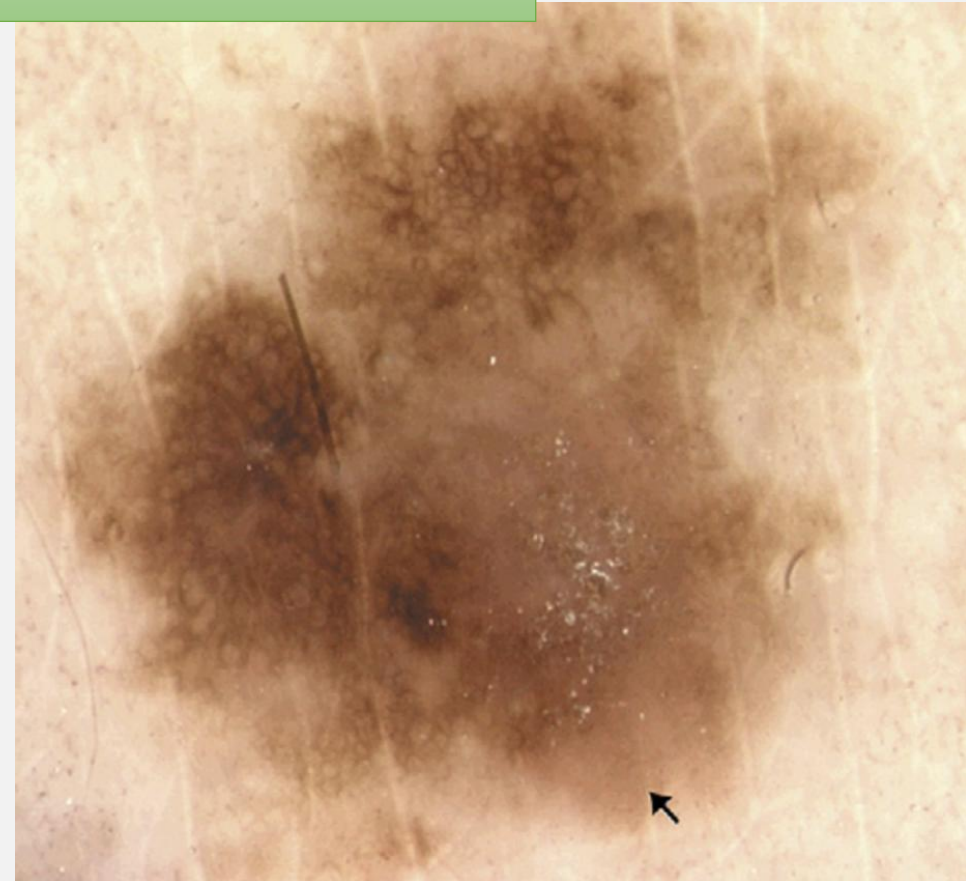
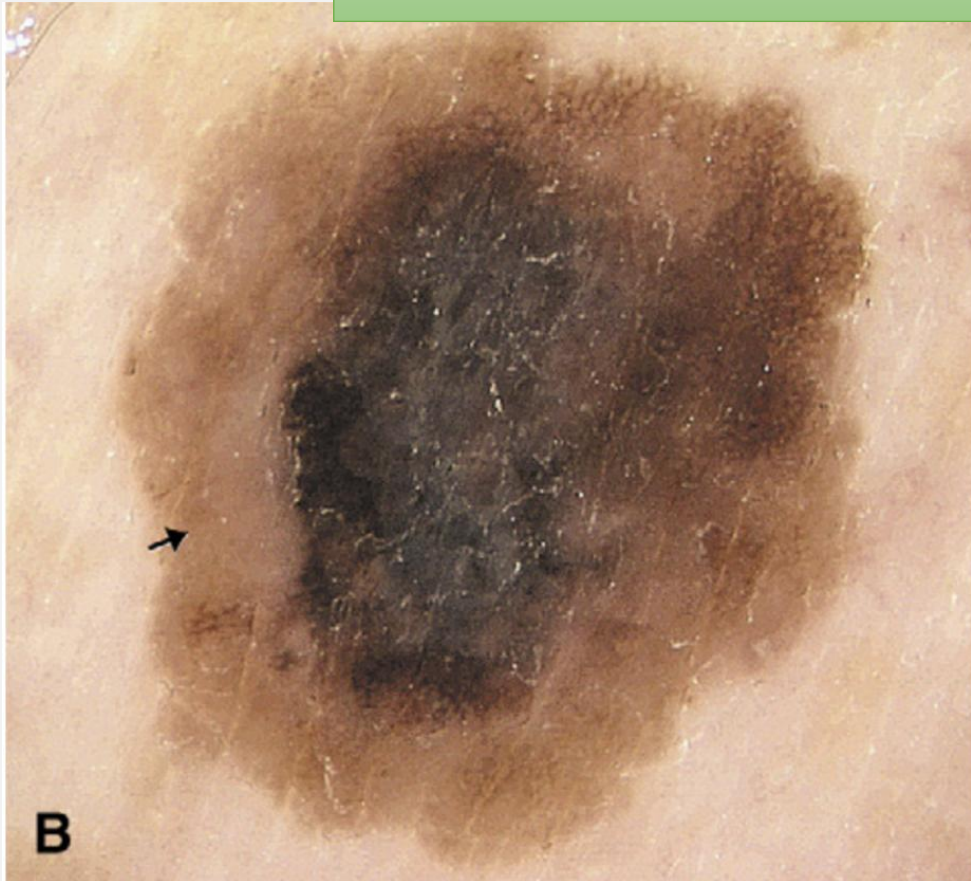
# Estructura



Annessi G, Bono R, Sampogna F, Faraggiana T, Abeni D. *Sensitivity, specificity, and diagnostic accuracy of three dermoscopic algorithmic methods in the diagnosis of doubtful melanocytic lesions. Journal of the American Academy of Dermatology, 56(5), 759–767.*

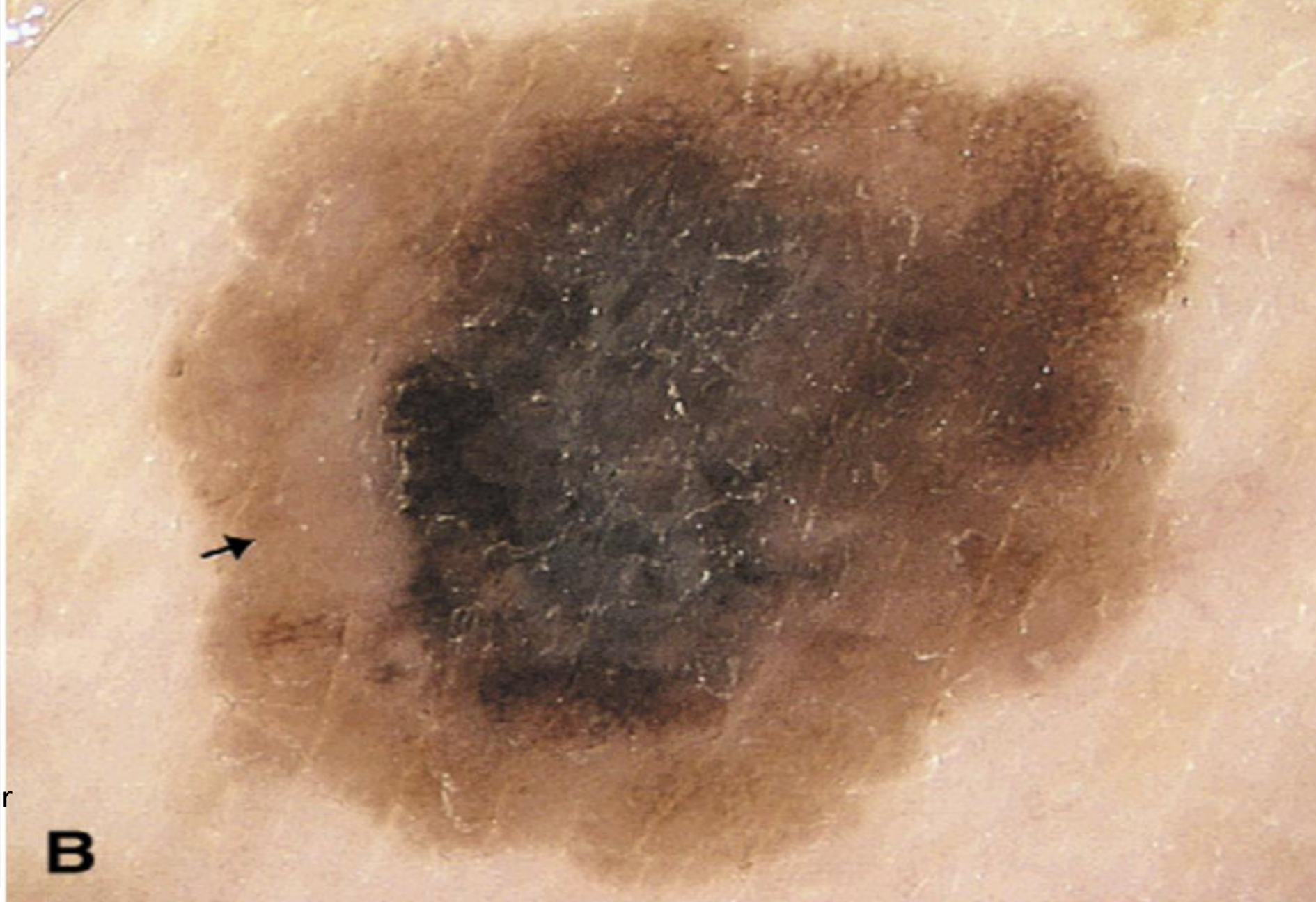
# ESTRUCTURA

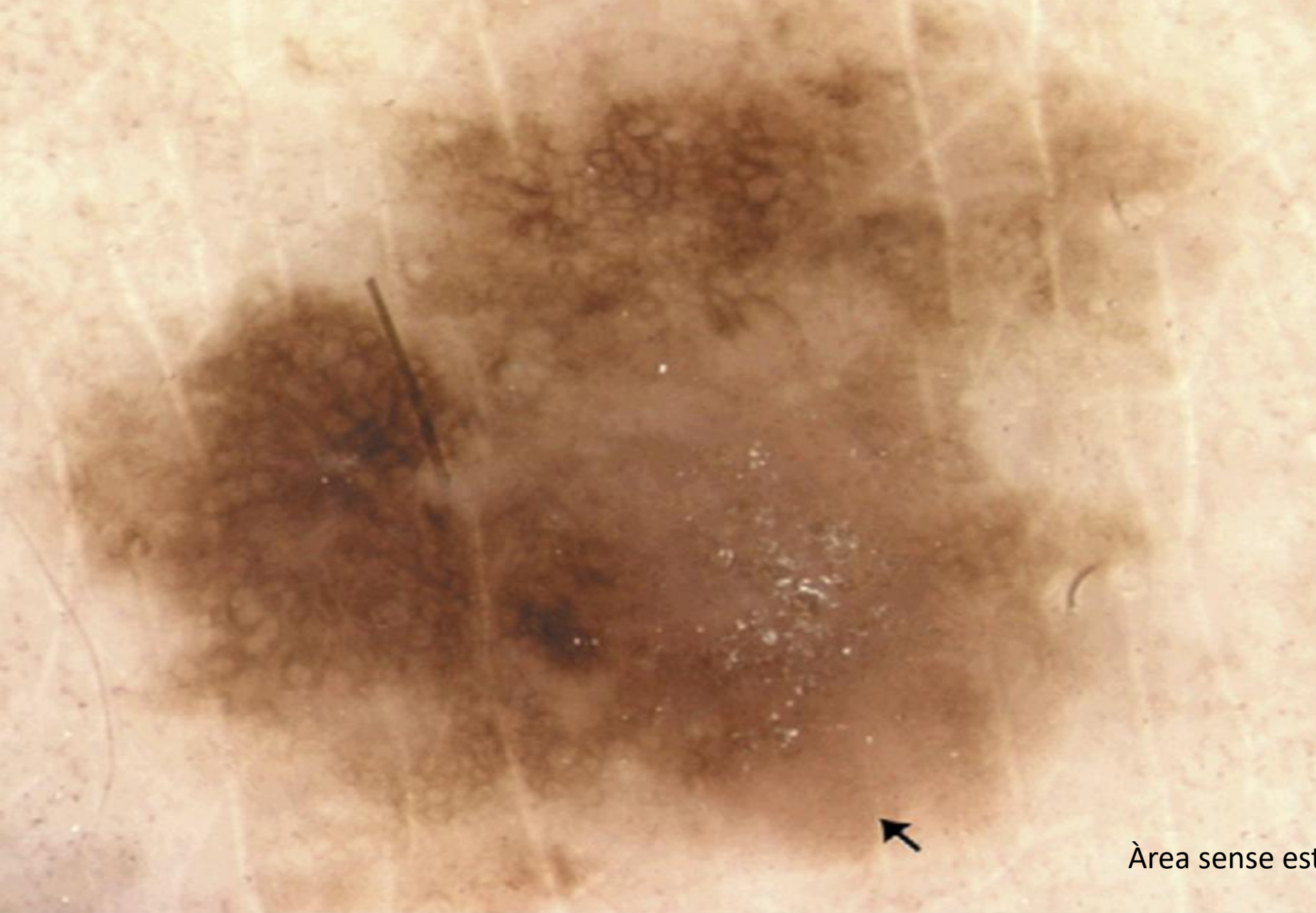
Identifico les estructures ben definides?



Annessi G, Bono R, Sampogna F, Faraggiana T, Abeni D. *Sensitivity, specificity, and diagnostic accuracy of three dermoscopic algorithmic methods in the diagnosis of doubtful melanocytic lesions. Journal of the American Academy of Dermatology, 56(5), 759–767.*

Àrea sense estructura marró clar





Àrea sense estructura marró clar

To

Monocroma

Policromia

Distribució

Simètrica

Asimètrica

Estructures

Visibles

Absents



**Nevus comú**



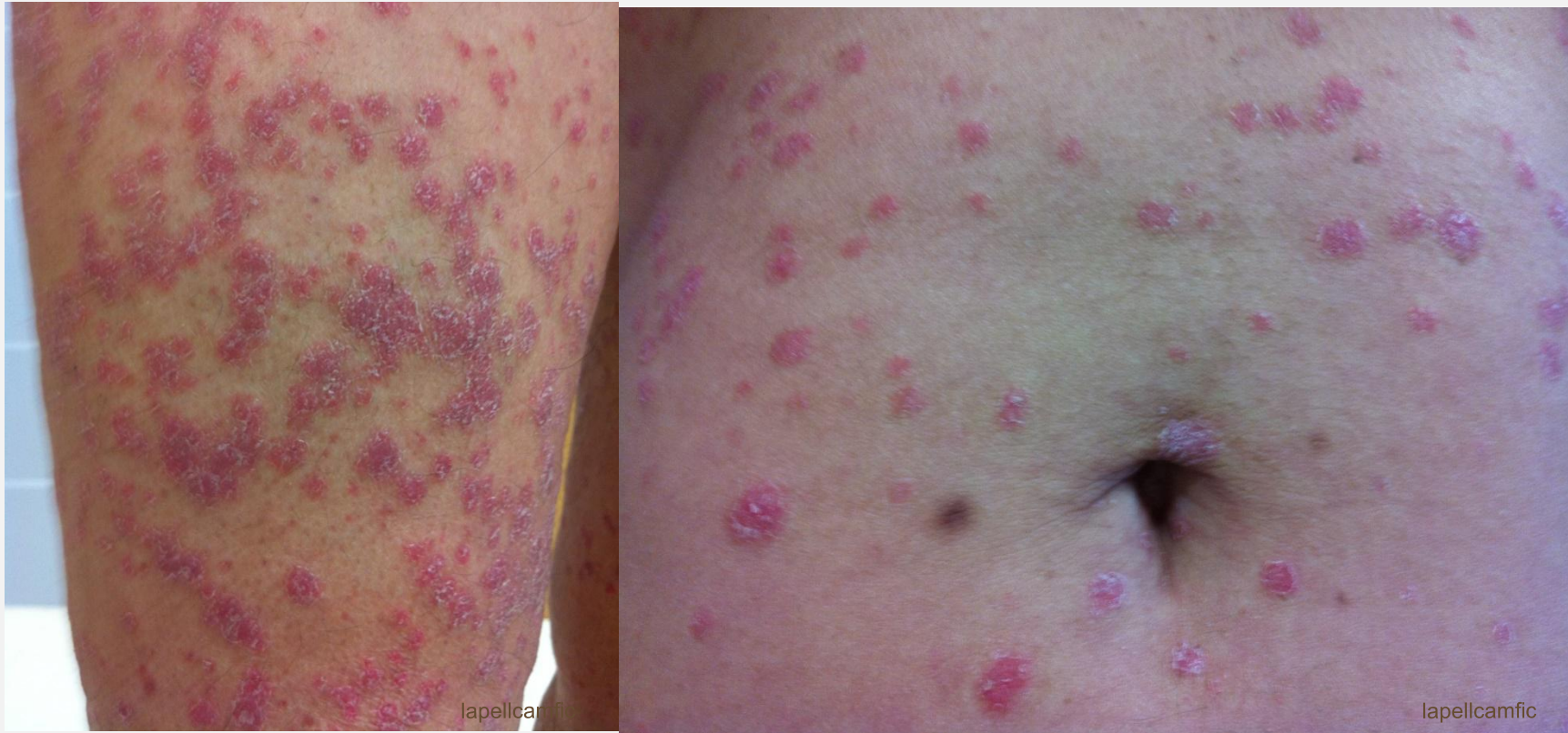
**Melanoma**



**VERMELL (ROSA)**

**IF YOU SEE PINK (RED),  
JUST LOOK AND THINK!**

# Context clínic

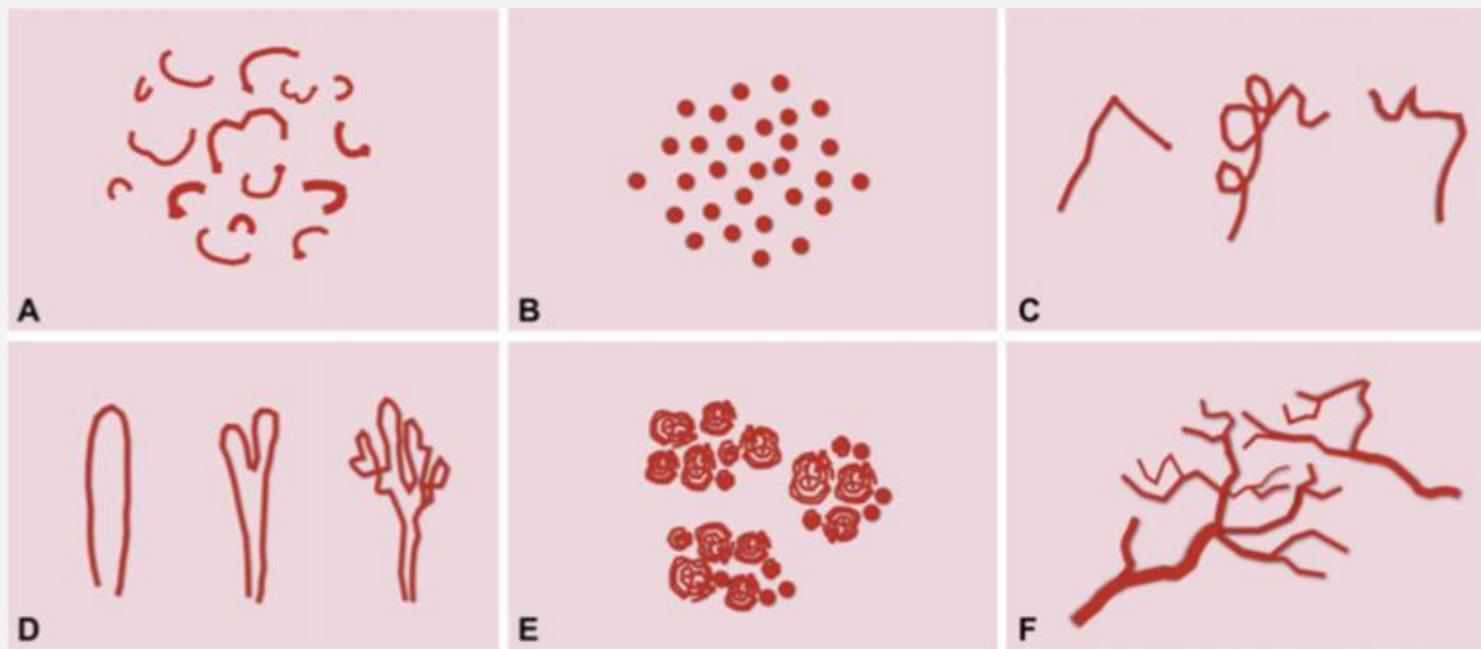


**Sempre s'ha de despullar al pacient!**

# Procés diagnòstic

## Morfologia vascular

- Monomorfa
- Polimorfa

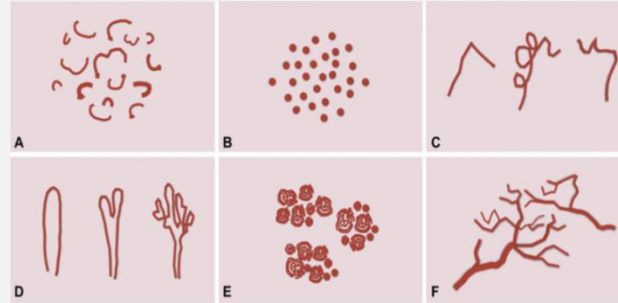


Zalaudek I, et al *How to diagnose nonpigmented skin tumors: A review of vascular structures seen with dermoscopy. Journal of the American Academy of Dermatology*, 63(3), 361–374.

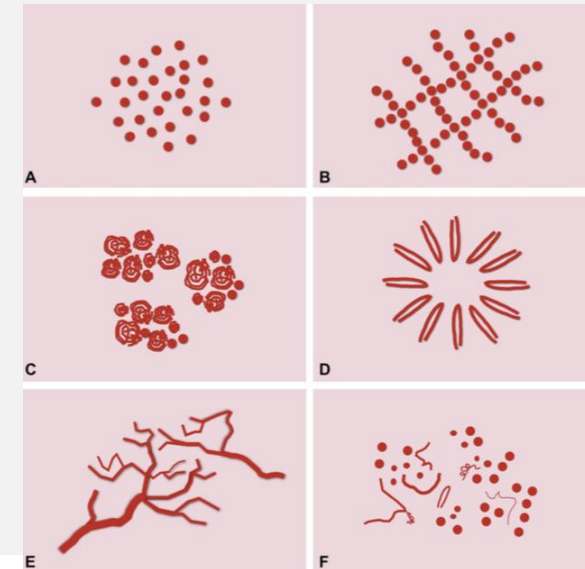
# Procés diagnòstic

**Morfologia  
vascular**

- **Monomorfa**
- **Polimorfa**

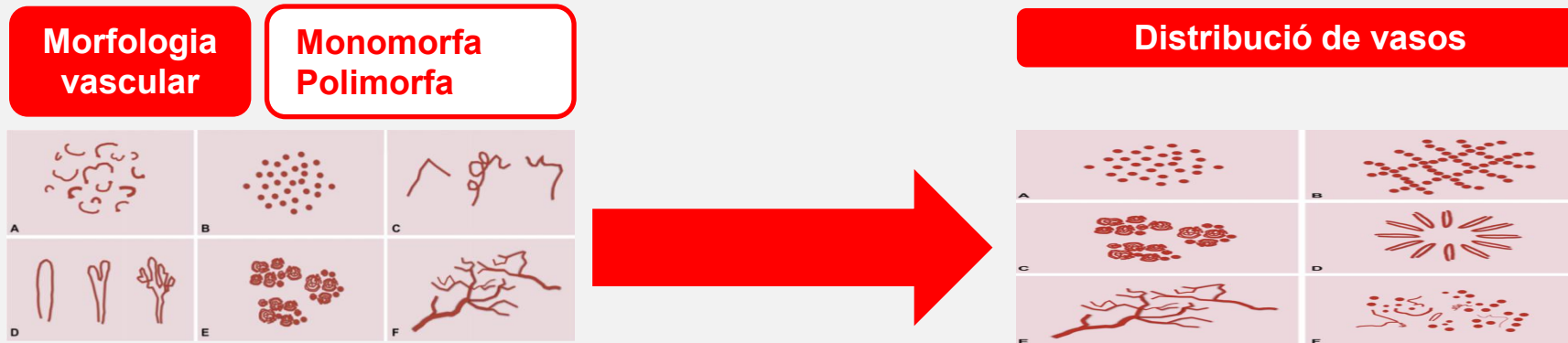


**Distribució dels vasos**

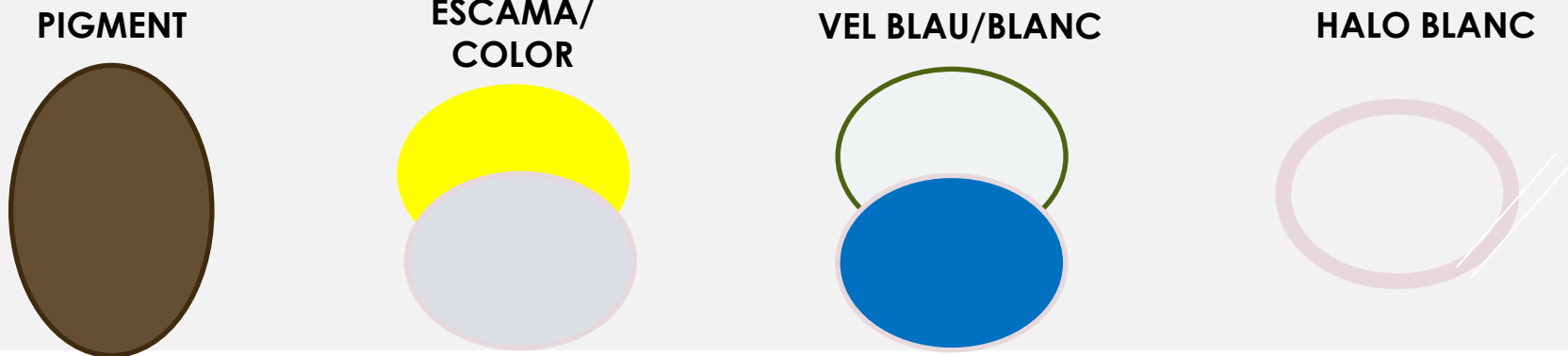


Zalaudek I, et al *How to diagnose nonpigmented skin tumors: A review of vascular structures seen with dermoscopy. Journal of the American Academy of Dermatology*, 63(3), 361–374.

# Procés diagnòstic

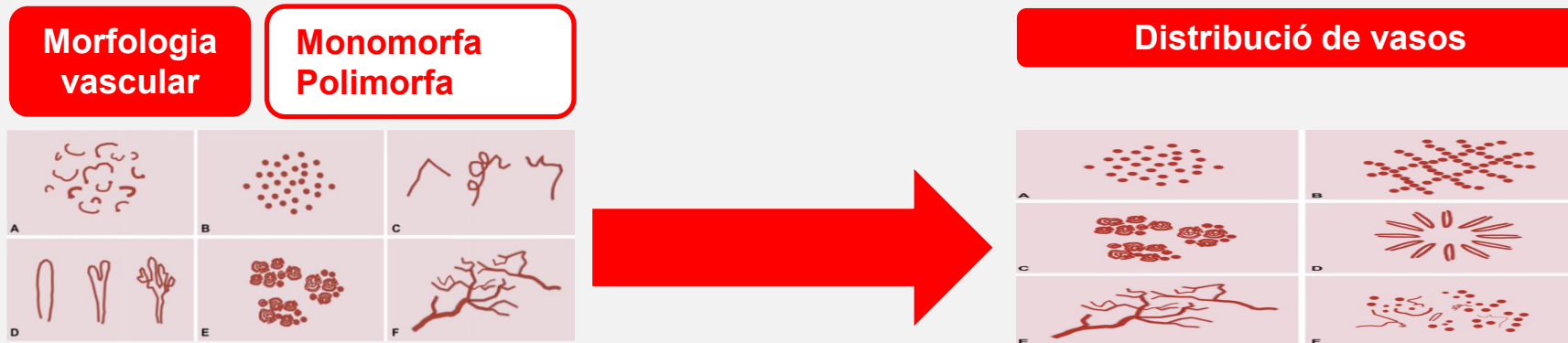


## CLAUS ADICIONALS

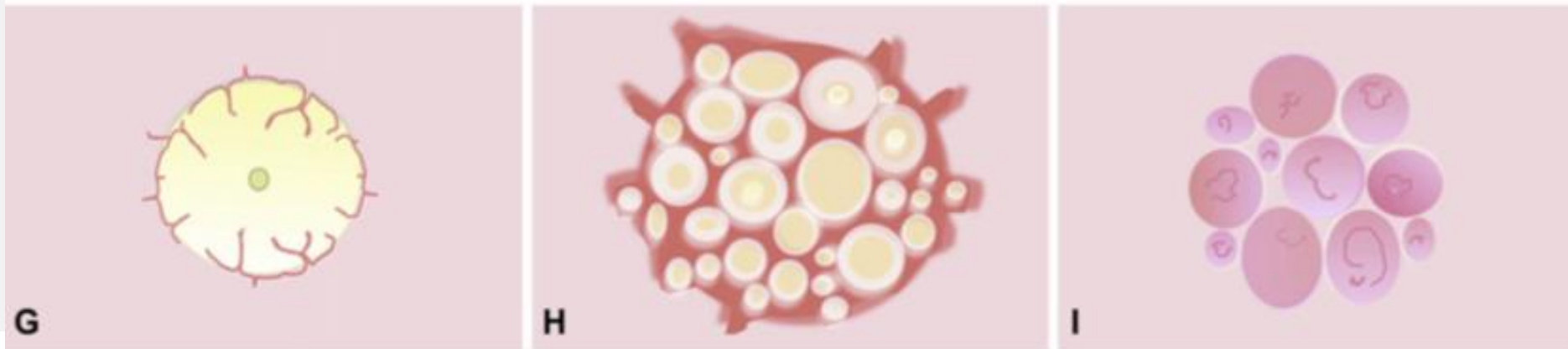


Zalaudek I, et al *How to diagnose nonpigmented skin tumors: A review of vascular structures seen with dermoscopy. Journal of the American Academy of Dermatology*, 63(3), 361–374.

# Procés diagnòstic

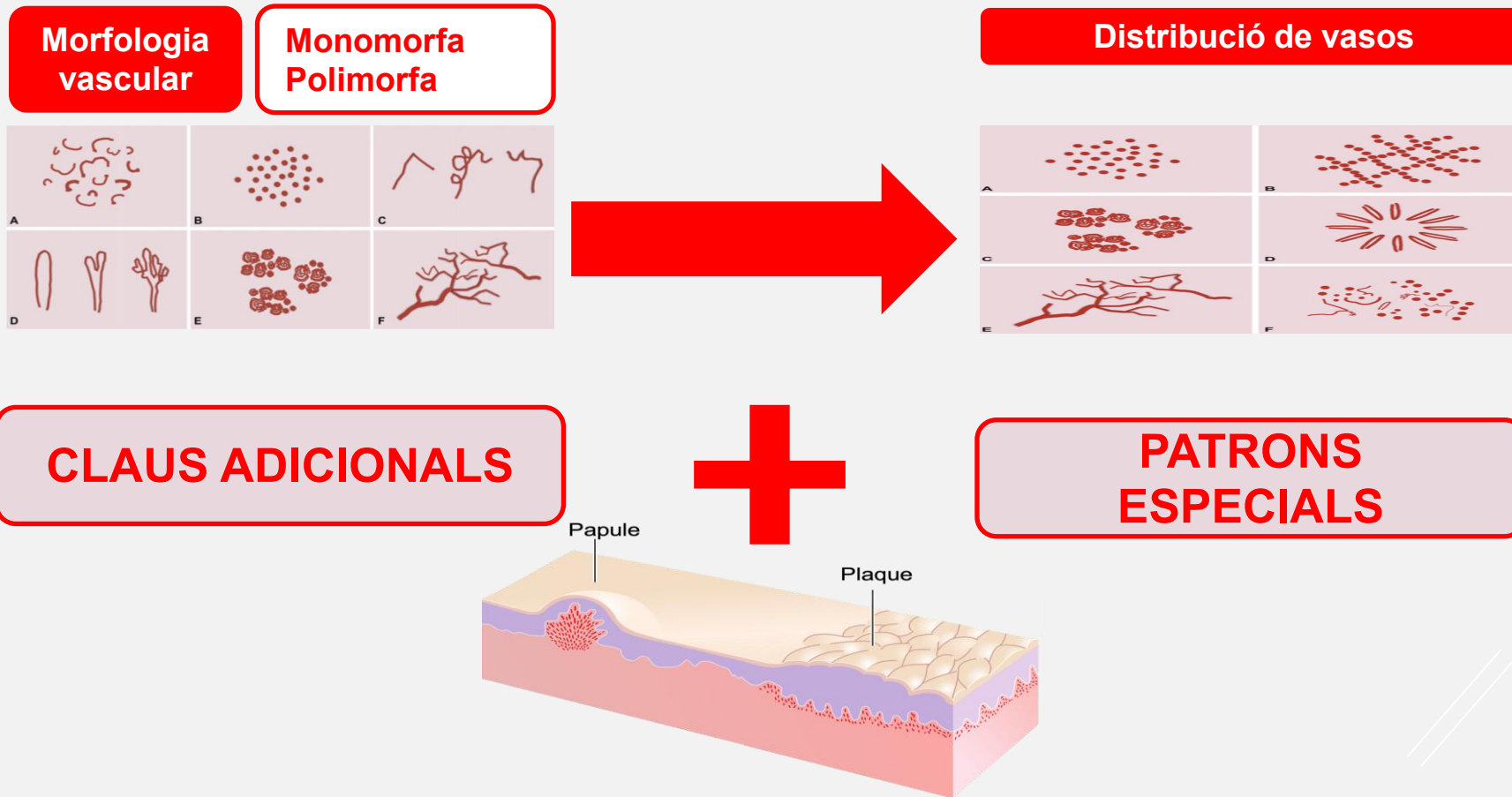


## PATRONS ESPECIALS



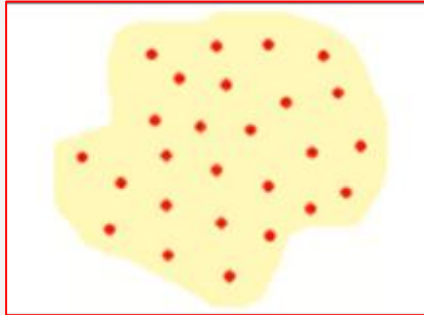
Zalaudek I, et al How to diagnose nonpigmented skin tumors: A review of vascular structures seen with dermoscopy. *Journal of the American Academy of Dermatology*. 63(3), 361–374.

# Procés diagnòstic



Zalaudek I, et al *How to diagnose nonpigmented skin tumors: A review of vascular structures seen with dermoscopy. Journal of the American Academy of Dermatology*, 63(3), 361–374.

# Morfologia vascular



**Vasos puntiformes**



**Vasos en forquilla**



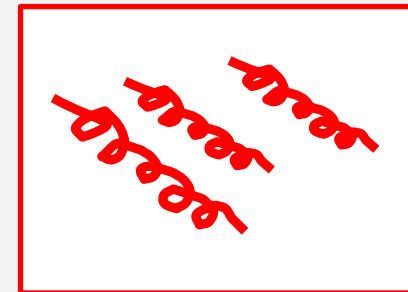
**Vasos glomerulars**



**Vasos ramificats  
fins**

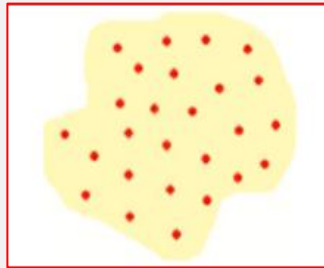


**Vasos en coma**



**Vasos en  
"tira-buixó"**

# VASOS PUNTIFORMES



**Vasos PUNTIFORMES**

**MELANOMA**

**N. Spitz**

**N. Atípic**

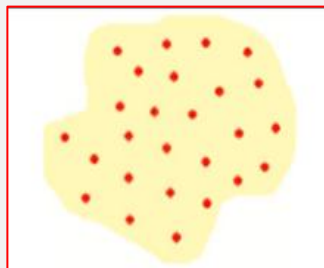
Psoriasi/Dermatitis

Berruges planes



Zalaudek I, et al *How to diagnose nonpigmented skin tumors: A review of vascular structures seen with dermoscopy.* *Journal of the American Academy of Dermatology*, 63(3), 361–374.

# VASOS PUNTIFORMES



**Vasos PUNTIFORMES**

**MELANOMA**

**N. Spitz**

**N. Atípic**

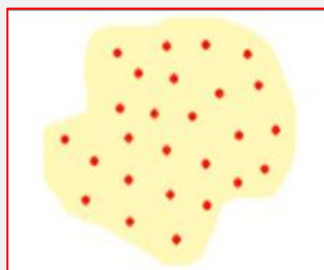
Psoriasi/Dermatitis

Berruges planes



Zalaudek I, et al How to diagnose nonpigmented skin tumors: A review of vascular structures seen with dermoscopy. *Journal of the American Academy of Dermatology*, 63(3), 361–374.

# VASOS PUNTIFORMES



Vasos PUNTIFORMES

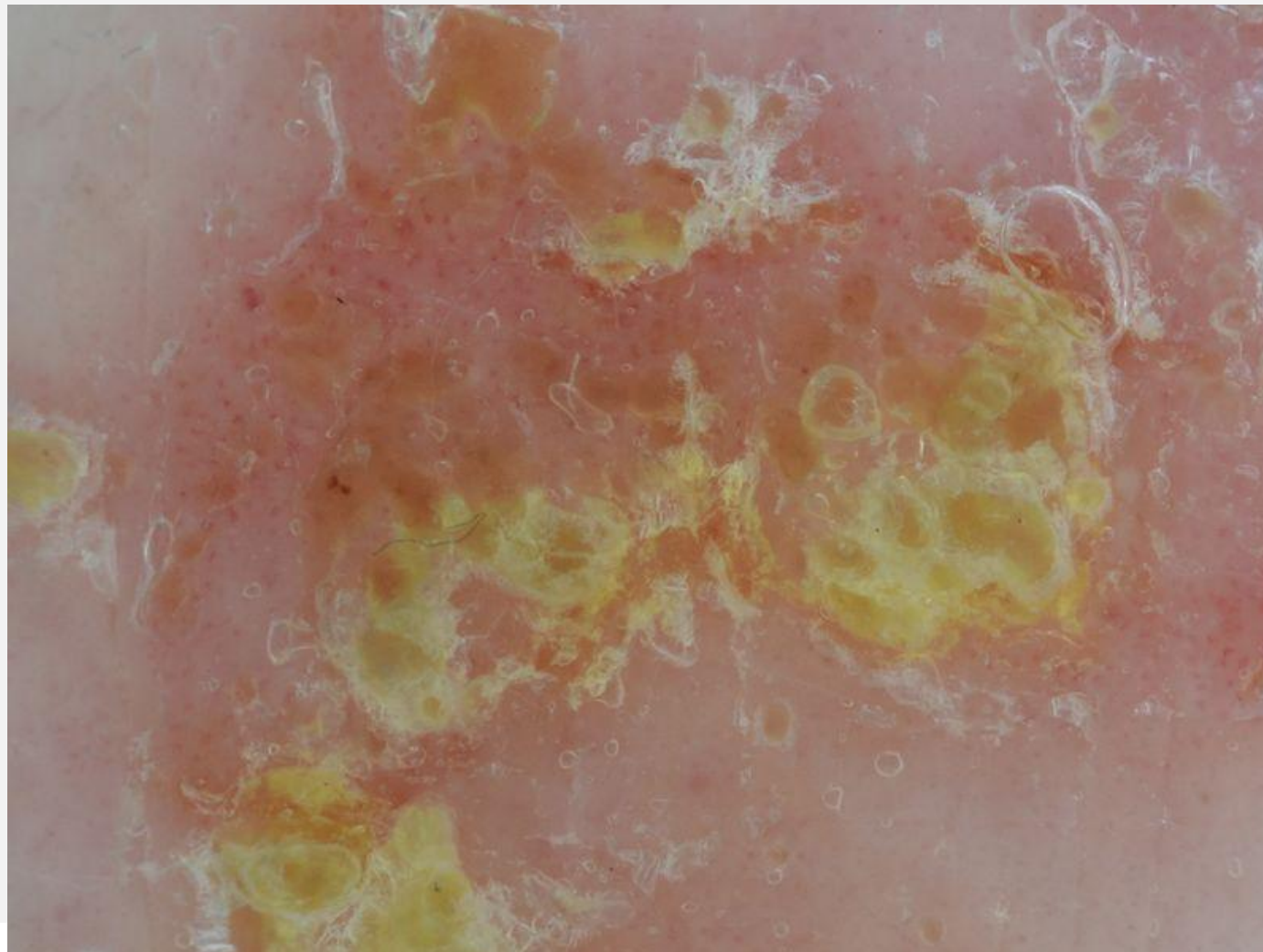
**MELANOMA**

**N. Spitz**

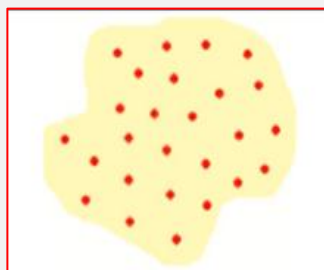
**N. Atípic**

Psoriasi/Dermatitis

Berruges planes

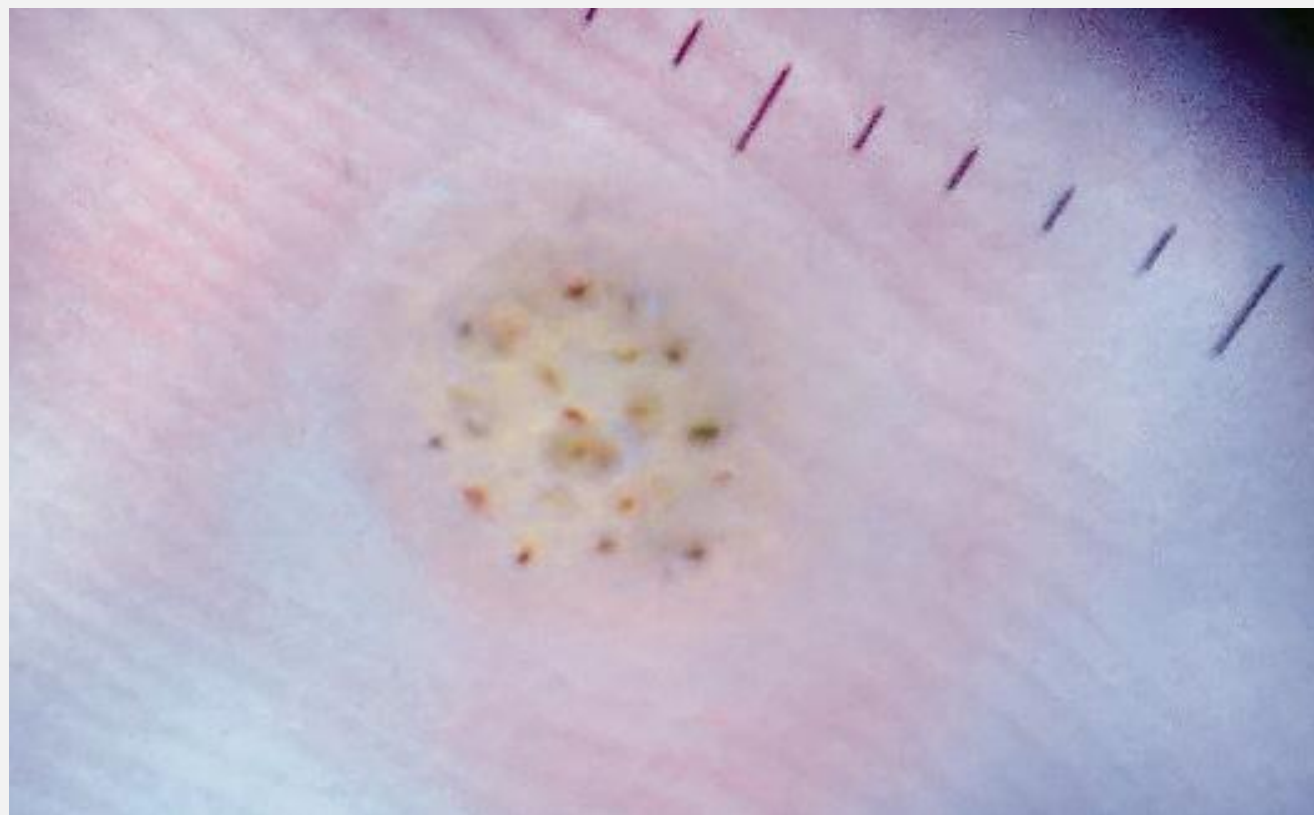


# VASOS PUNTIFORMES



Vasos PUNTIFORMES

**MELANOMA**  
**N. Spitz**  
**N. Atípic**  
Psoriasi/Dermatitis  
Berruges planes



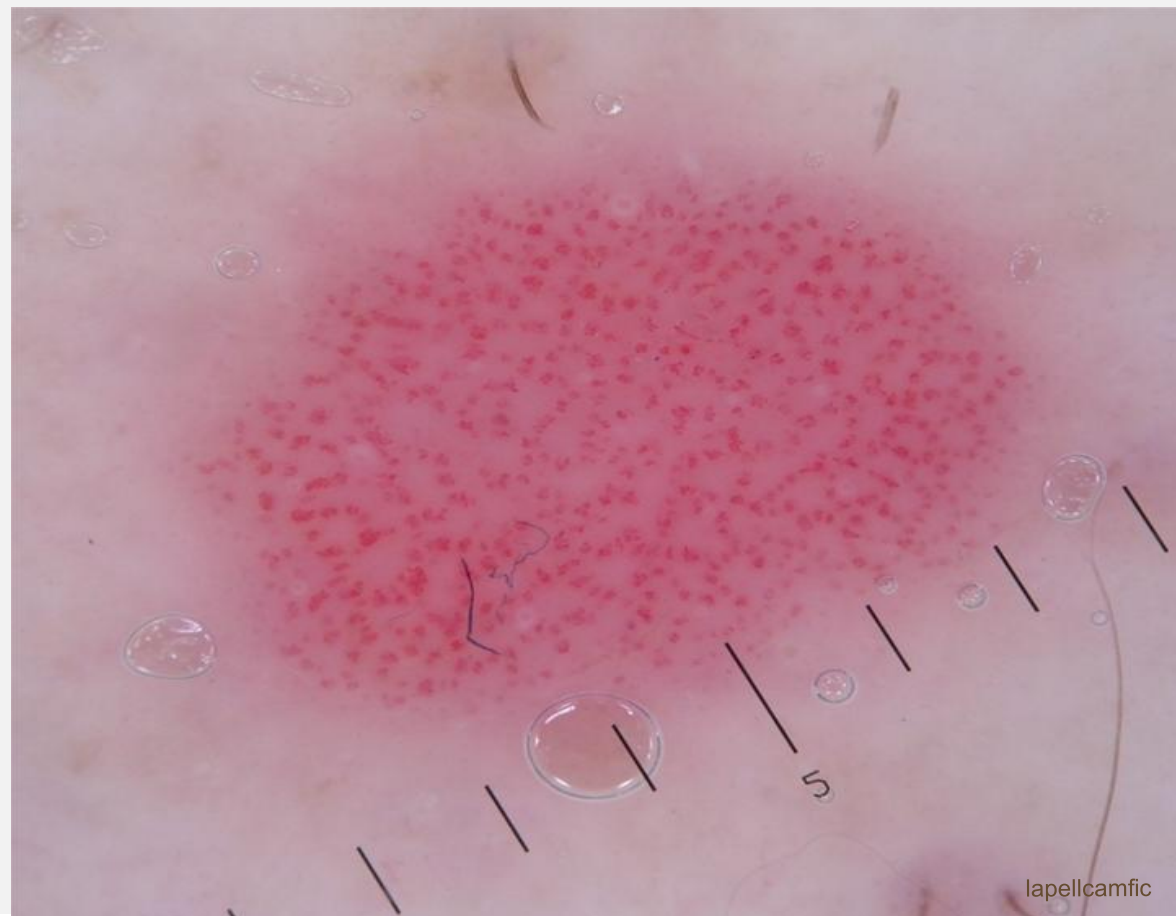
# VASOS PUNTIFORMES

## VASOS PUNTIFORMES O GLOMERULARS EN COLLAR DE PERLES

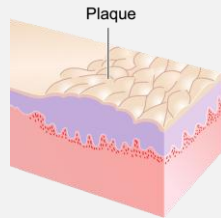


Vasos PUNTIFORMES

**Acantoma de  
cel·lules  
clares**



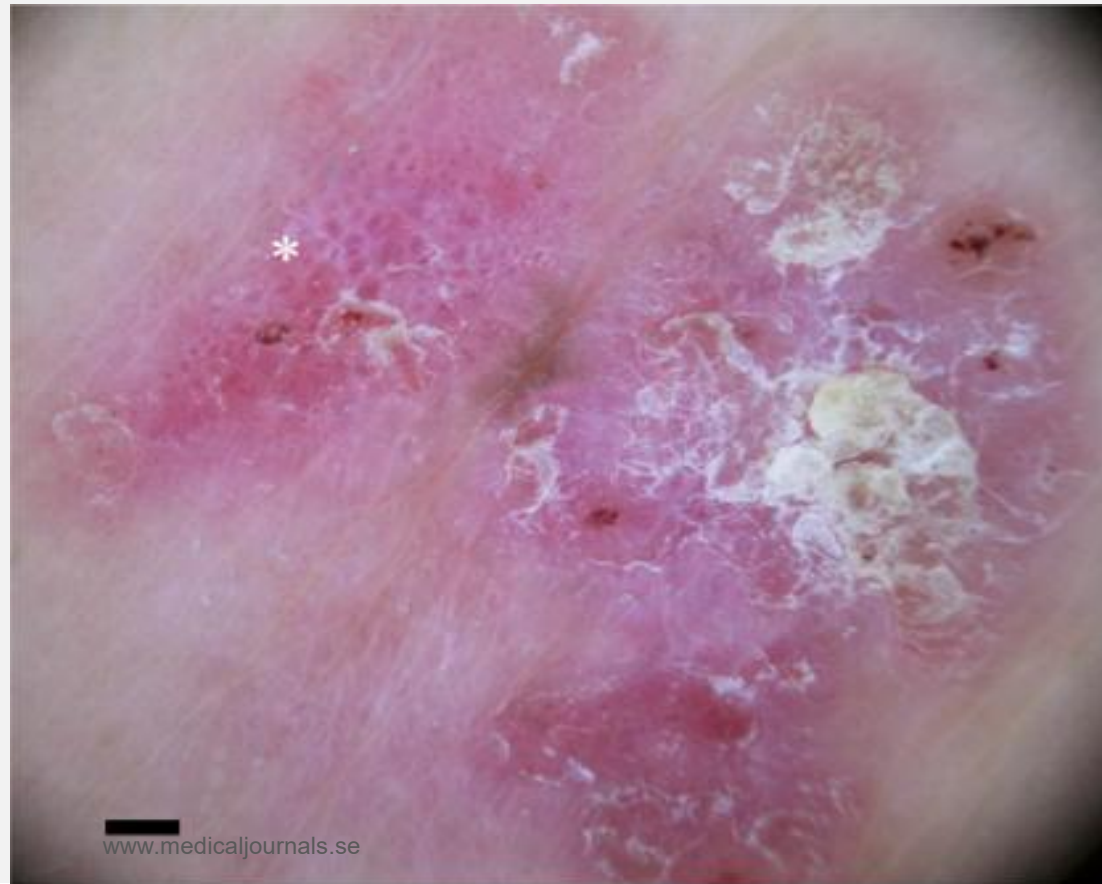
# VASOS GLOMERULARS



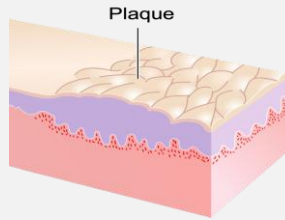
**Vasos  
GLOMERULARS**

**BOWEN  
Dermatitis**

## VASOS GLOMERULARS EN "CLUSTERS" O AGRUPADES



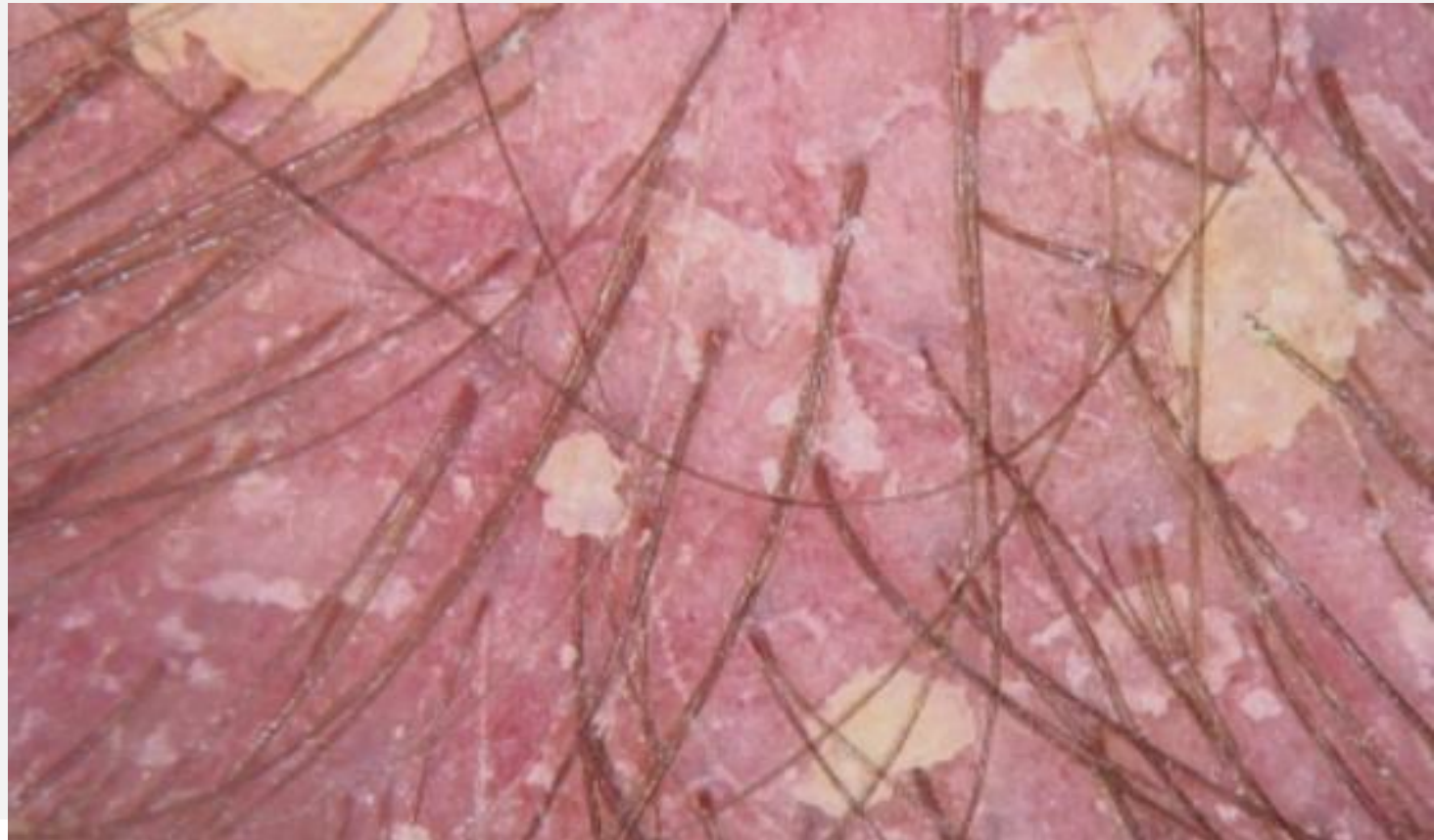
# VASOS GLOMERULARS



**Vasos  
GLOMERULARS**

**BOWEN  
Dermatitis**

**VASOS GLOMERULARS EN “CLUSTERS” O AGRUPADES**



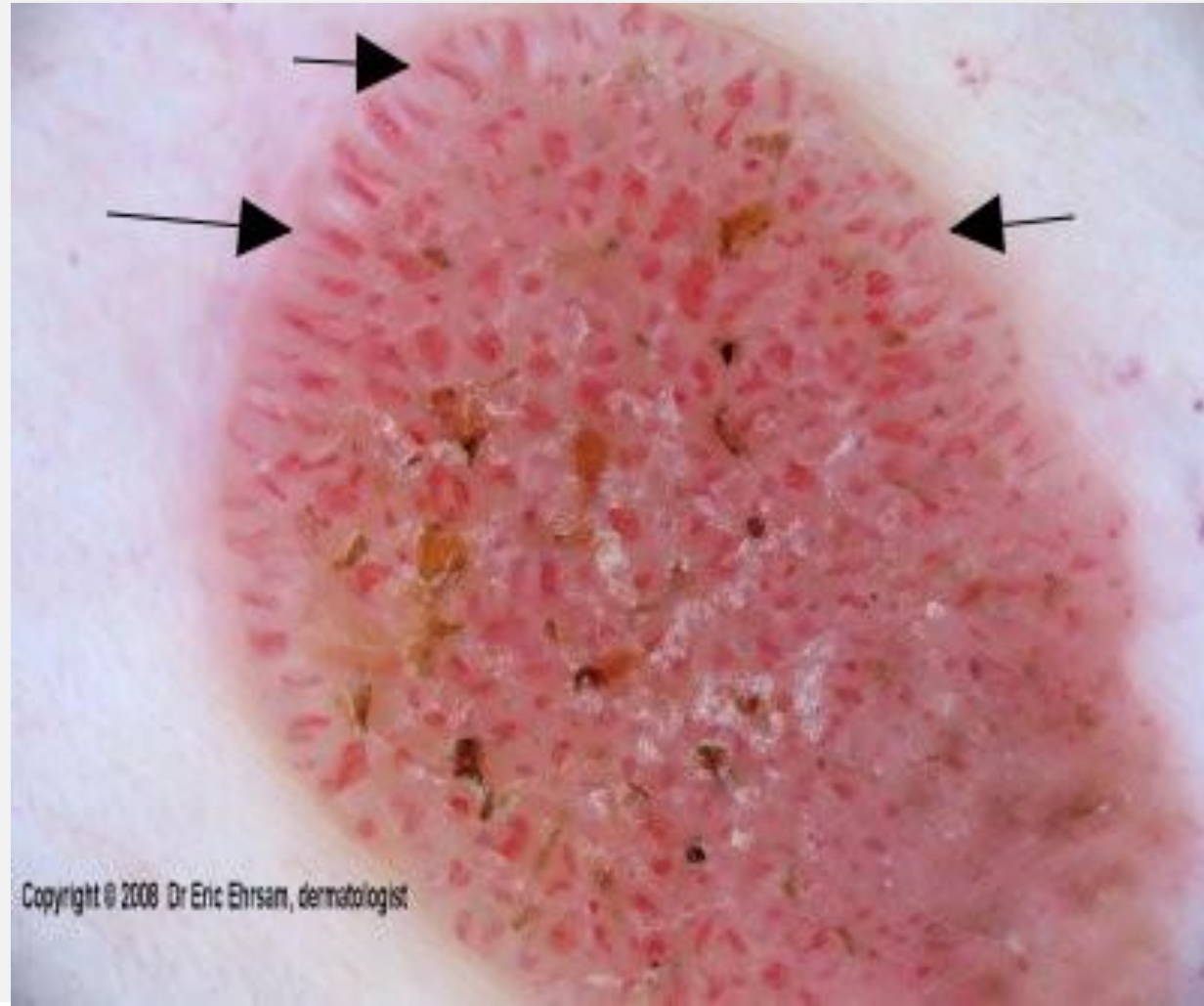
# VASOS EN FORQUILLA AMB HALO



Vasos  
EN FORQUILLA AMB  
HALO

QS Irritada

Tumors  
queratinizants



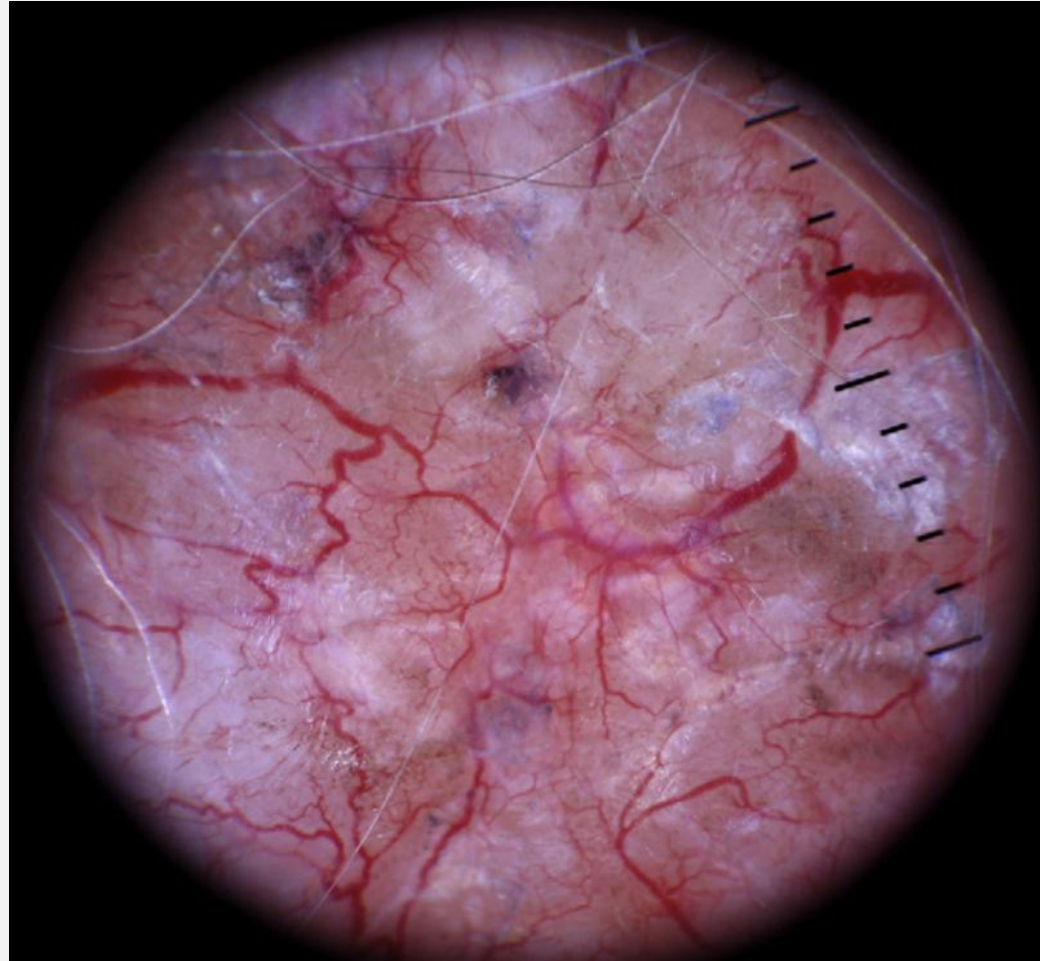


# VASOS RAMIFICATS



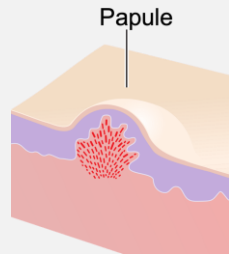
**Vasos  
RAMIFICATS**

**CBC**



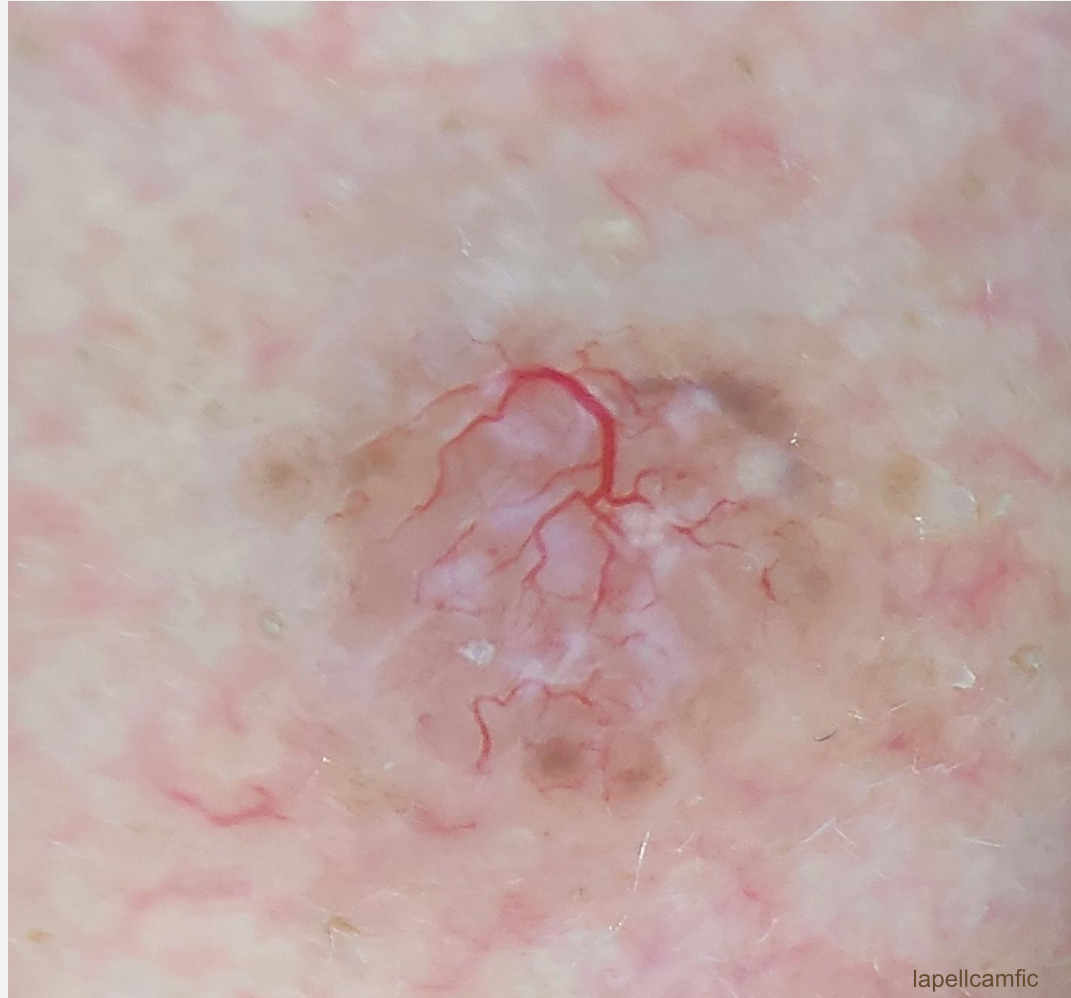
Martín JM, Bella-Navarro R, JordáE. *Vascular Patterns in Dermoscopy. Actas Dermo-Sifiliográficas (English Edition)*, 103(5), 357–375.

# VASOS RAMIFICATS



**VASOS  
ARBORIFORMES**

**CBC**



# VASOS RAMIFICATS



**Vasos  
RAMIFICATS**

**CBC**

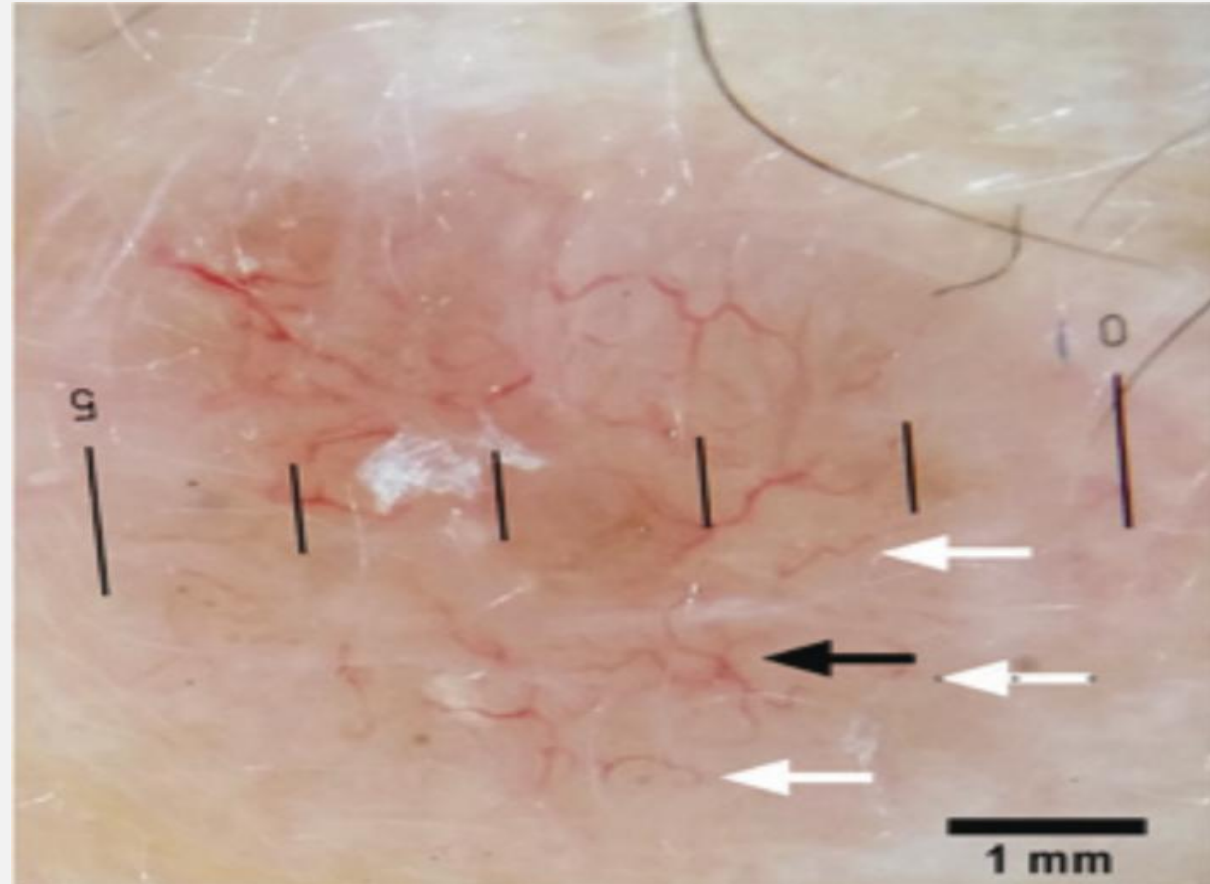


# VASOS RAMIFICATS



**Múltiples vasos  
ramificats fins i més  
polimorfs en EEII**

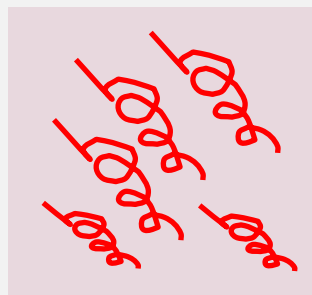
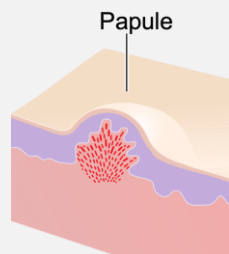
**CBC**



Wolner ZJ, et al. Variation in dermoscopic features of basal cell carcinoma as a function of anatomical location and pigmentation status. *British Journal of Dermatology*, 178(2), e136–e137.

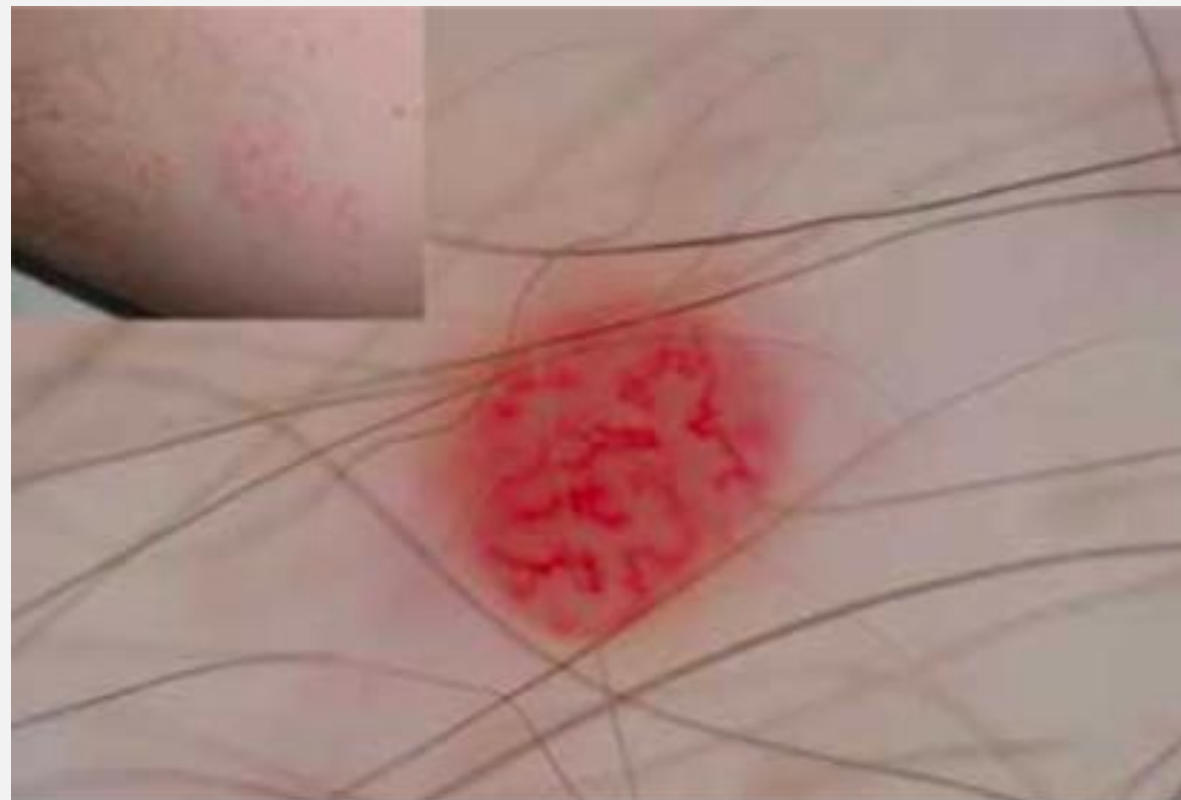
Lupu M, et al. Vascular patterns in basal cell carcinoma: Dermoscopic, confocal and histopathological perspectives (Review). *Oncology Letters* 17: 4112-4125, 2019

# VASOS EN TIRABUIXÓ



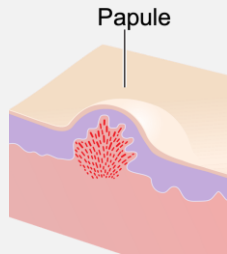
**VASOS "TIRABUIXÓ"**

**METÀSTASI  
MELANOMA**



Roldán R, Carlos-Ortega B. Vascularización en dermatoscopia tumoral. Dermatología CMQ 2015;13(4):324-330

# VASOS EN COMA

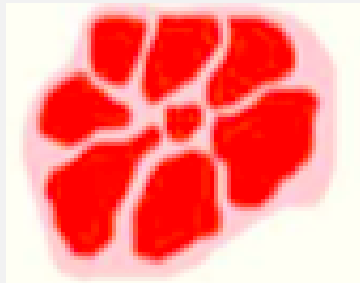
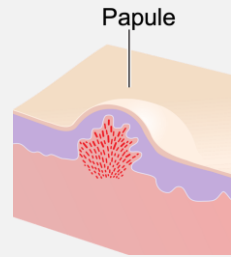


**VASOS EN COMA**

**NEVUS  
DÉRMICS**

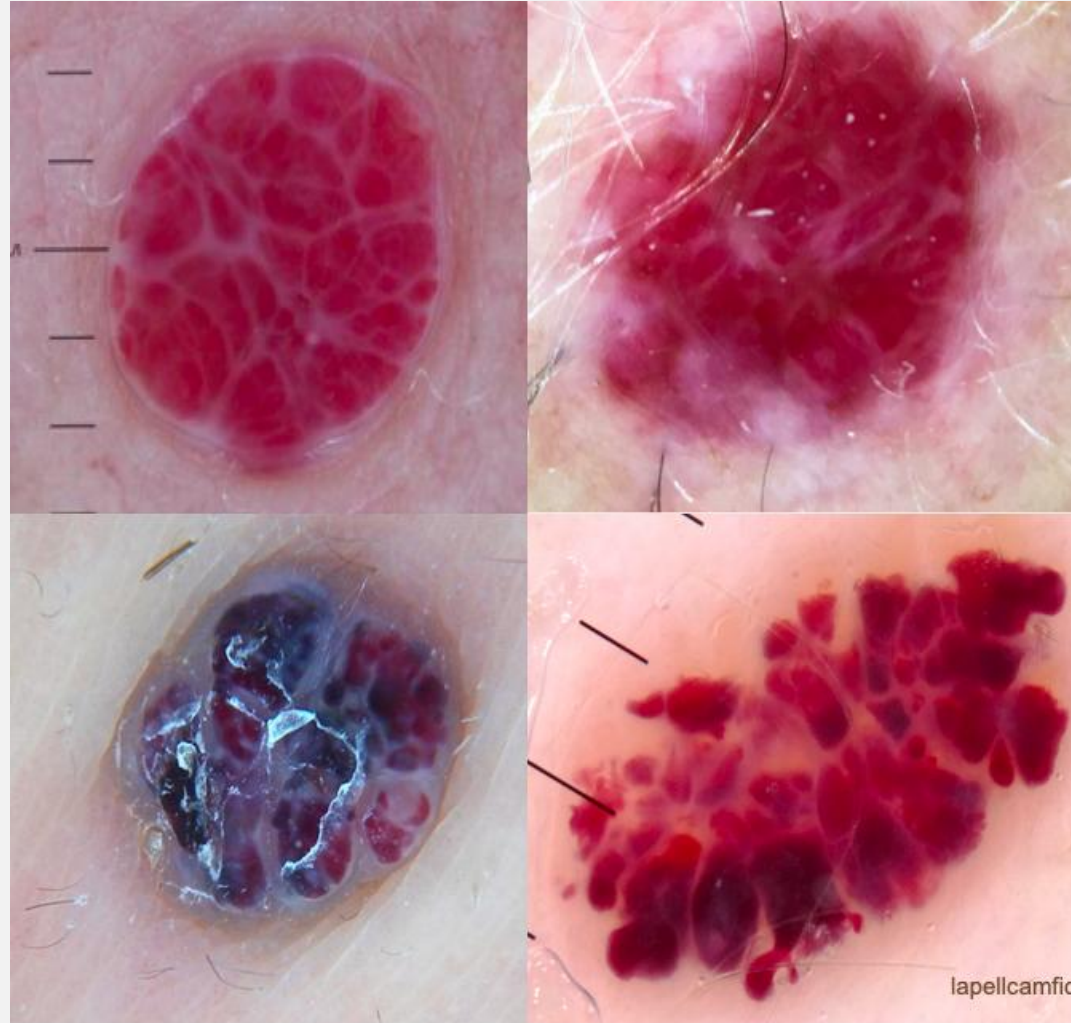


# LLACS VENOSOS

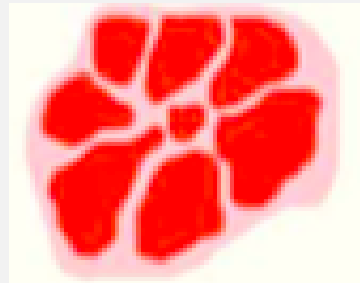
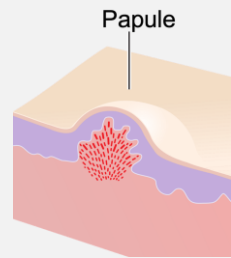


**LLACS O "CLODS"  
VERMELL VINOSOS**

**ANGIOMA  
ANGIOQUERATOMA**



# LLACS VENOSOS



**LLACS O "CLODS"  
VERMELL VINOSOS**

**ANGIOMA  
ANGIOQUERATOMA**



**Absència de vasos o estructures  
pigmentades dins dels llacs**

# PATRONS ESPECIALS : VASOS EN CORONA



**VASOS EN CORONA**

**MOL·LUSCUM  
HIPERPLÀSIA  
SEBÀCIA**

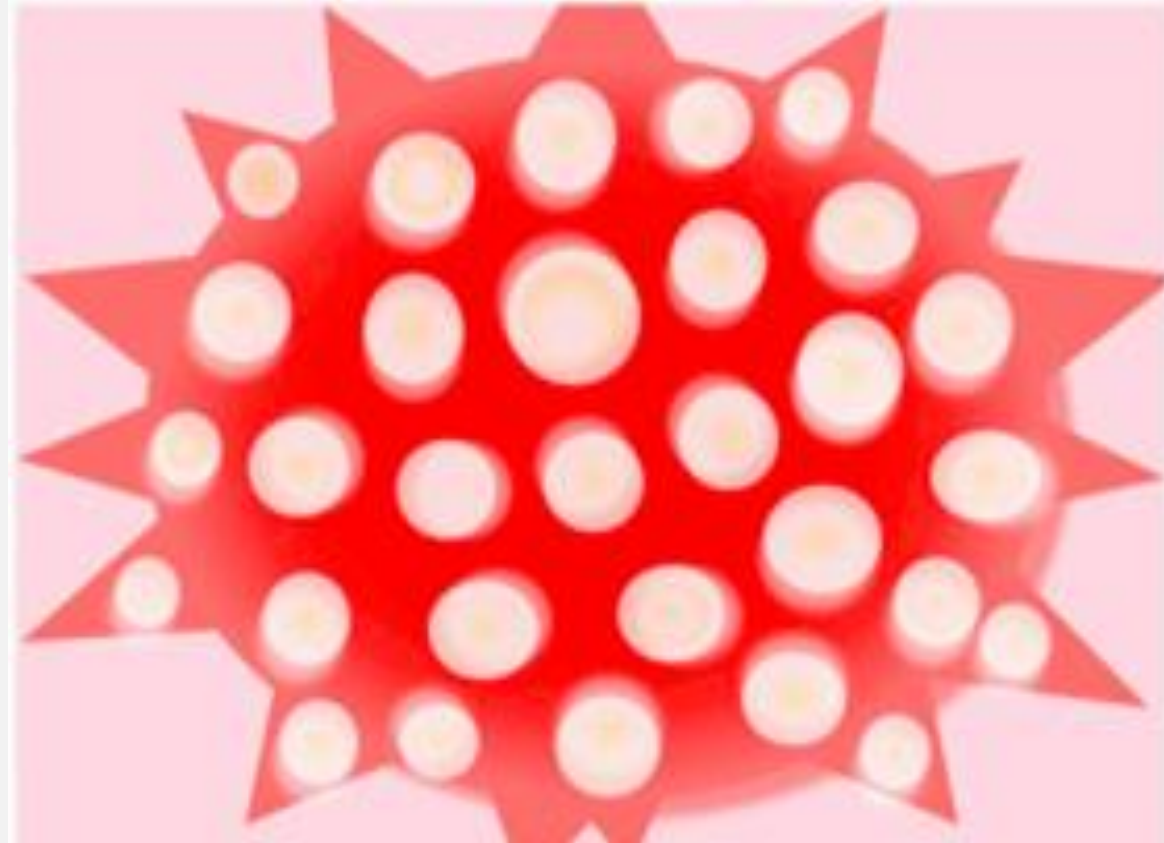


Fuente: Blanca Carlos Ortega: *Dermatoscopia. Utilidad y peculiaridades en piel pigmentada*: [www.accessmedicina.com](http://www.accessmedicina.com)  
Derechos © McGraw-Hill Education. Derechos Reservados.

**Vasos escassament ramificats a la perifèria  
Mai creuen el tumor**

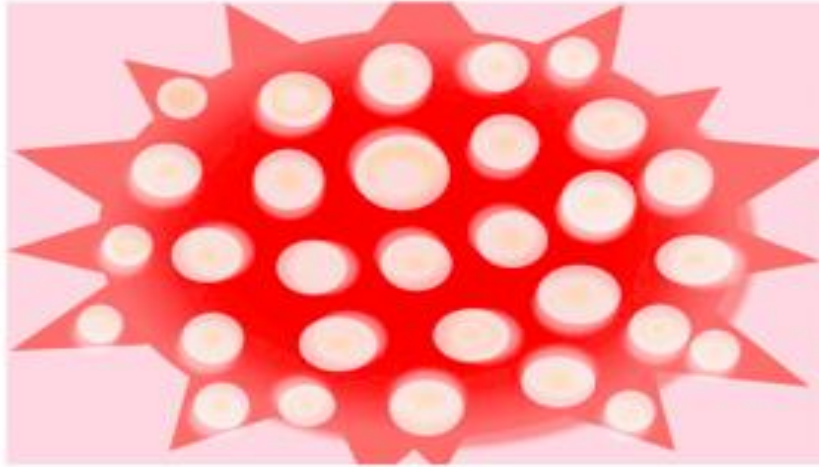
# PATRONS ESPECIALS : KA + CEC INVASOR

- Queratina (grogia)
- Àrees desestructurades
- Cercles blancs/marrons
- Halos
- Rosetes
  
- Vasos glomerulars
- Patró en “gelea” de maduixa



Zalaudek I, et al. *Dermoscopy of facial actinic keratosis, intraepidermal carcinoma, and invasive squamous cell carcinoma: A progression model. Journal of the American Academy of Dermatology*, 66(4), 589–597.

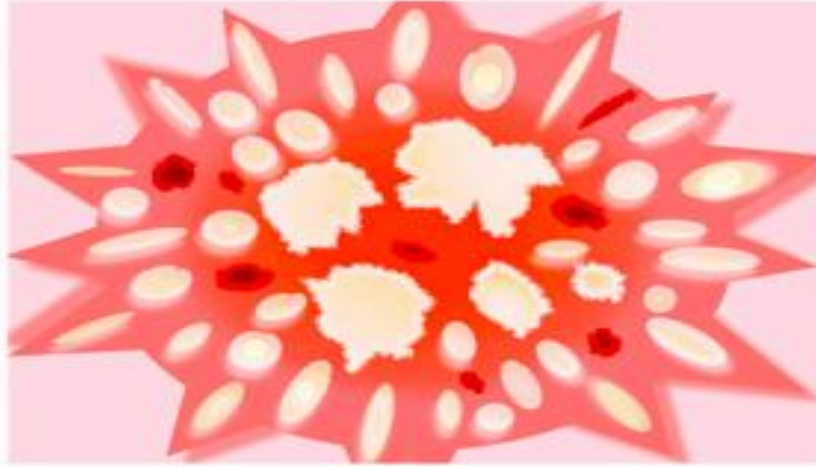
**actinic keratosis**



red pseudonetwork →

white structureless areas and dotted or hairpin vessels →

**actinic keratosis progressing into intraepidermal carcinoma**



red starburstpattern →

central mass of keratin and hairpin vessels →

**intraepidermal carcinoma**



yellow opaque structures and dotted vessels →

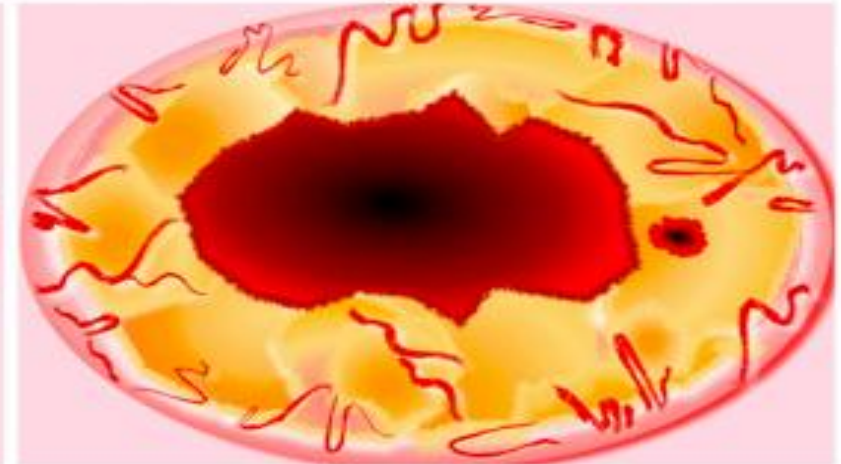
central mass of keratin, ulceration and linear-irregular vessels



**intraepidermal carcinoma progressing into squamous cell carcinoma**



**minimal invasive squamous cell carcinoma**

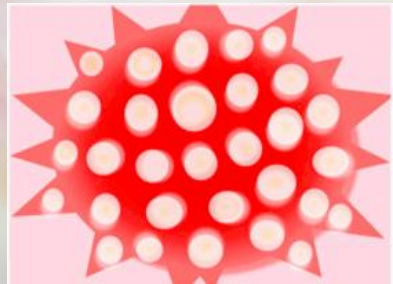
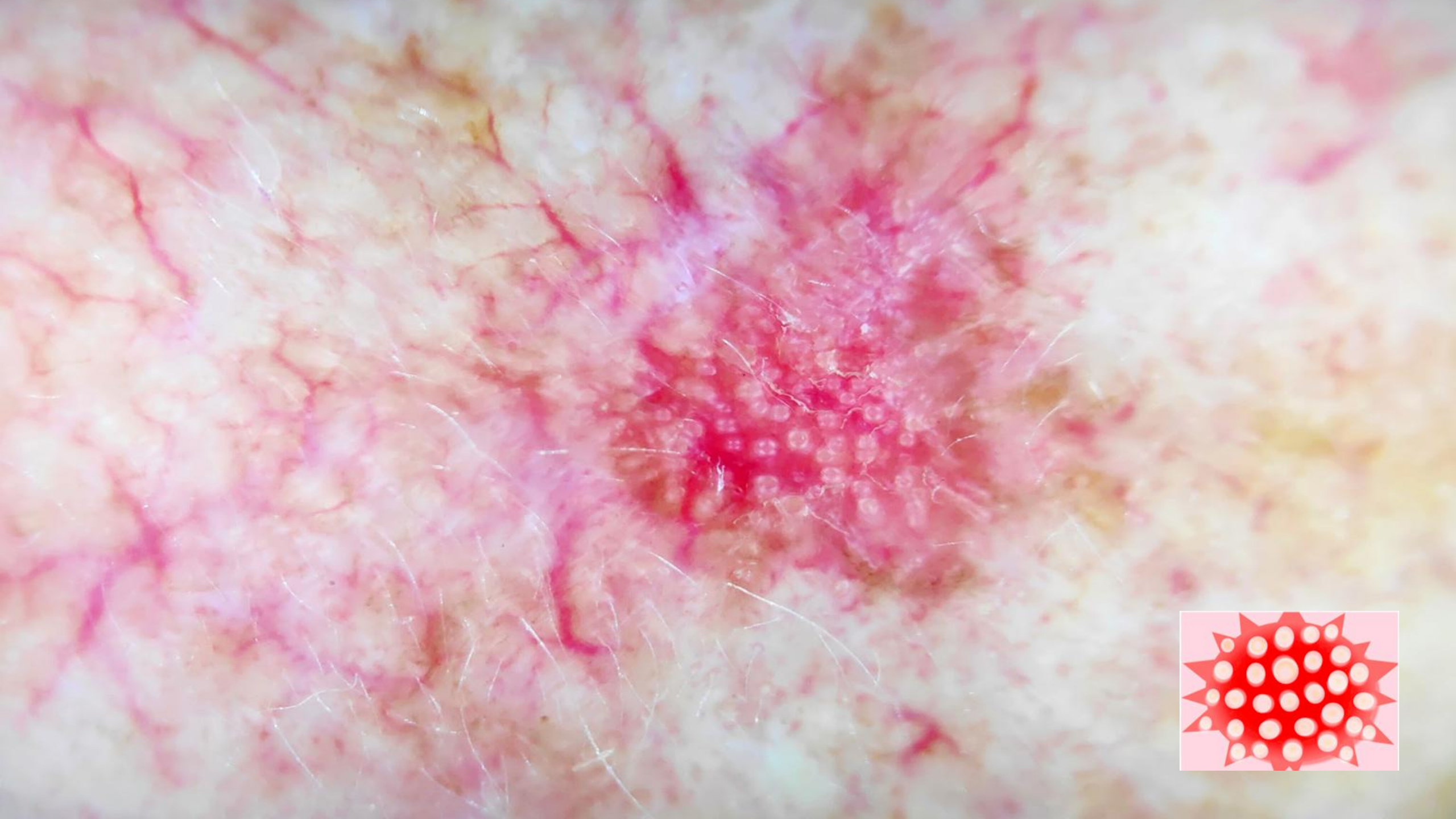


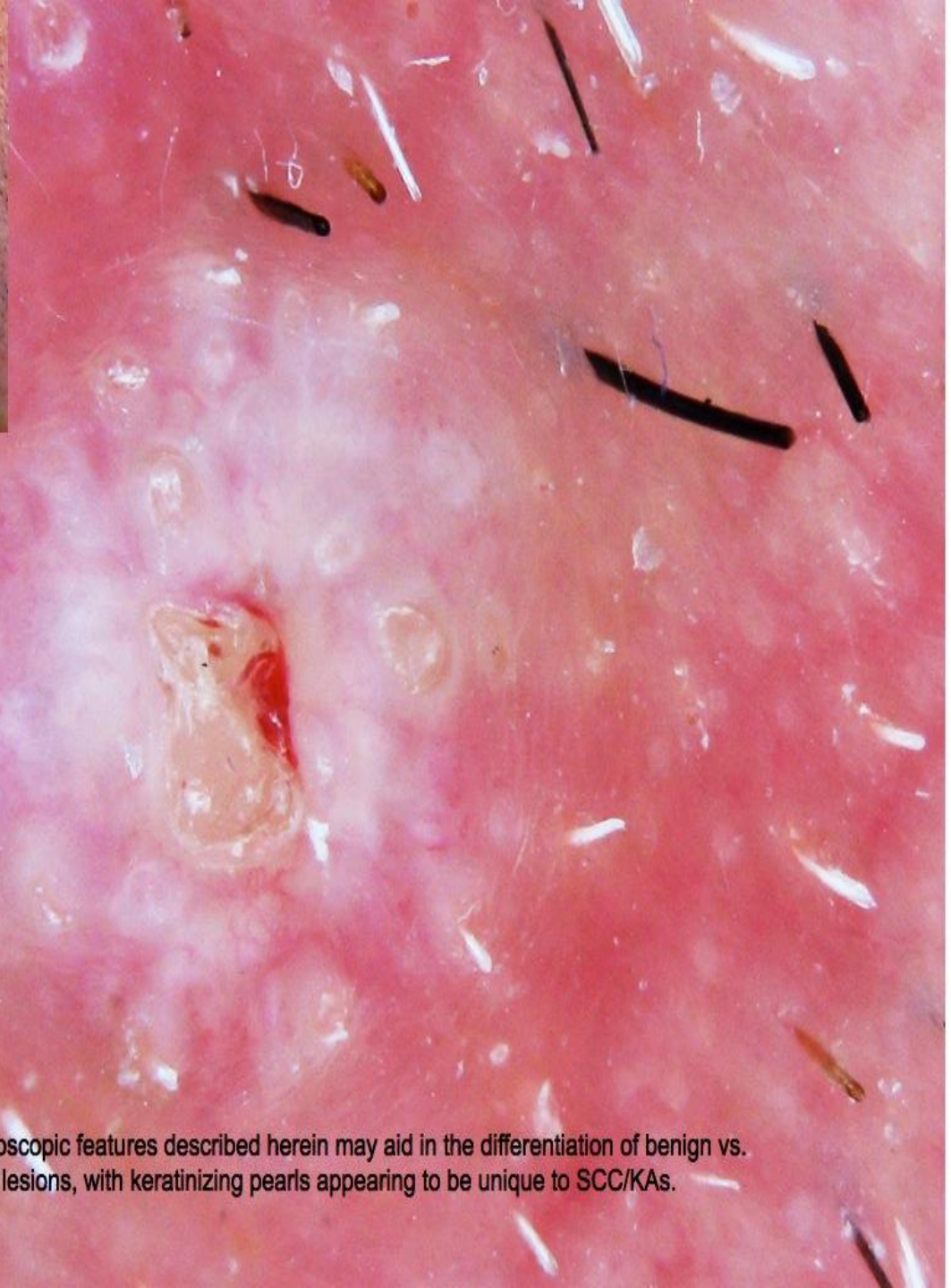
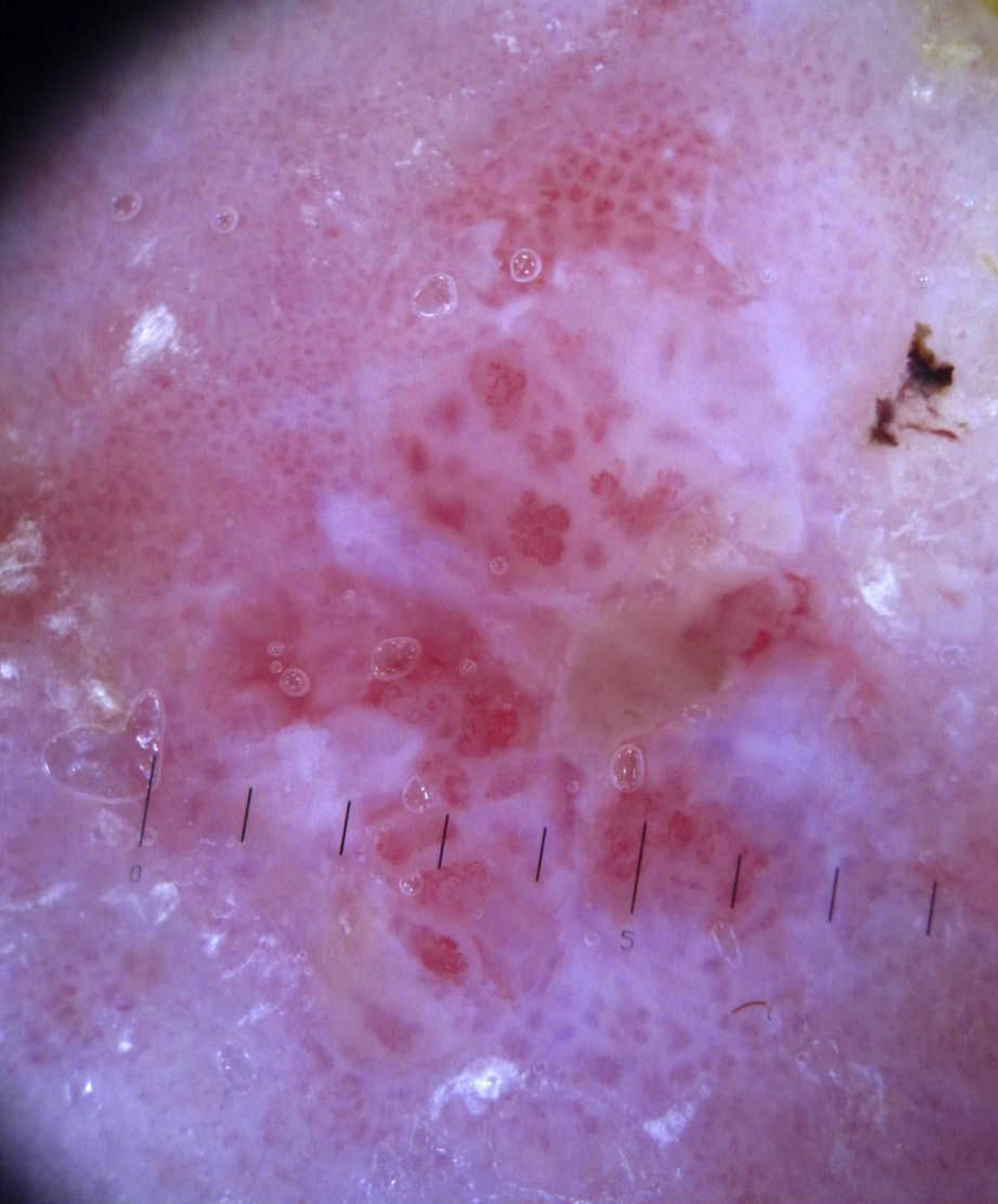
**invasive squamous cell carcinoma**

# PATRONS ESPECIALS : KA + CEC INVASOR



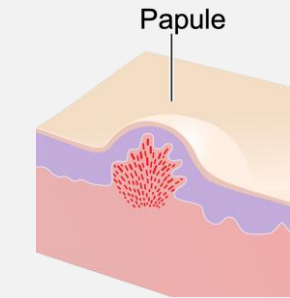
Zalaudek I, et al. *Dermatoscopy of facial actinic keratosis, intraepidermal carcinoma, and invasive squamous cell carcinoma: A progression model. Journal of the American Academy of Dermatology*, 66(4), 589–597.





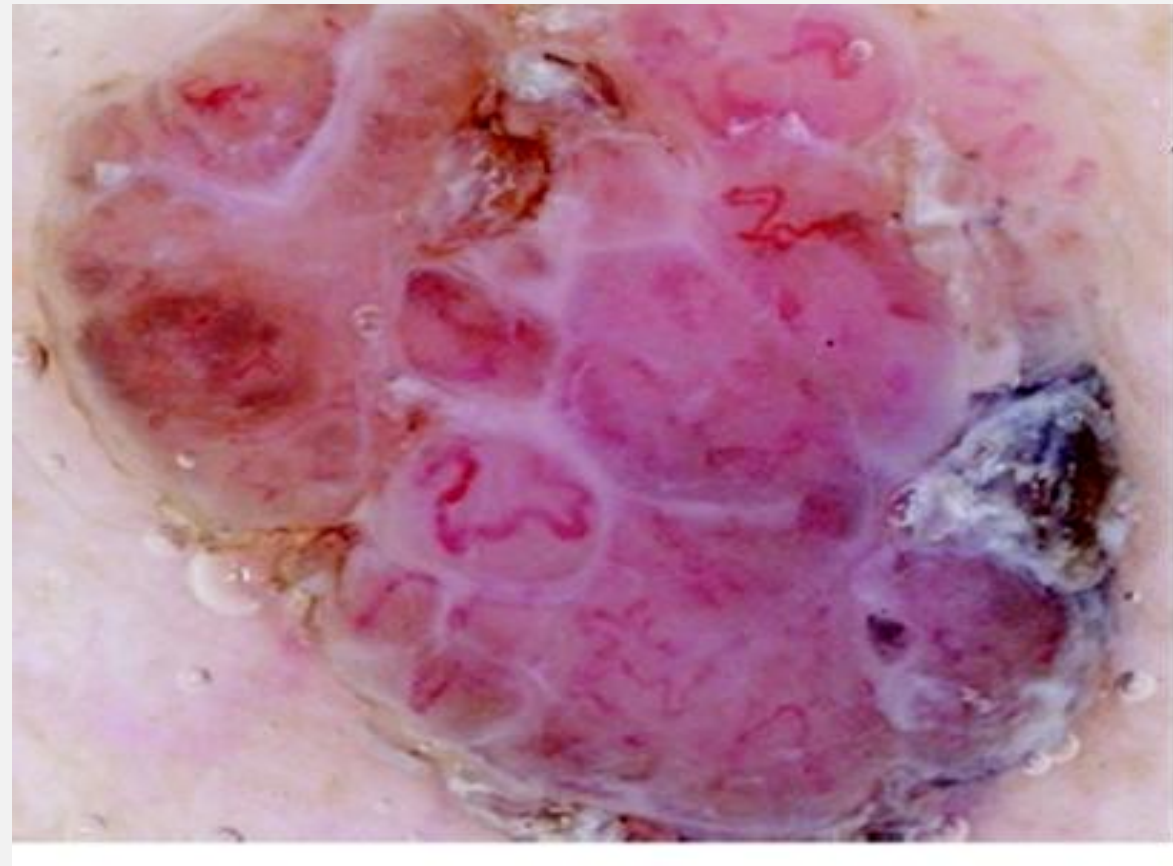
The dermoscopic features described herein may aid in the differentiation of benign vs. malignant lesions, with keratinizing pearls appearing to be unique to SCC/KAs.

# PATRONS ESPECIALS : LLACS

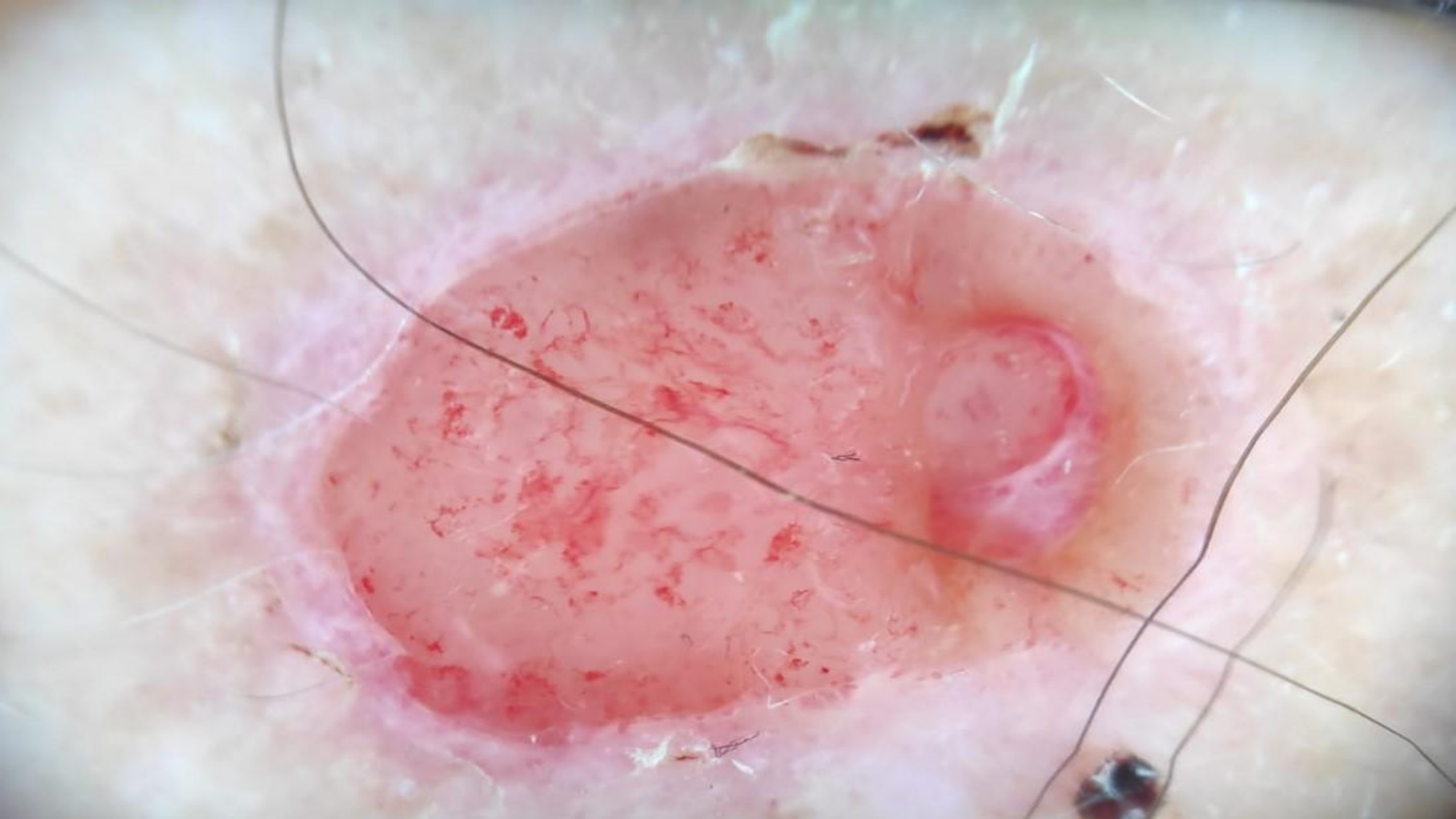


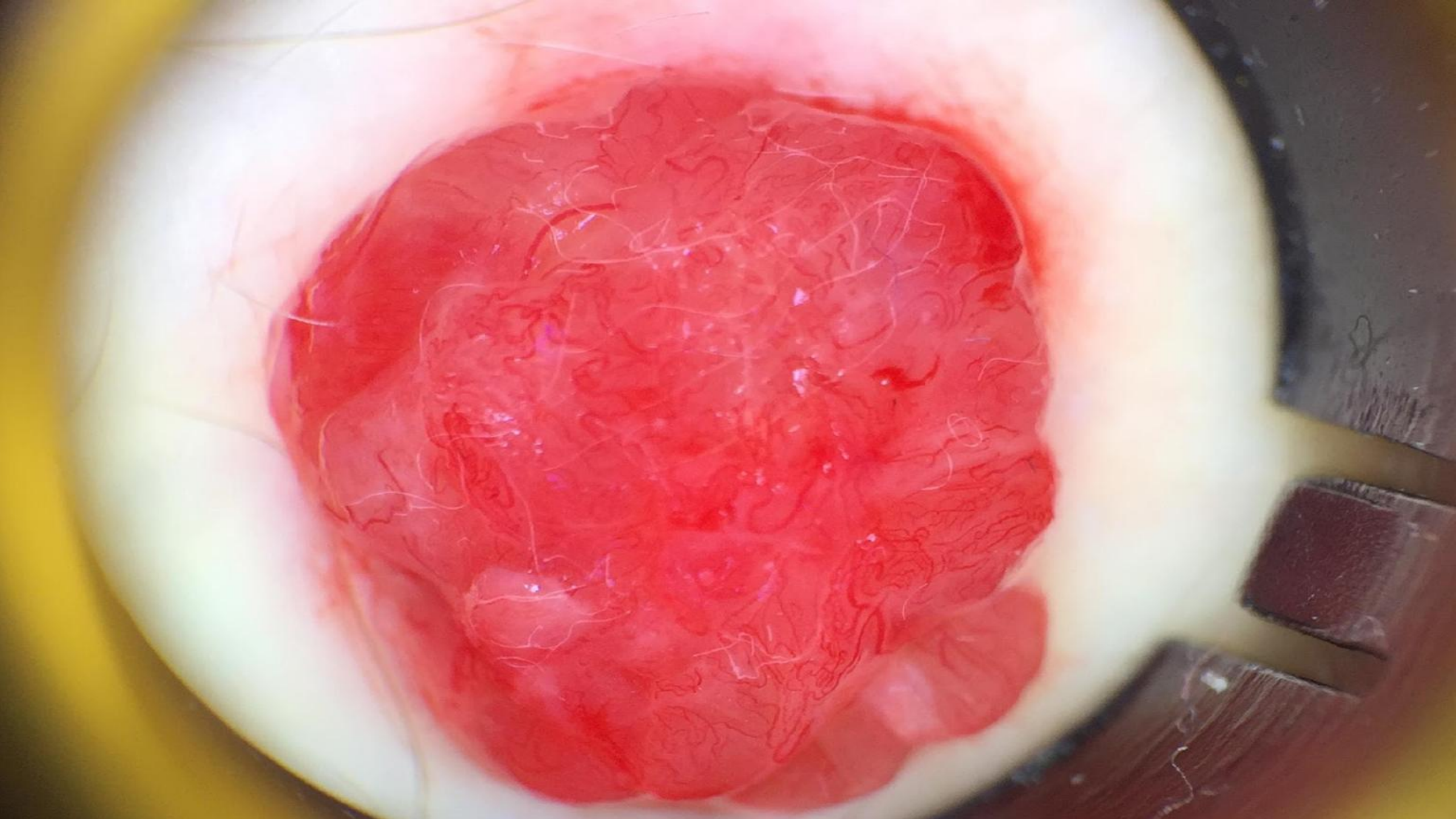
**LLACS O "CLODS"**

**MELANOMA  
METÀSTASIS  
TUMOR SPITZOIDES  
Granuloma piogènic**



**vasos o estructures pigmentades dins de las llacs "CLODS" Vermell vinosos**





# CLAU ADICIONAL: HALO BLANC

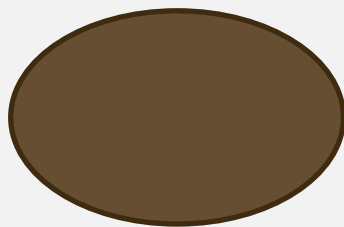


**LLACS O "CLODS"**

**MELANOMA  
METÀSTASIS  
TUMOR SPITZOIDES  
Granuloma piogènic**



# CLAU ADICIONAL: PIGMENT



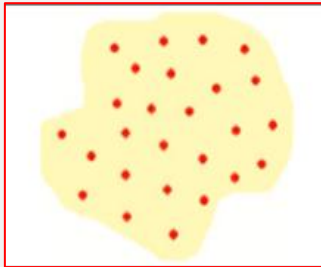
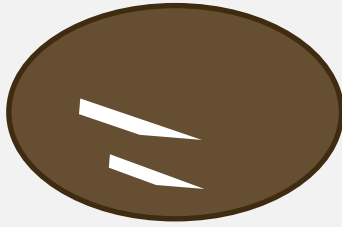
**VASOS  
POLIMORFS:**

**PUNTIFORMES  
+  
QUALSEVOL  
TIPUS DE VAS  
CORB**

**MELANOMA**

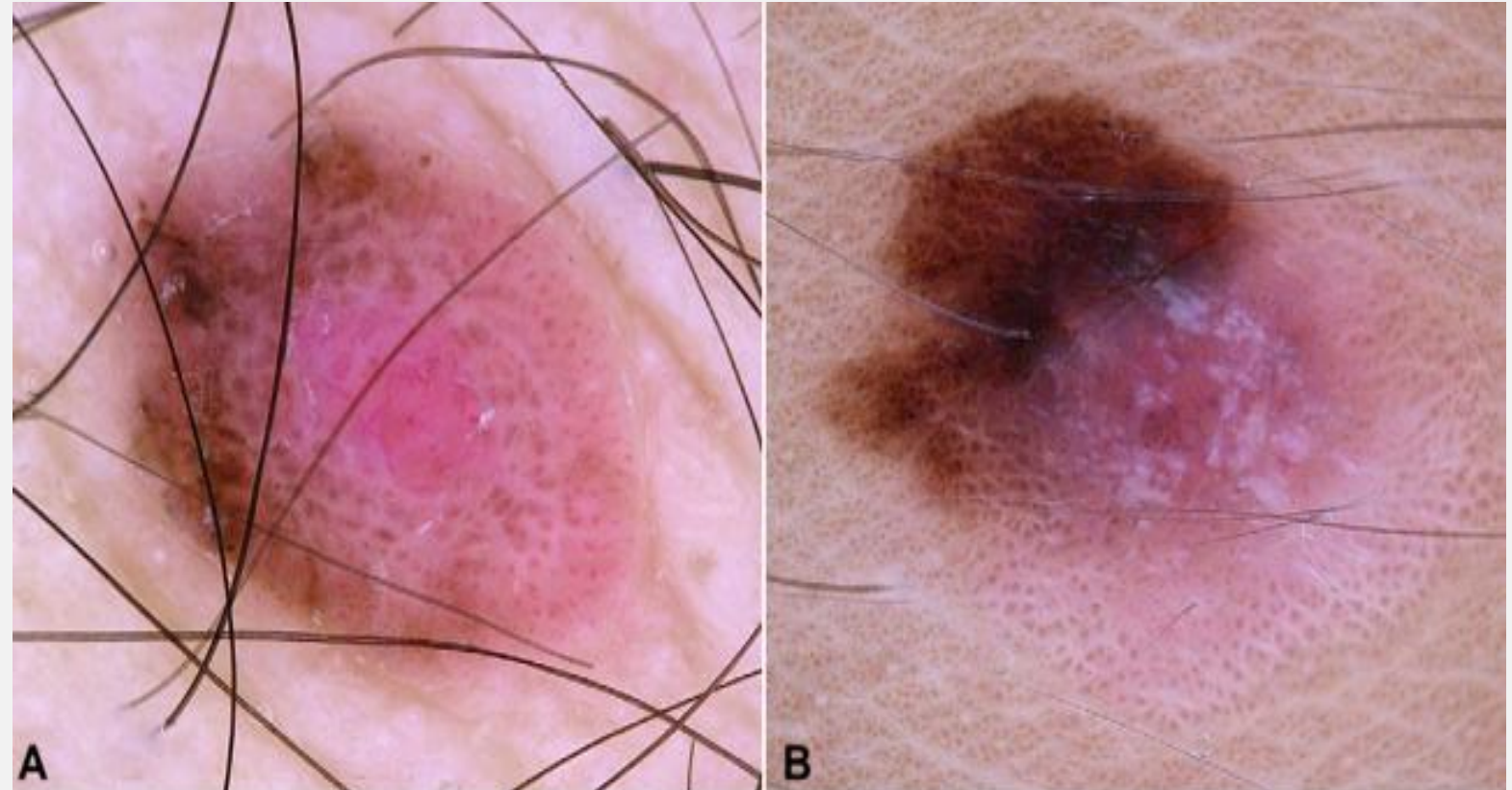


# CLAU ADICIONAL: PIGMENT I CRISÀLIDES



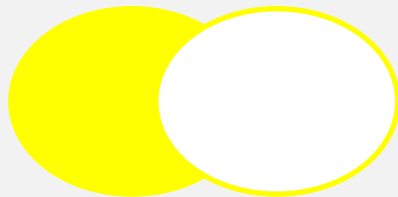
**VASOS  
PUNTIFORMES**

**MELANOMA**  
**N. Spitz**  
**N. Atípic**  
Psoriasis/Dermatitis  
Berruges planes

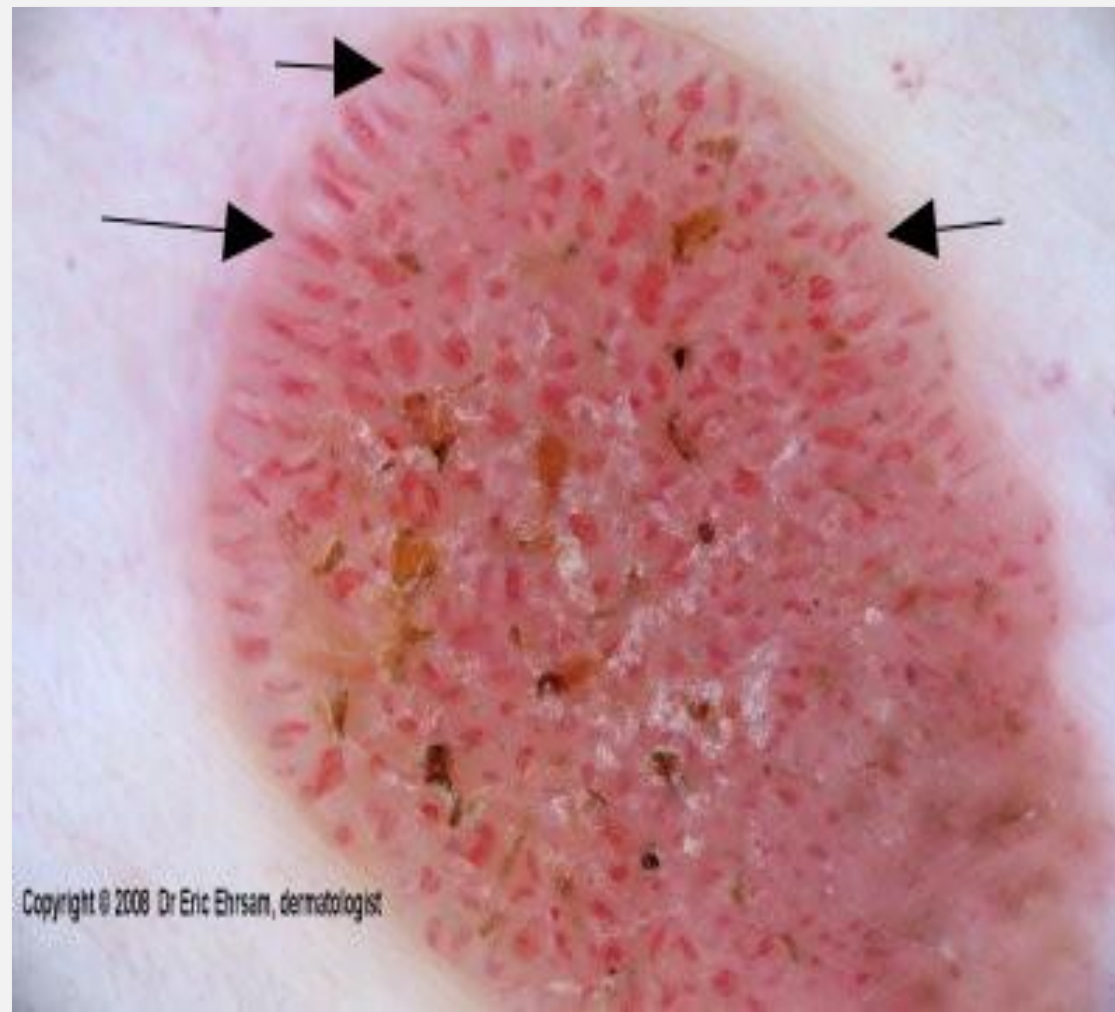


Zalaudek I, et al *How to diagnose nonpigmented skin tumors: A review of vascular structures seen with dermoscopy. Journal of the American Academy of Dermatology*, 63(3), 361–374.

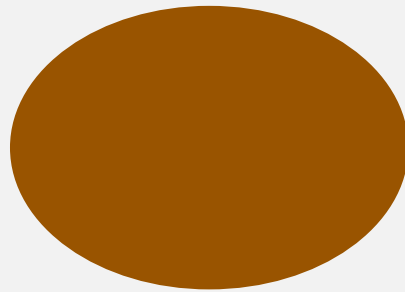
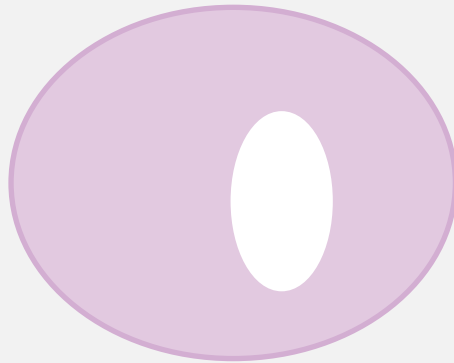
# CLAU ADICIONAL: ESCATES I COLOR GROC



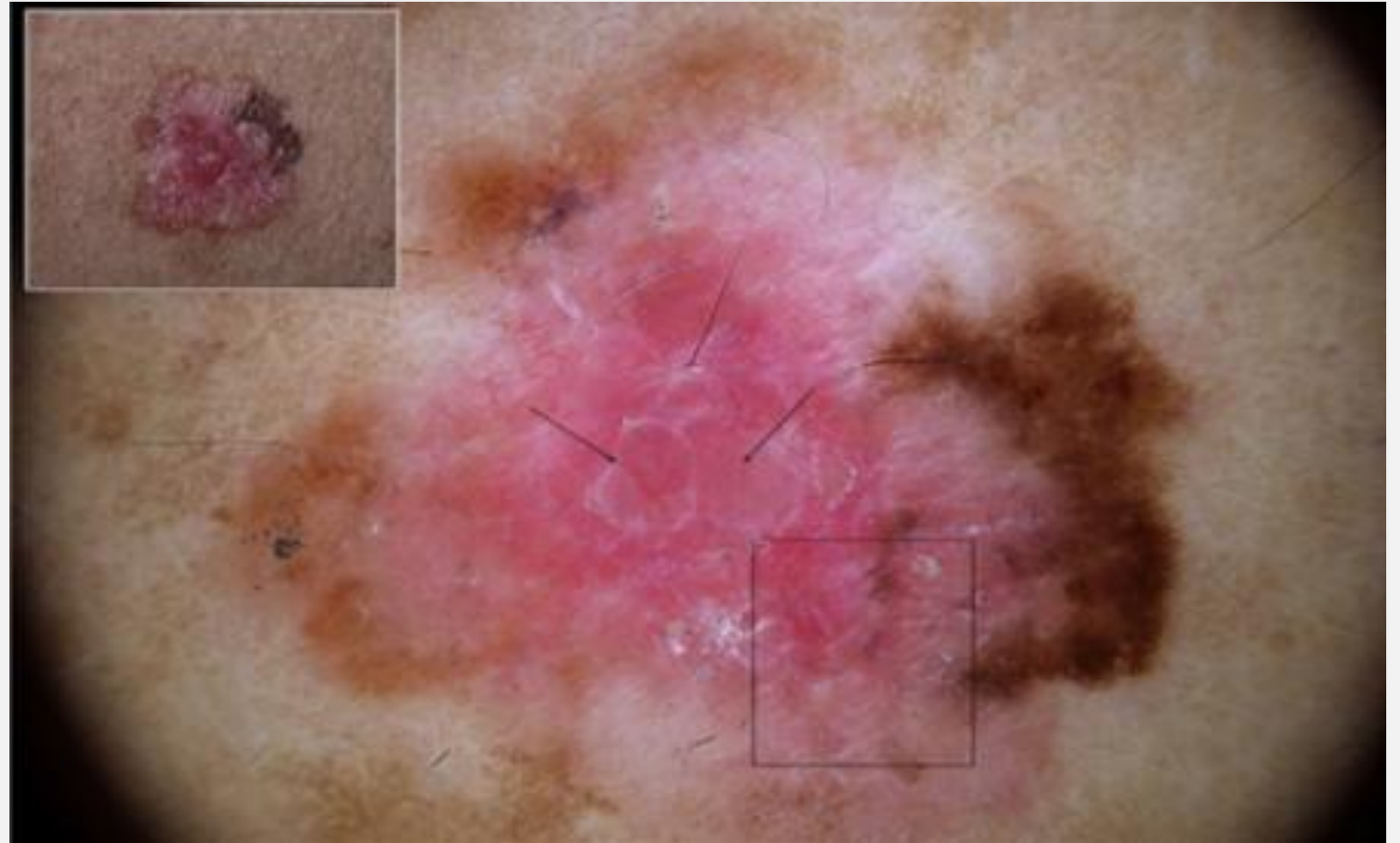
**QUERATOSI  
SEBORREICA**



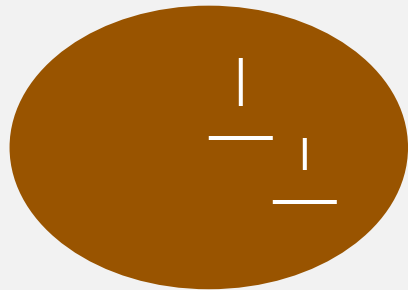
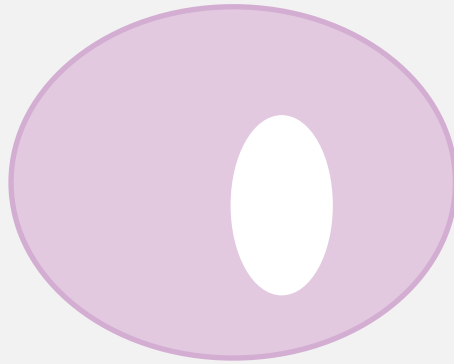
# CLAU ADICIONAL: AREES V/LL + MARRÓ



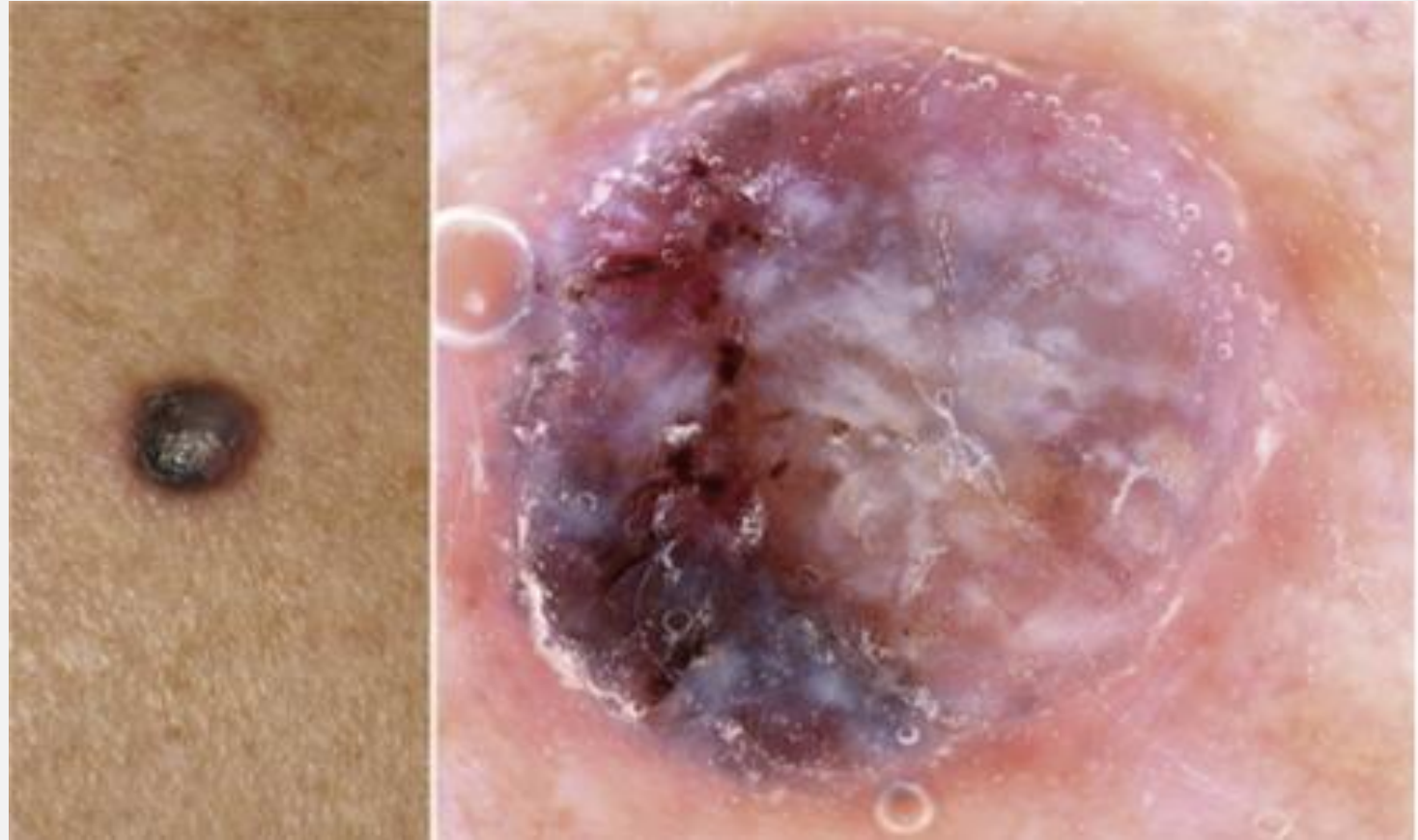
**MELANOMA  
INVASOR**



# CLAU ADICIONAL: AREES V/LL + LBB



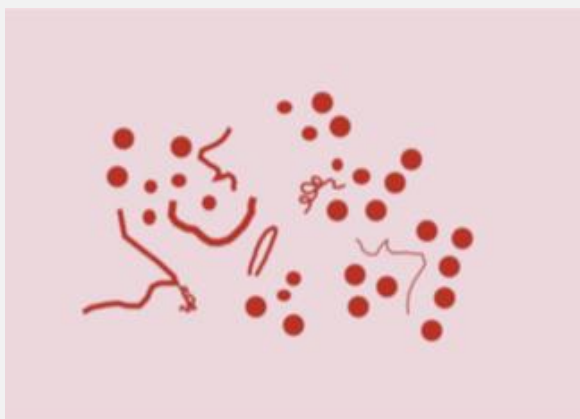
**MELANOMA  
INVASOR**



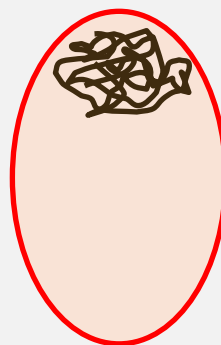
Zalaudek I, et al *How to diagnose nonpigmented skin tumors: A review of vascular structures seen with dermoscopy. Journal of the American Academy of Dermatology*, 63(3), 361–374.

# CLAUS PER SOSPITAR MELANOMA

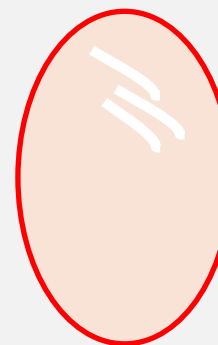
En lesió plana de patró inespecífic



Vasos polimorfs



Restes de pigment



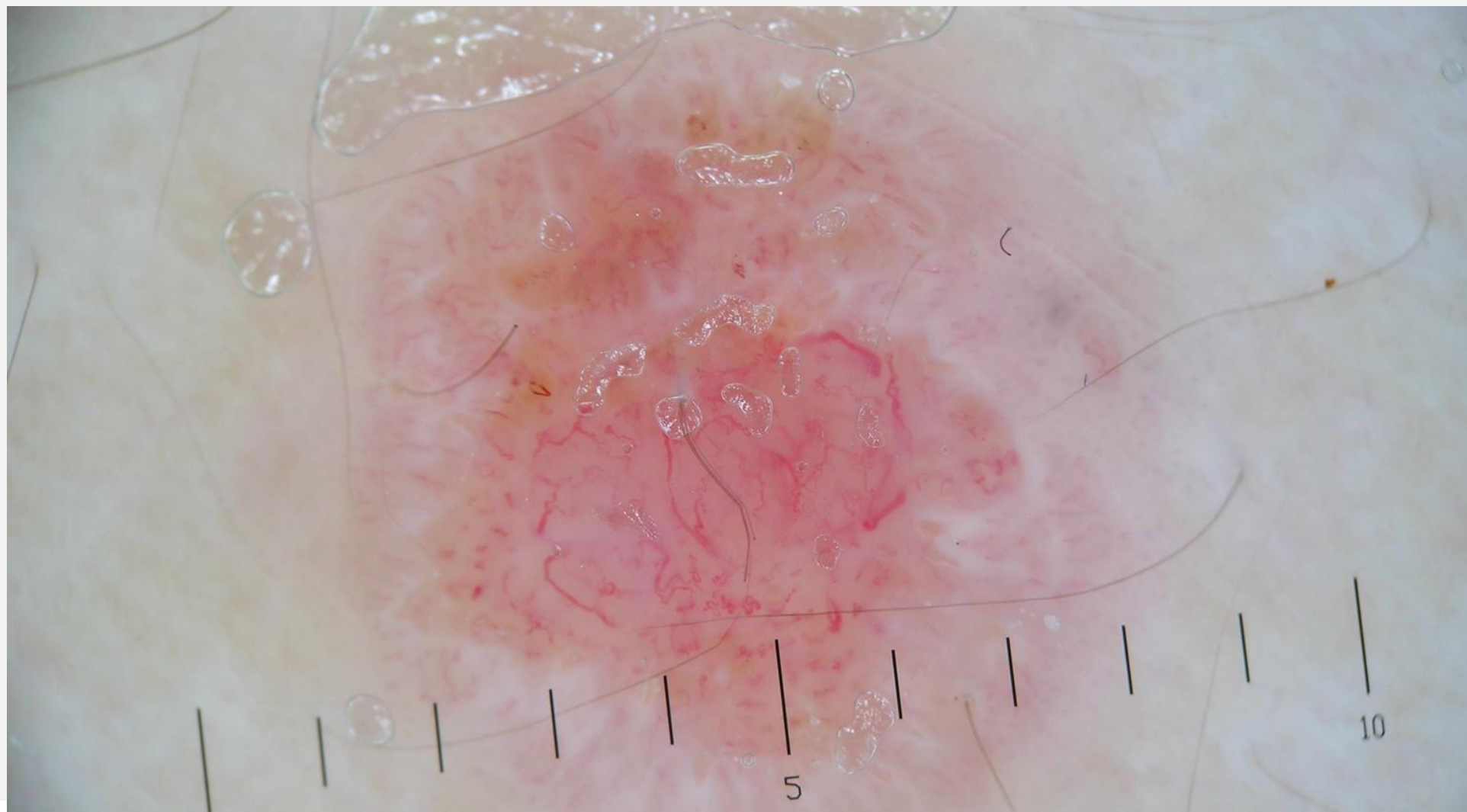
Crisàlides

# CLAUS PER SOSPITAR MELANOMA

Vasos polimorfs

Restes de pigment

líneas BB

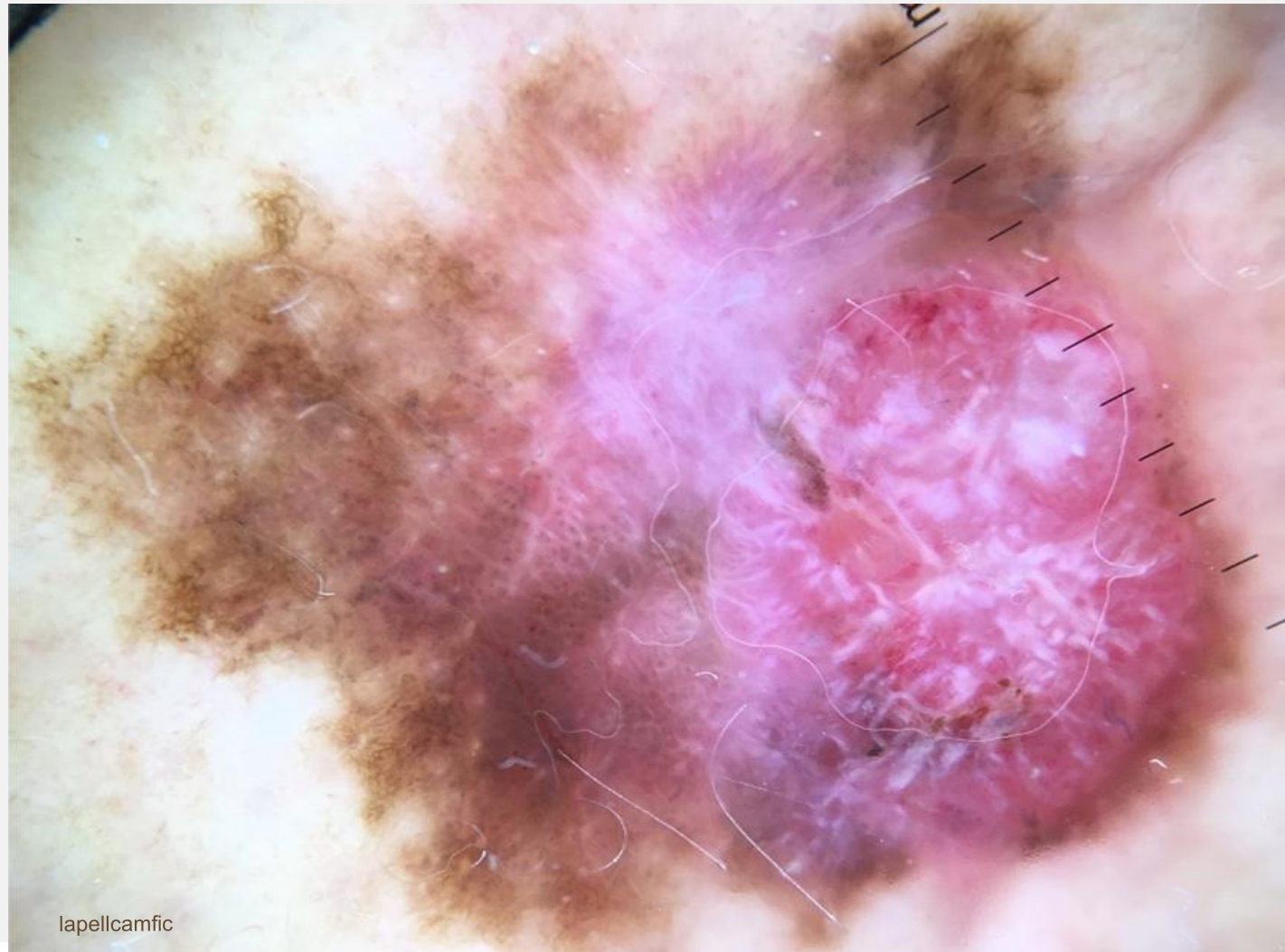


# CLAUS PER SOSPITAR MELANOMA

Vasos polimorfs

Restes de pigment

líneas BB

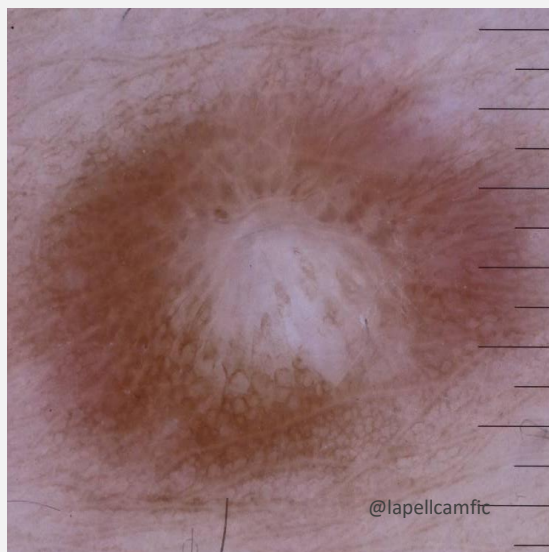


lapellcamfic

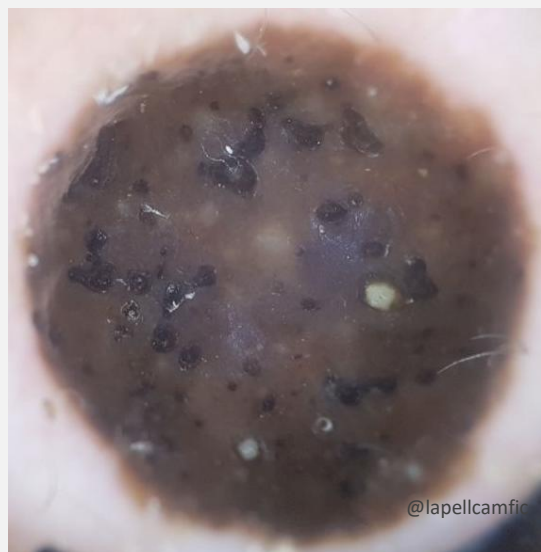


**BLANC**

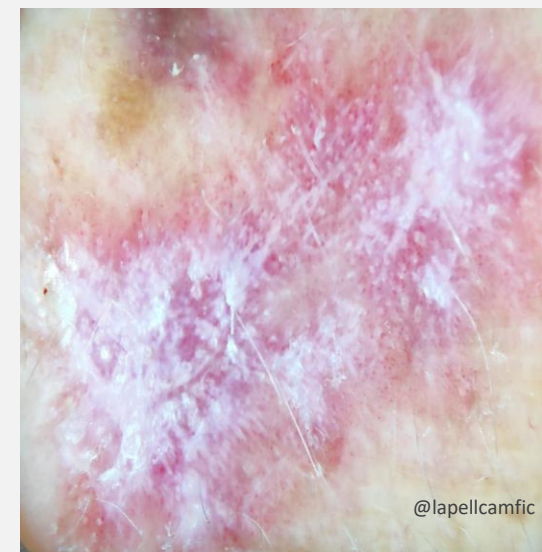
## Correspondència del color blanc en dermatoscòpia



**Fibrosis**

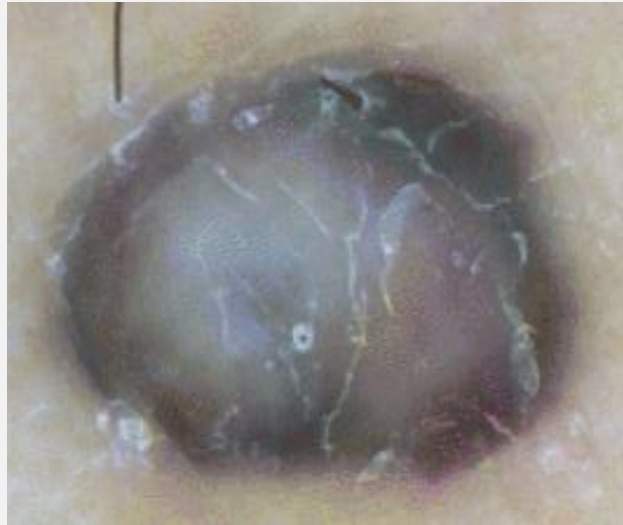


**Queratina**

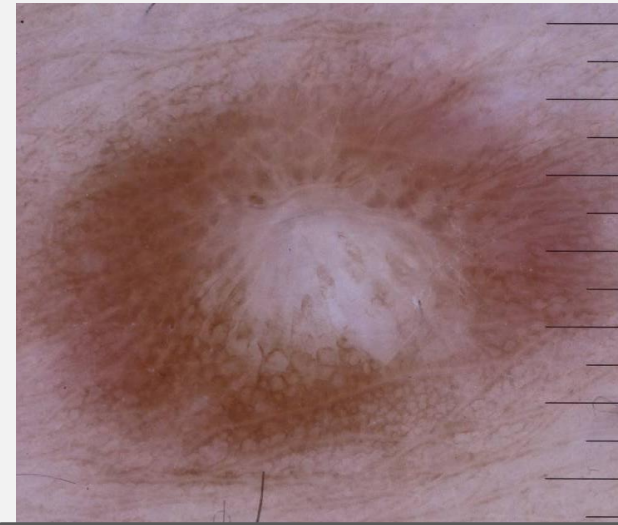


**Hiperplasia epidérmica**

# El color blanc és FIBROSI



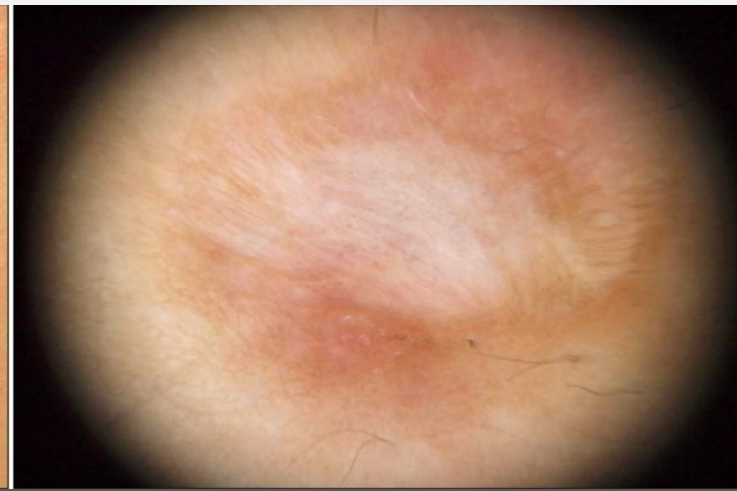
**Nevus**



**Dermatofibroma**

@lapellcamfic

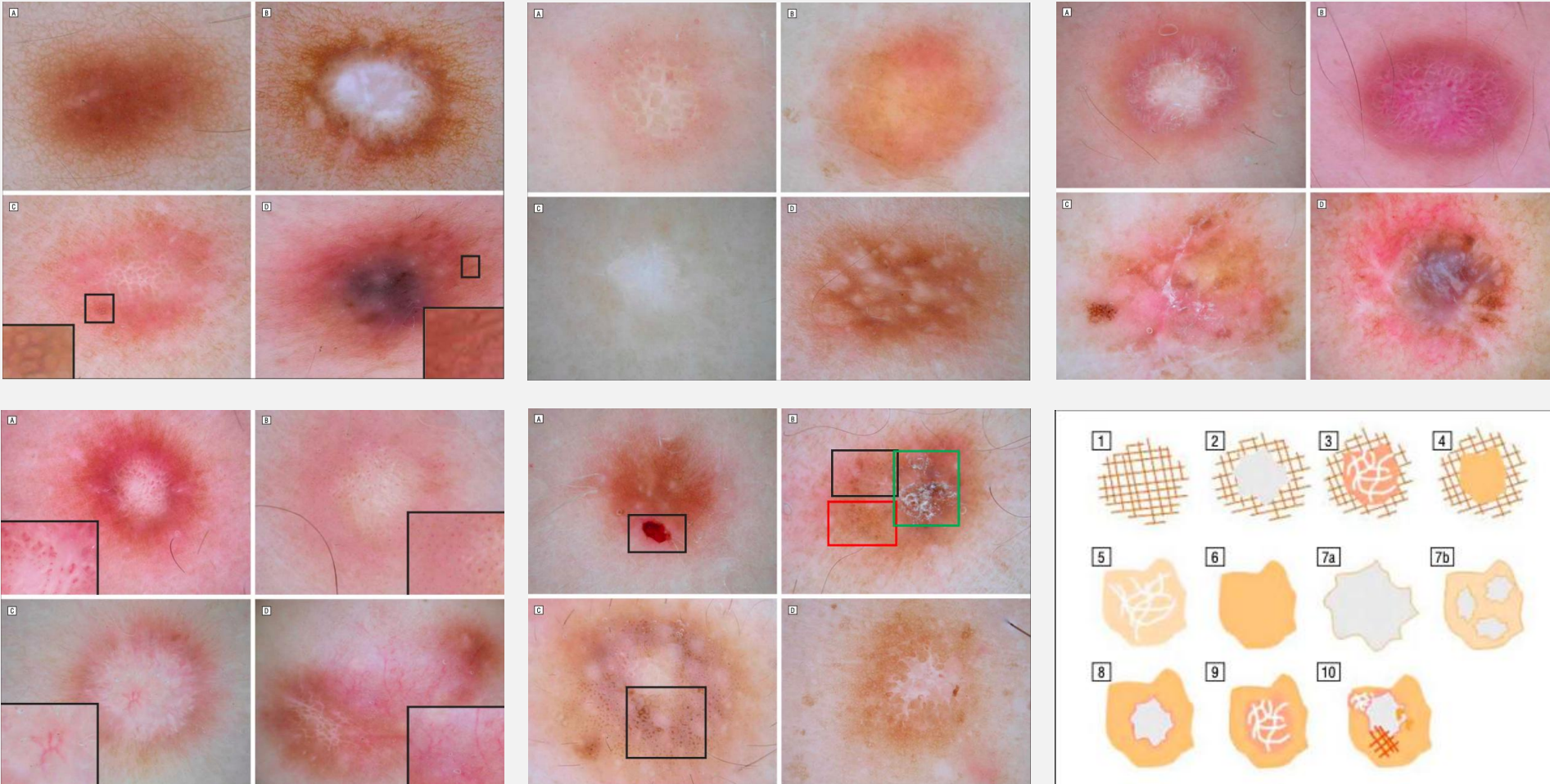
<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1600-0560.2006.00650.x>



**Cicatriu**

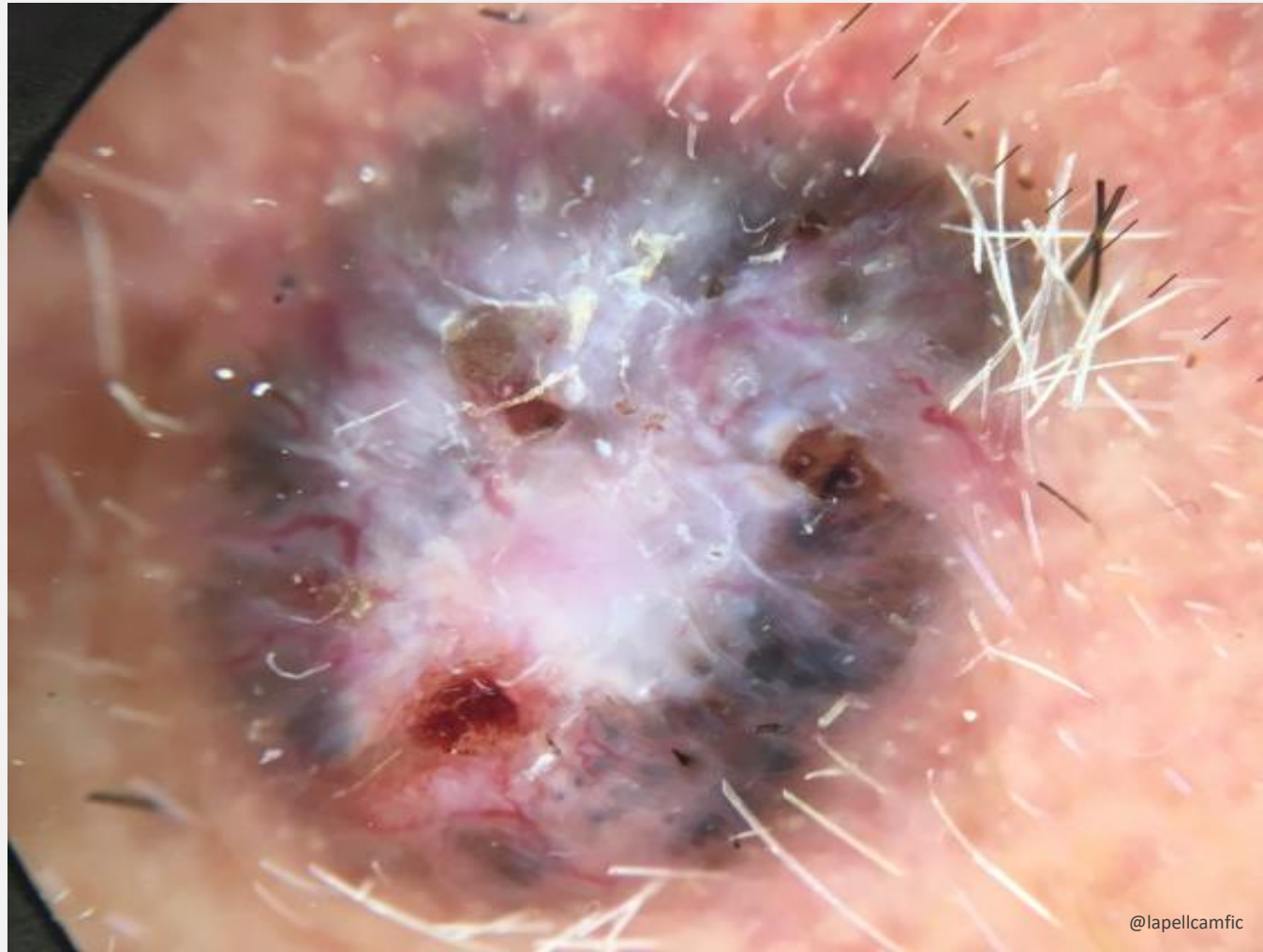
Yoo MG, Kim IH. Keloids and Hypertrophic Scars: Characteristic Vascular Structures Visualized by Using Dermoscopy Ann Dermatol Vol. 26, No. 5, 2014

# DERMATOFIBROMA



Zaballos P, Puig S, Llambrich A, Malvehy J. *Dermoscopy of Dermatofibromas. Archives of Dermatology, 144(1).*

CBC



@lapellcamfic

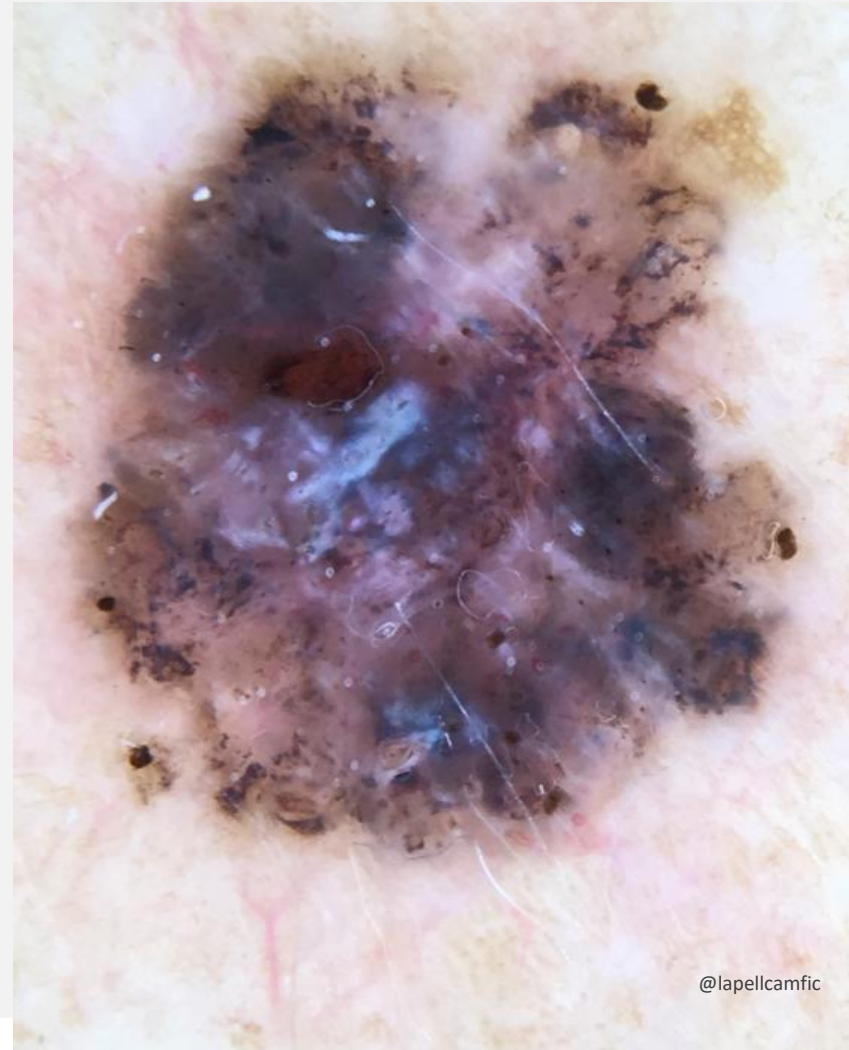
# MELANOMA



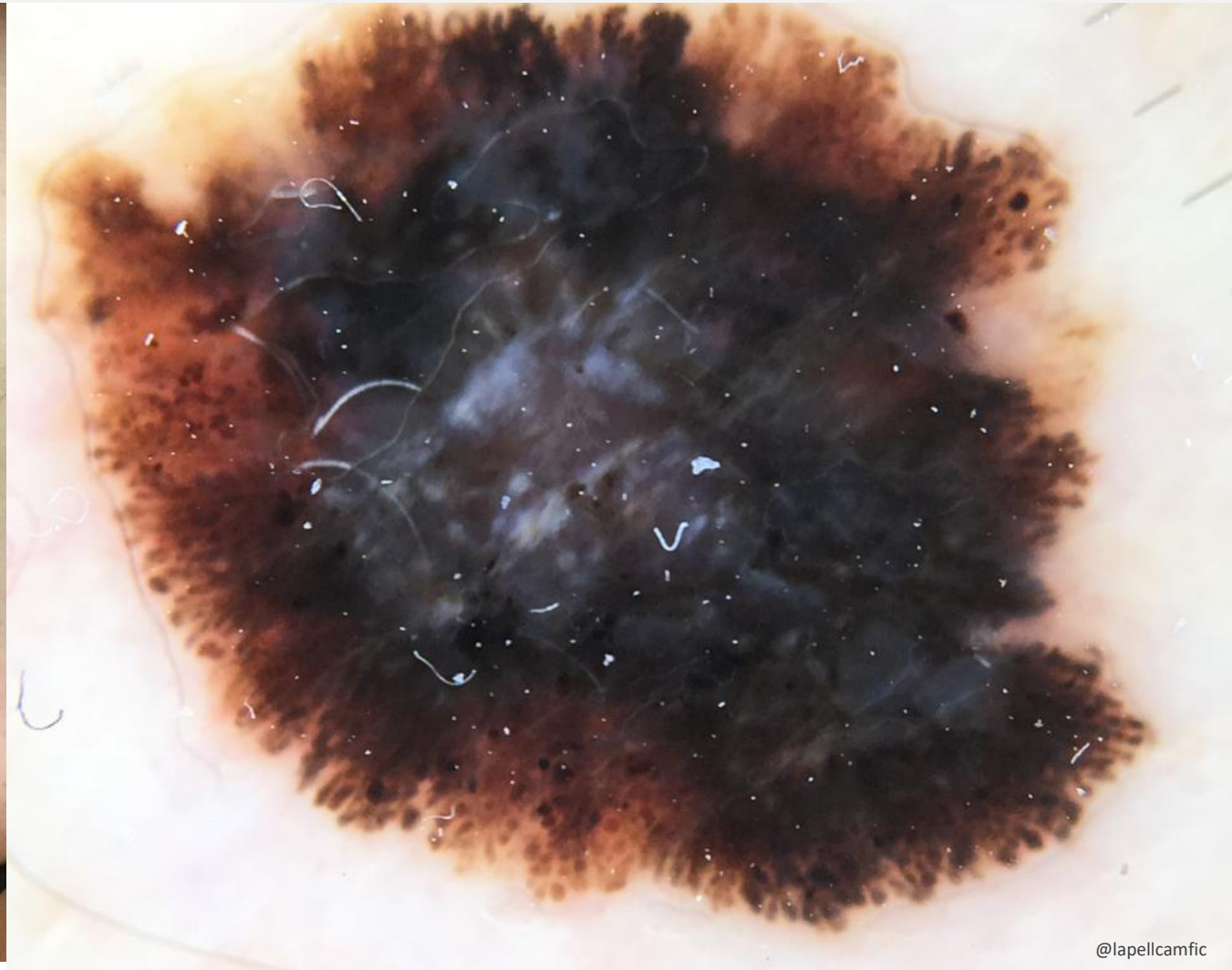
# MELANOMA



# MELANOMA

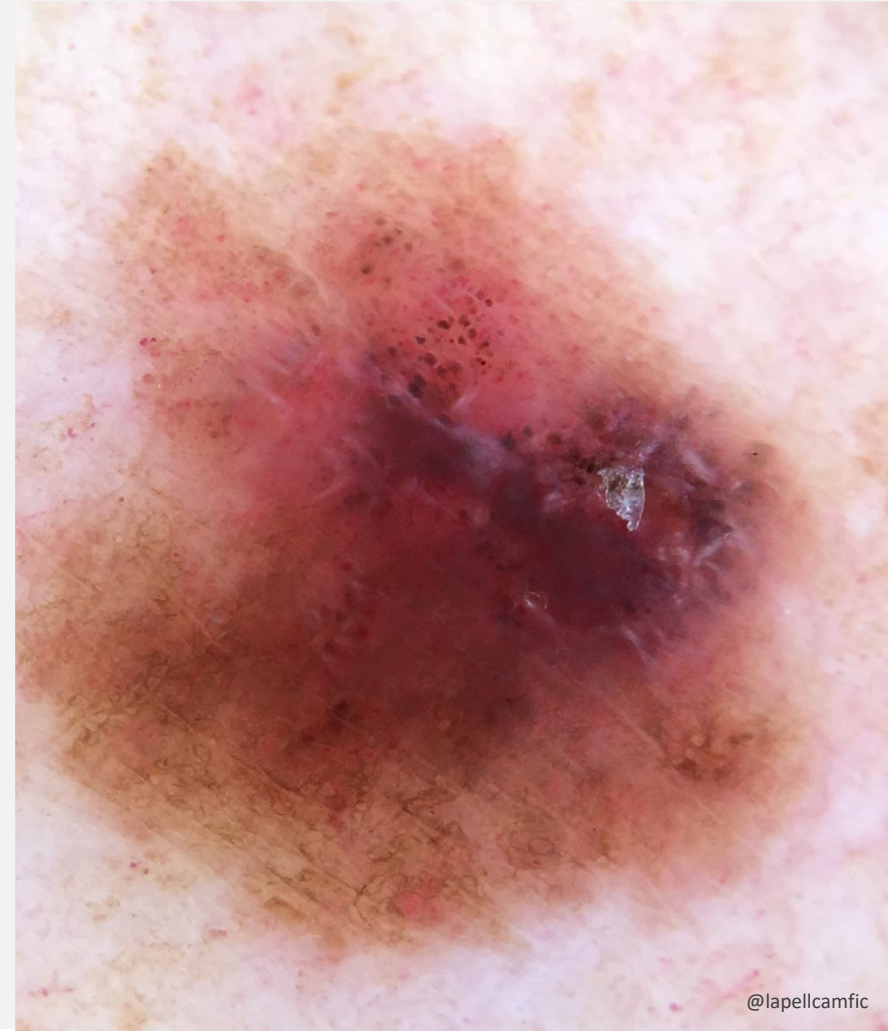


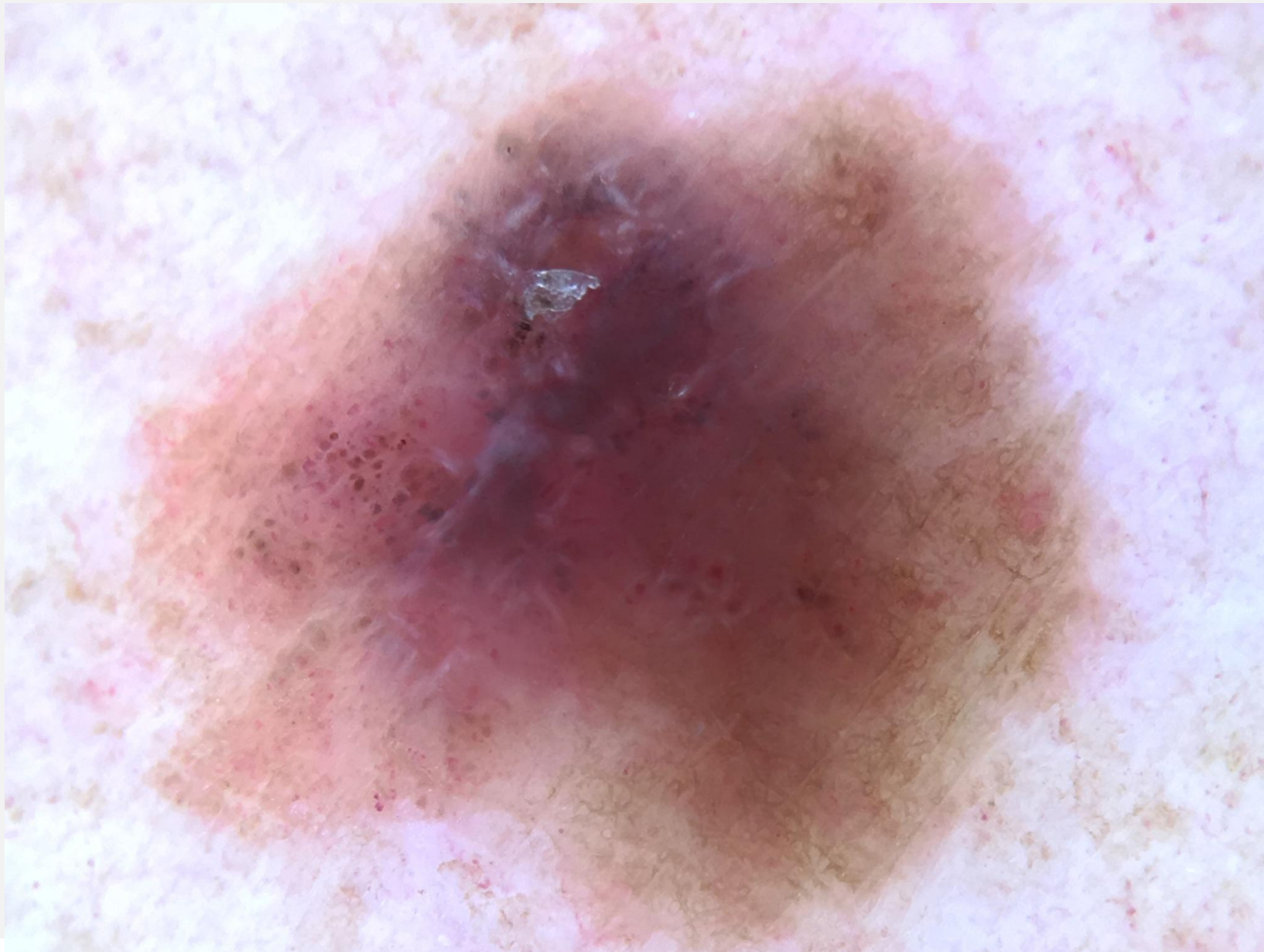
# MELANOMA



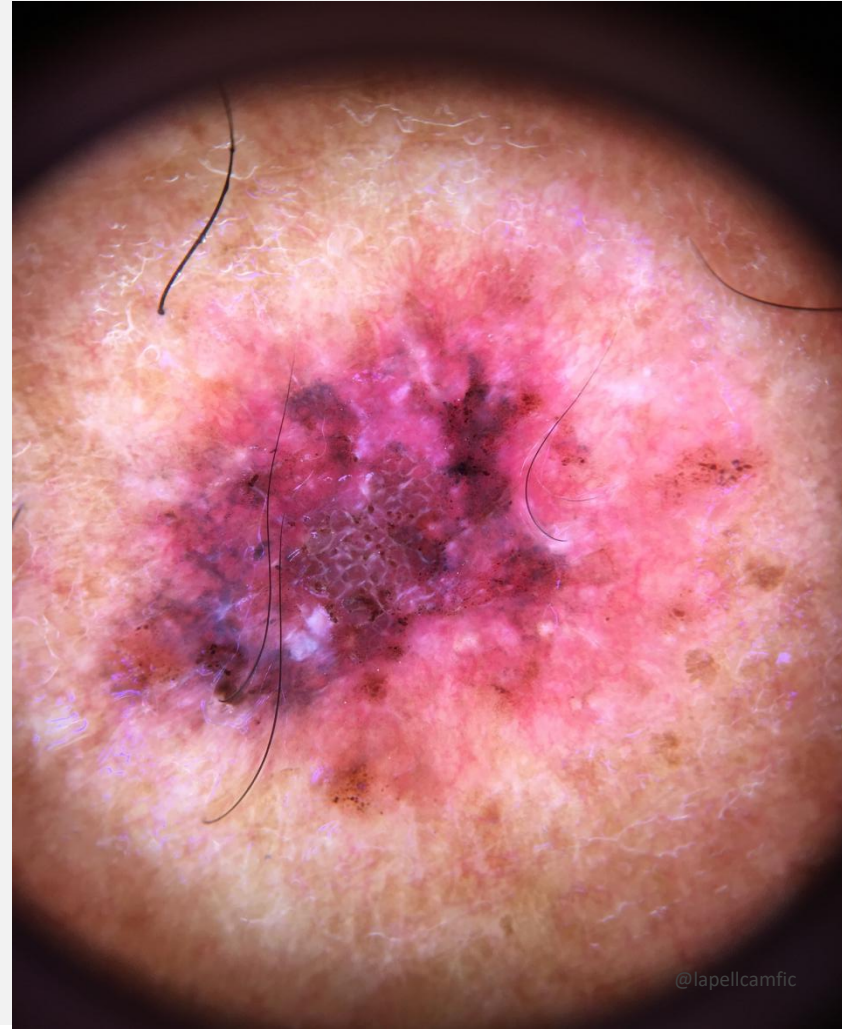
@lapellcamfic

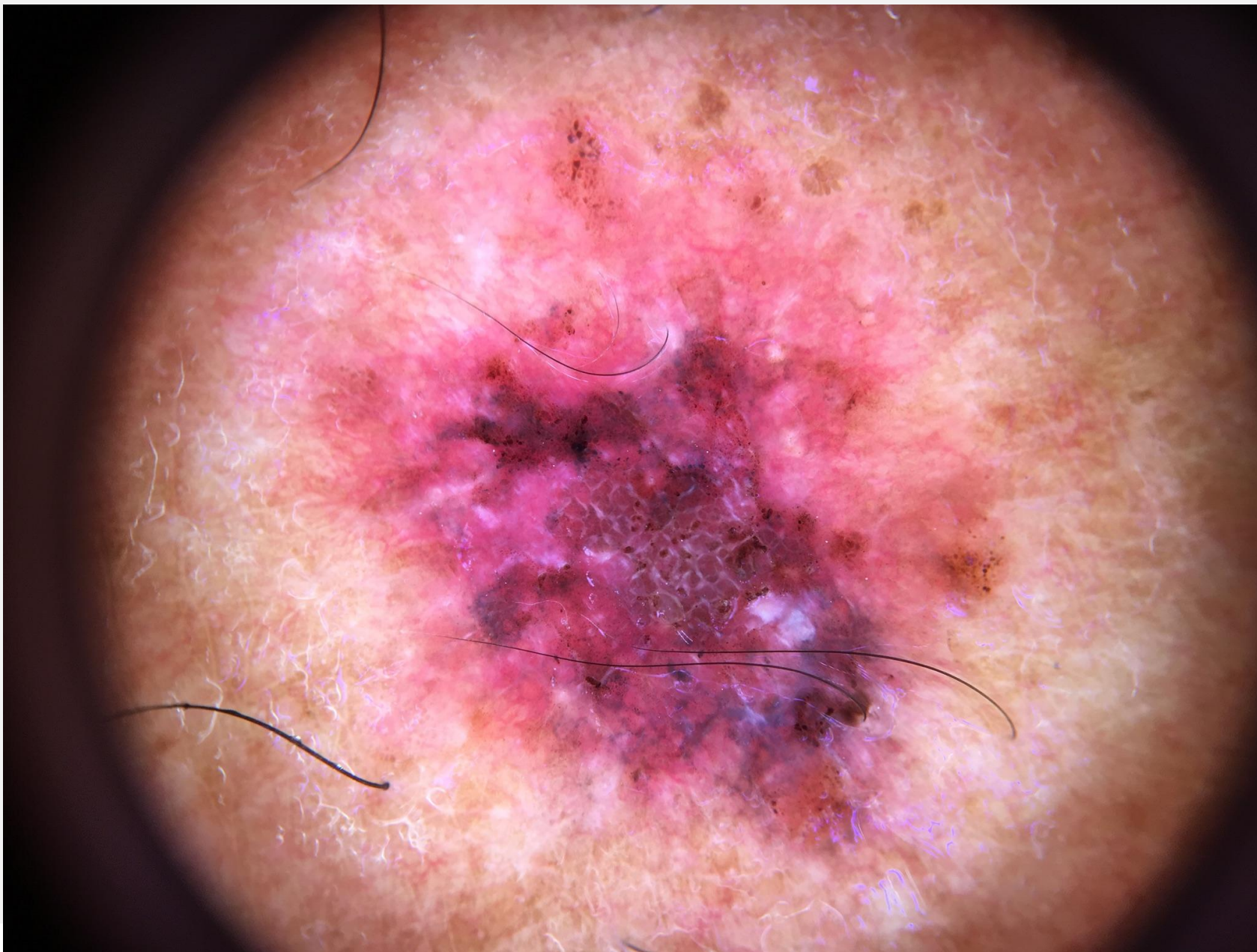
# MELANOMA

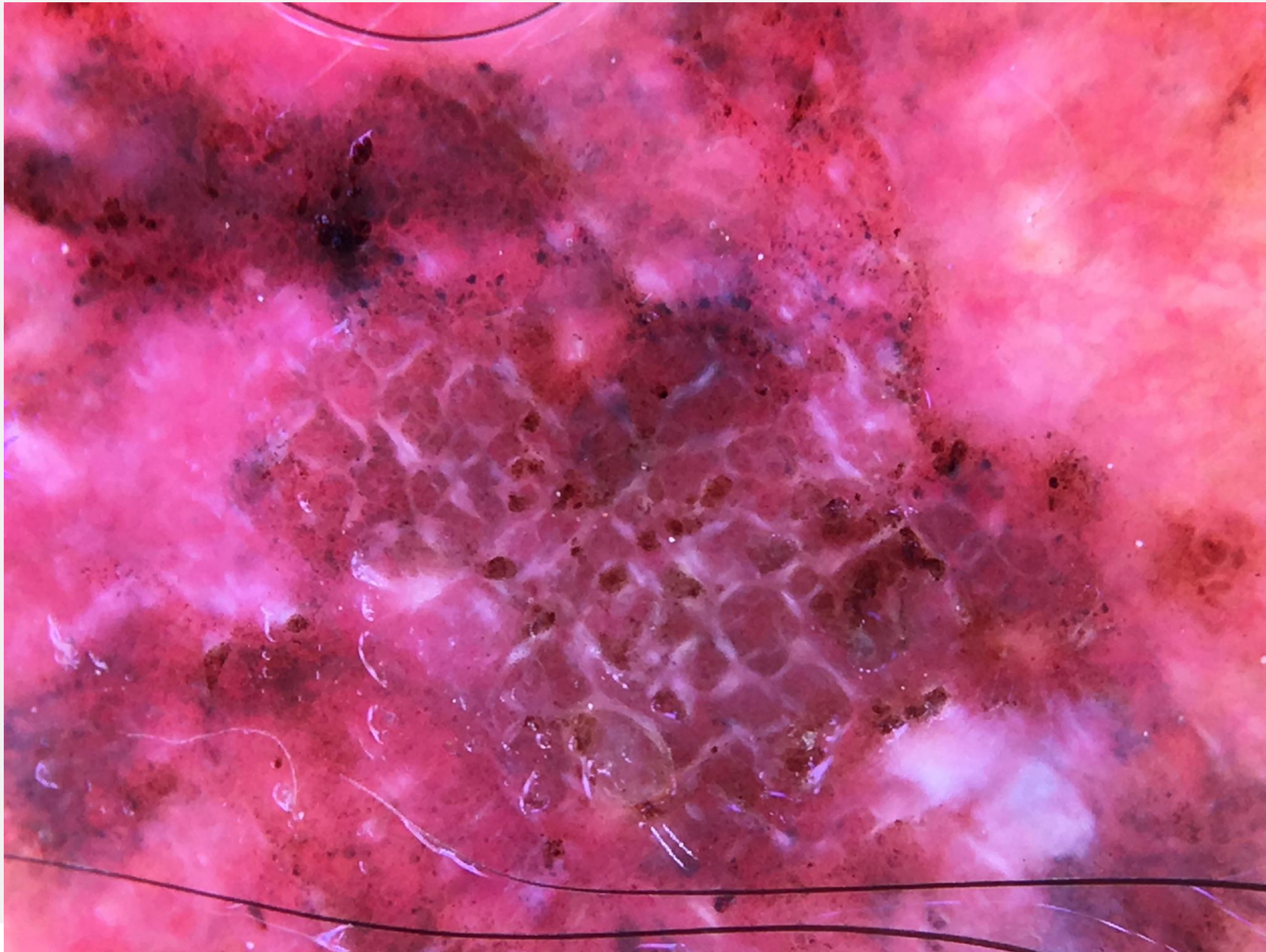




# MELANOMA





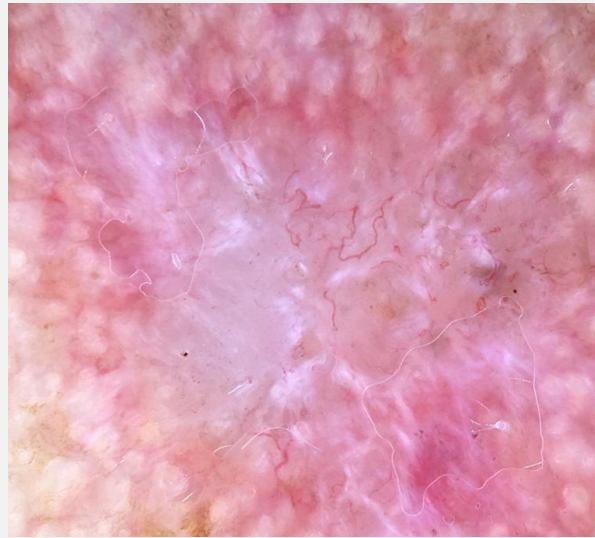


## Crisàl·lides

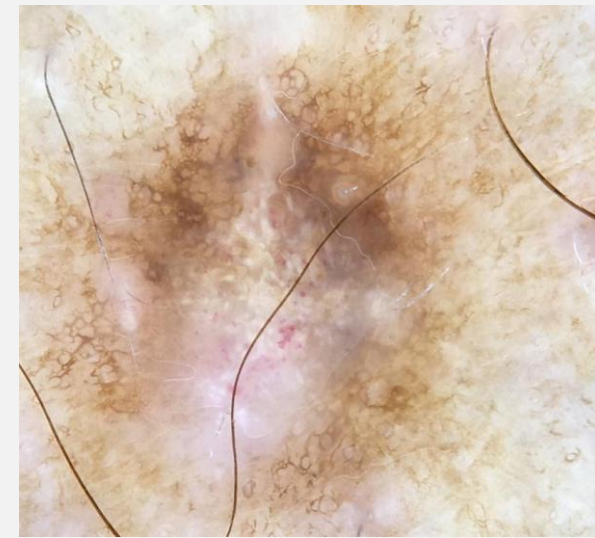
MM



CBC



DF



**NOMÉS ES VEUEN AMB LLUM POLARITZADA**

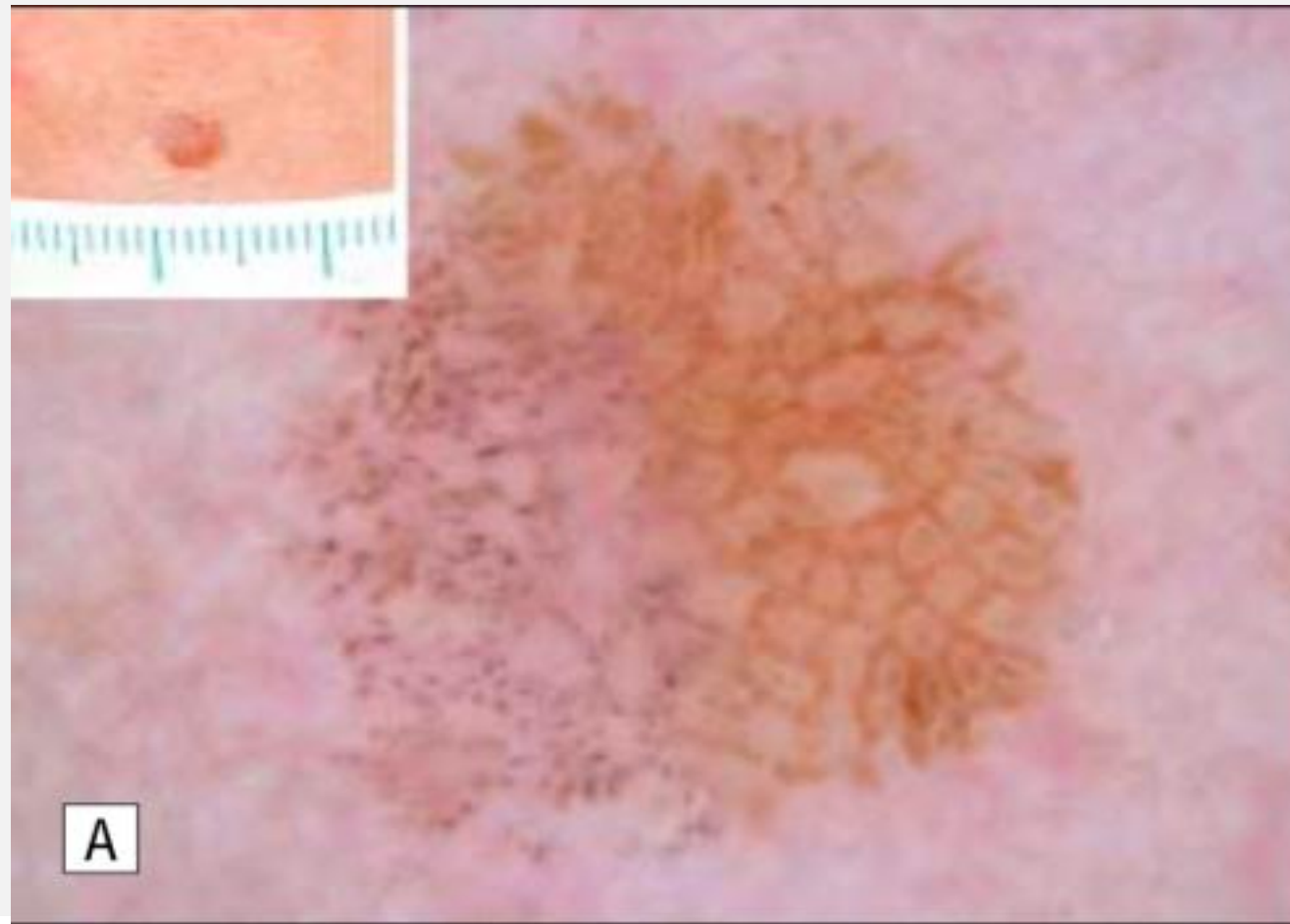
# B ABANS QUE FIBROSI...HI HA REGRESSIÓ

Shitara D et al. Shiny White Streaks: A Sign of Malignancy at Dermoscopy of Pigmented Skin Lesions Acta Derm Venereol 2014; 94: 132–137

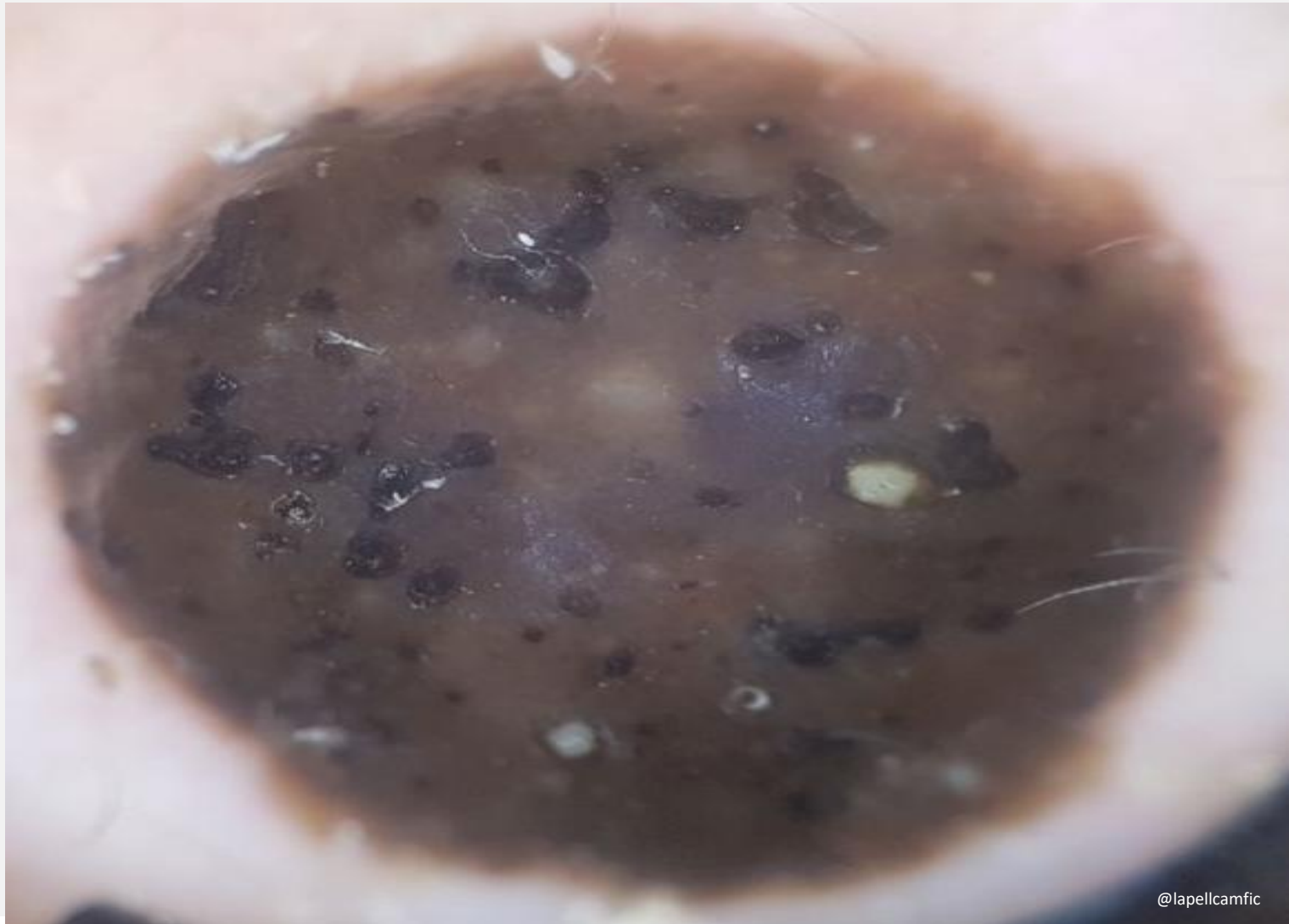


# Però la REGRESSIÓ no sempre dóna com a resultat FIBROSI

Zaballos P et al. *Dermoscopy of Lichenoid Regressing Seborrheic Keratosis. Archives of Dermatology*, 142(3).



Color blanc és Queratina – Queratosis seboreica

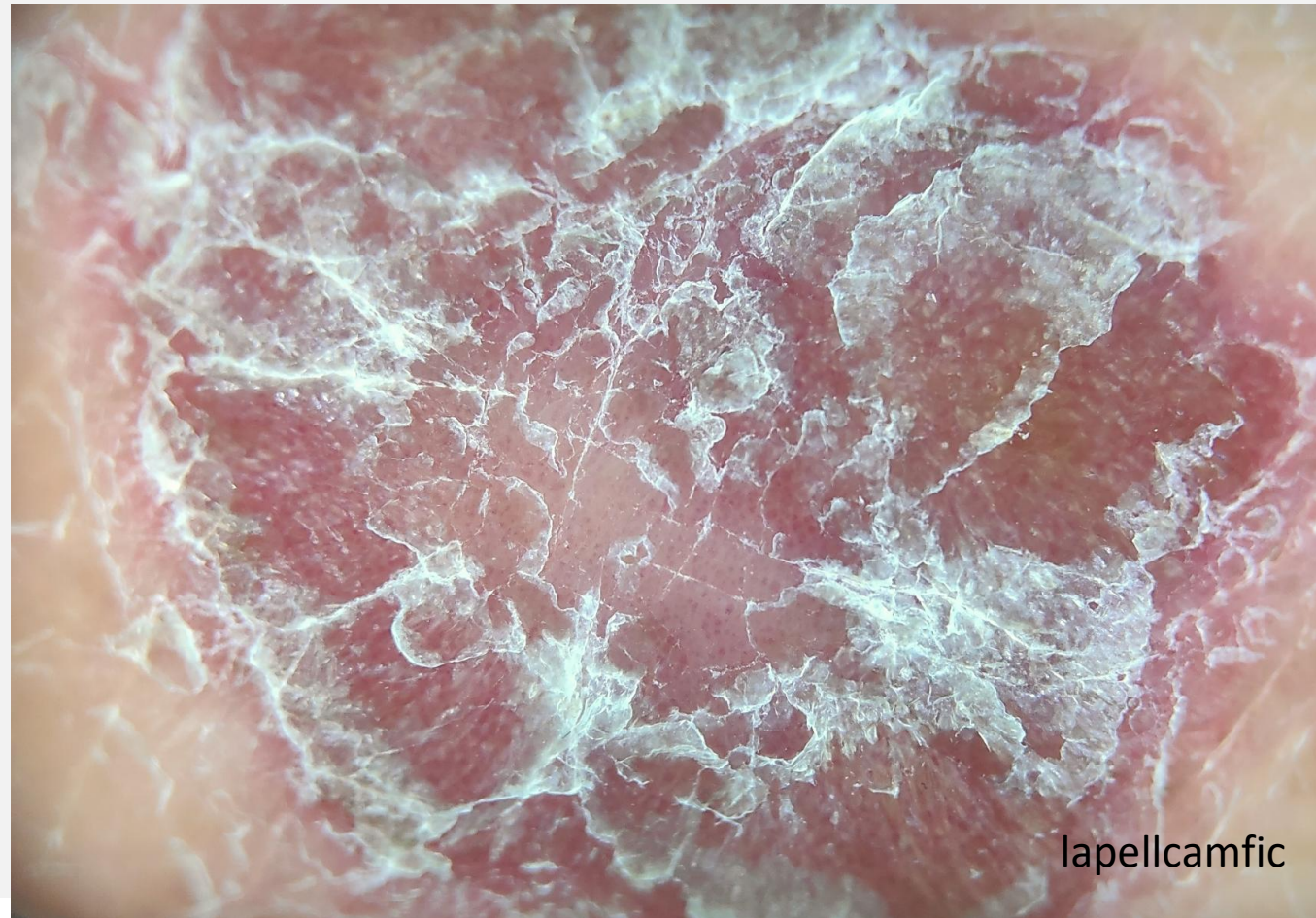


@lapellcamfic

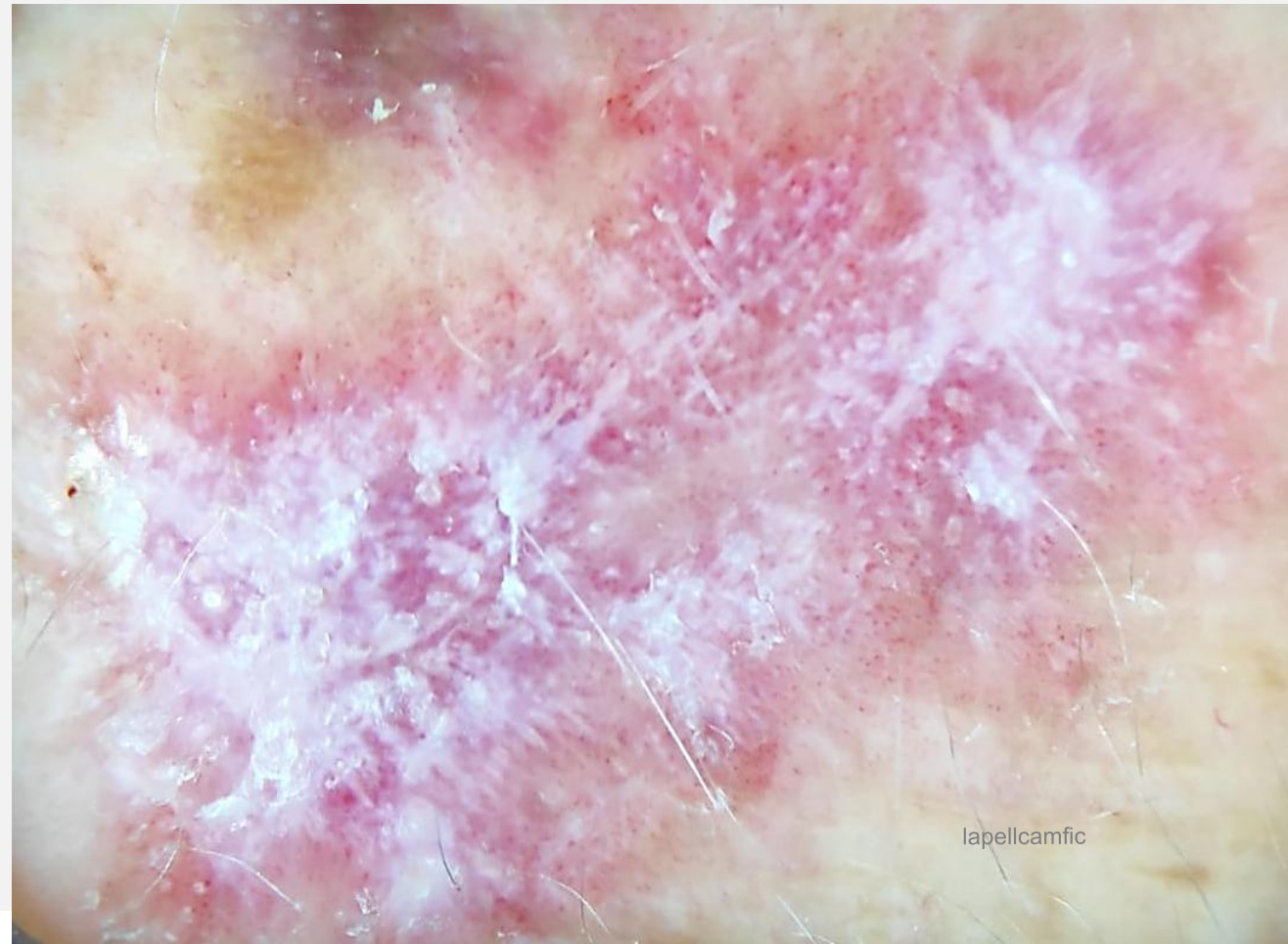
## Color blanc és Queratina - Angioqueratoma

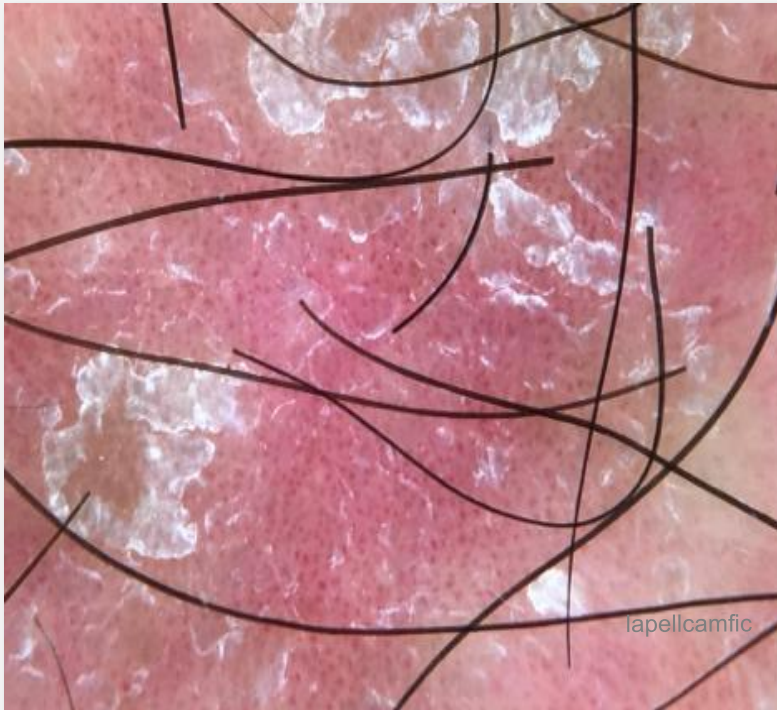


## Color blanc és Queratina - Inflammatory



# El color blanc és hiperplàsia epidèrmica





Psoriasis: Vasos puntiformes (punts vermells) i escama blanca.

Liquen: estries de Wickhan

**Patologies inflamatories : psoriasi i liquen**

## Color blanc Hiperplàsia de l'estrat espinós



Lallas, A., Pyne, J., Kyrgidis, A., Andreani, S., Argenziano, G., Cavaller, A., ... Zalaudek, I. (2015). *The clinical and dermoscopic features of invasive cutaneous squamous cell carcinoma depend on the histopathological grade of differentiation.* *British Journal of Dermatology*, 172(5), 1308–1315. doi:10.1111/bjd.13510

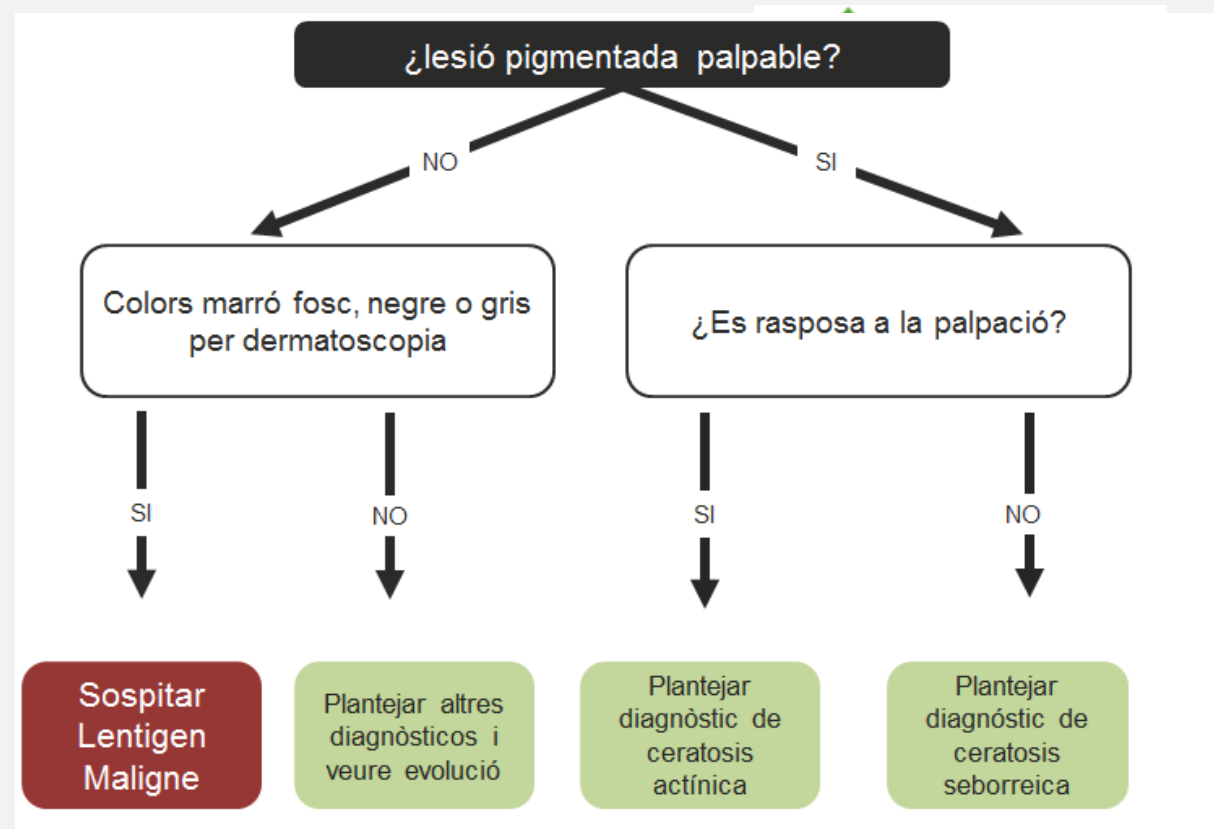
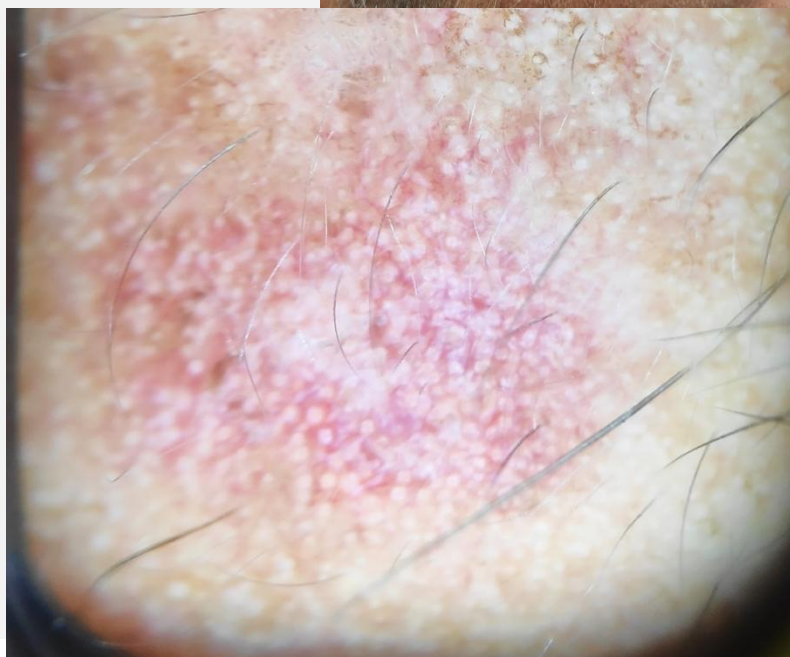
## El CEC és un tumor BLANC

- Queratina
- Àrees desestructurades
- Cercles
- Halos

## El CEC és un tumor BLANC

- Queratina
- Àrees desestructurades
- Cercles
- Halos
- **Rosetes**

Liebman, T et al. *White shiny structures: dermoscopic features revealed under polarized light. Journal of the European Academy of Dermatology and Venereology, no-no.*



Q.Actínica

KA

Zalaudek I, et al. *Dermoscopy of facial actinic keratosis, intraepidermal carcinoma, and invasive squamous cell carcinoma: A progression model.* *Journal of the American Academy of Dermatology*, 66(4), 589–597.

## CRISÀLIDES o línies blanques brillants



Liebman, T et al. *White shiny structures: dermoscopic features revealed under polarized light.* *Journal of the European Academy of Dermatology and Venereology*, no–no.

**REGRESSIÓ**

**El color blanc que mai passa desapercbut**



@lapellcamfic

RETICLE INVERTIT  
famosa estructura blanca que en realitat no ho es



Ciudad-Blanco C, Avilés-Izquierdo JA, Lázaro-Ochaita P, Suárez-Fernández R. *Dermoscopic Findings for the Early Detection of Melanoma: An Analysis of 200 Cases. Actas Dermo-Sifiliográficas* 105(7), 683–693.

# MISSATGES CLAU - Color blanc en dermatoscòpia

## Fibrosis

Angioma (septes fibrosats), Nevus blau fibrosat, cicatrius, DF

## Crisàlides

Melanoma, CBC, DF

## Estríes de Wickham

Liquen Pla

## Queratina

Qualsevol lesió amb queratina: KA, CEC, Verrugas víriques, QS

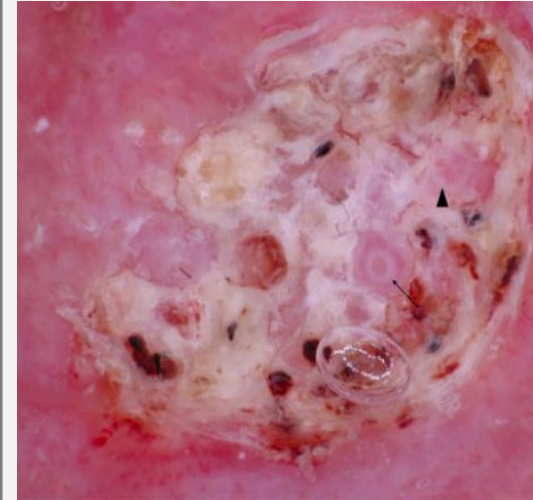
## Rosetes

KA (No patognomòniques)

# MISSATGES CLAU - Color blanc en dermatoscòpia

**CEC és un tumor  
BLANC**

- Queratina
- Àrees desestructurades
- Cercles
- Halos
- **Rosetes**

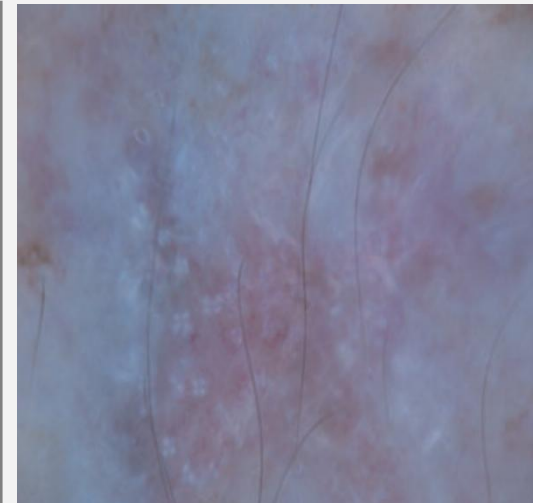


**ROSETES**

Típiques de tumors queratinizants:

- KA
- CEC

(Melanoma, CBC, pell dany solar,...)



# MISSATGES CLAU - Color blanc en dermatoscòpia

## Derivar una lesió melanocítica



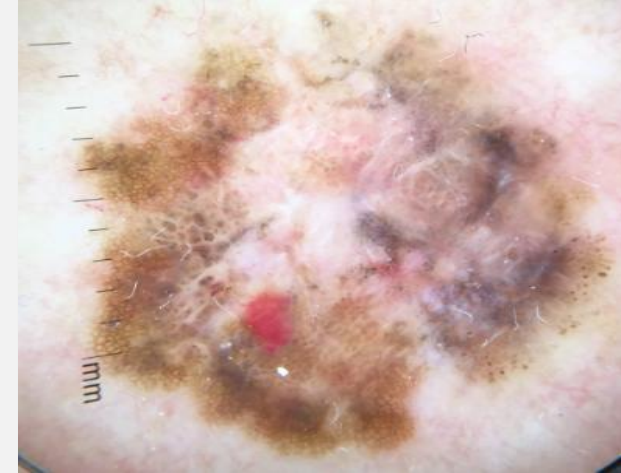
**Reticle invertit**

Melanomas amb breslow alts



**Crisàl·lides**

Melanoma, CBC , DF i cicatrius  
però rarament en QS o LS



**Regressió**

En el context de lesió sospitosa

# MELANOMA amb fase de regressió inflamatòria



## Los colores de la regresión

Regresión en fase inflamatoria  
(color rosado y superficie brillante)

Regresión en fase intermedia  
(color azul o gris más o menos oscuro)

Regresión en fase final  
(color blanco cicatricial)



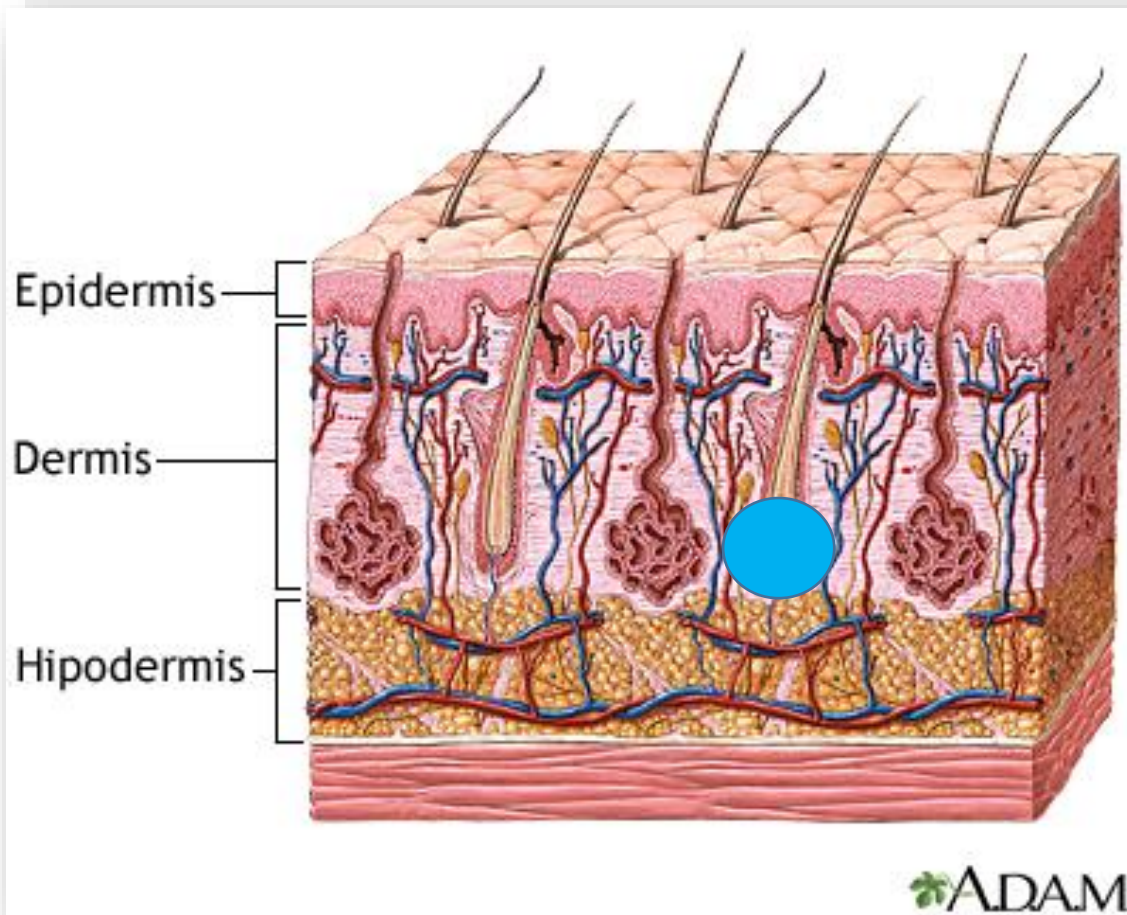
Pueden coexistir en la misma lesión

única lesió del pacient marró-vermell i brilla amb el flash-> melanoma.

A dense field of bioluminescent jellyfish, likely Aequorea victoria, is shown against a dark blue background. The jellyfish are in various stages of movement, with some appearing as bright, glowing discs and others as more translucent, bell-shaped forms. The overall effect is a shimmering, ethereal blue glow.

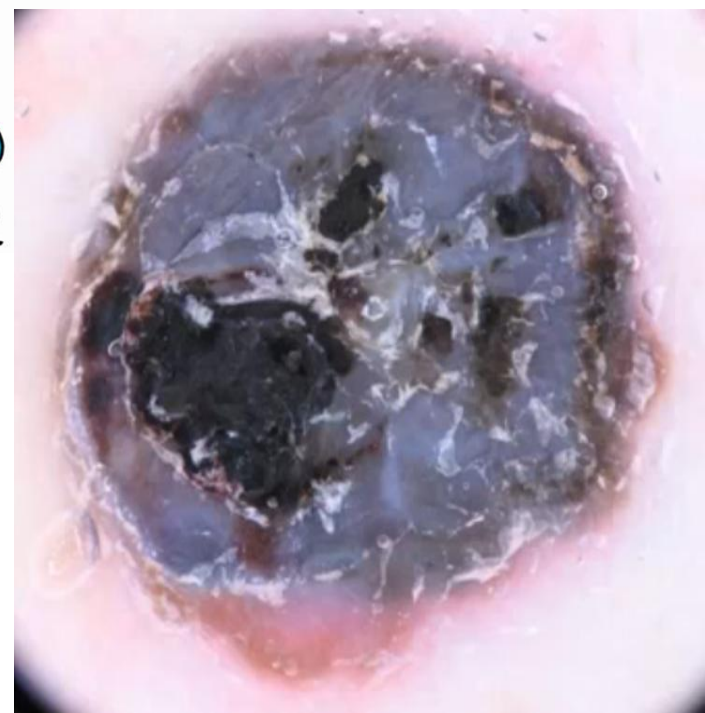
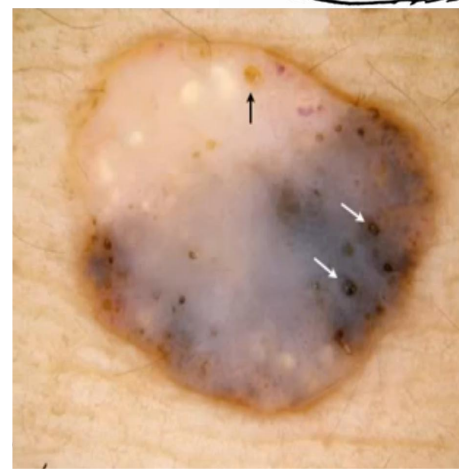
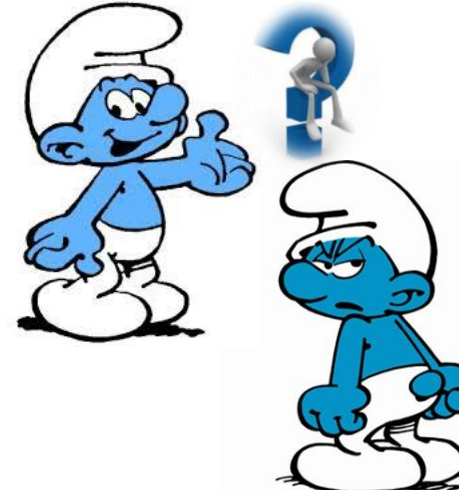
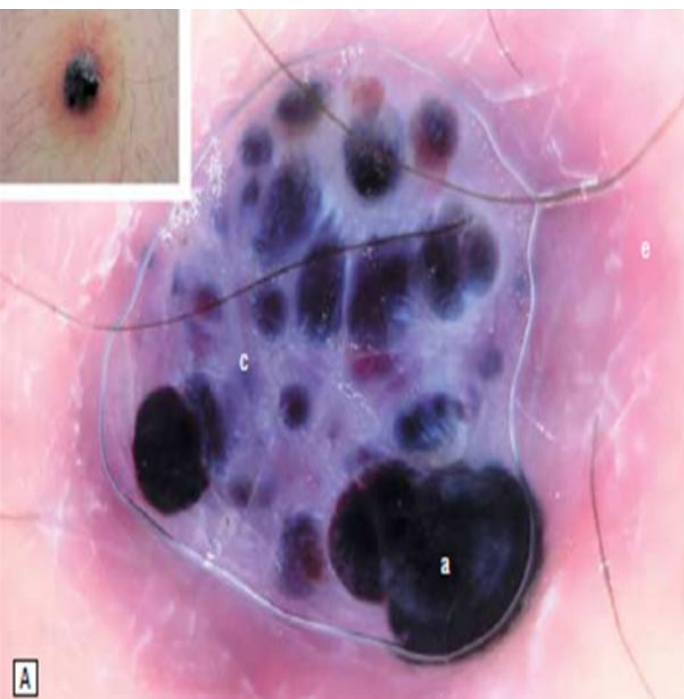
**BLAU**

# BLAU → MELANINA EN PROFUNDITAT



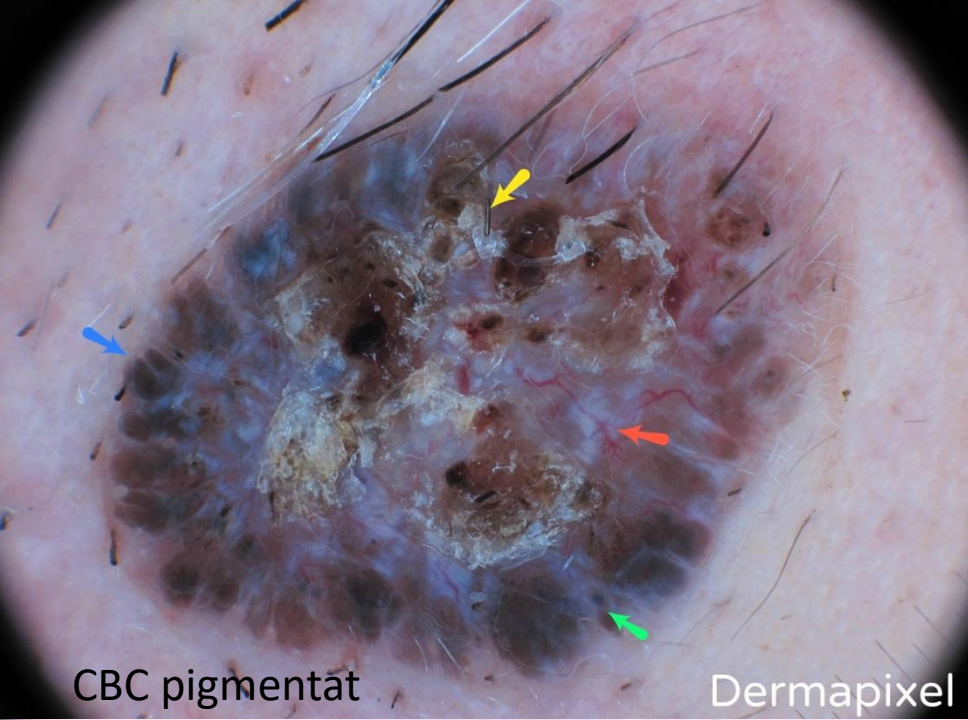
Per veure el blau necessitaré el dermatoscopi





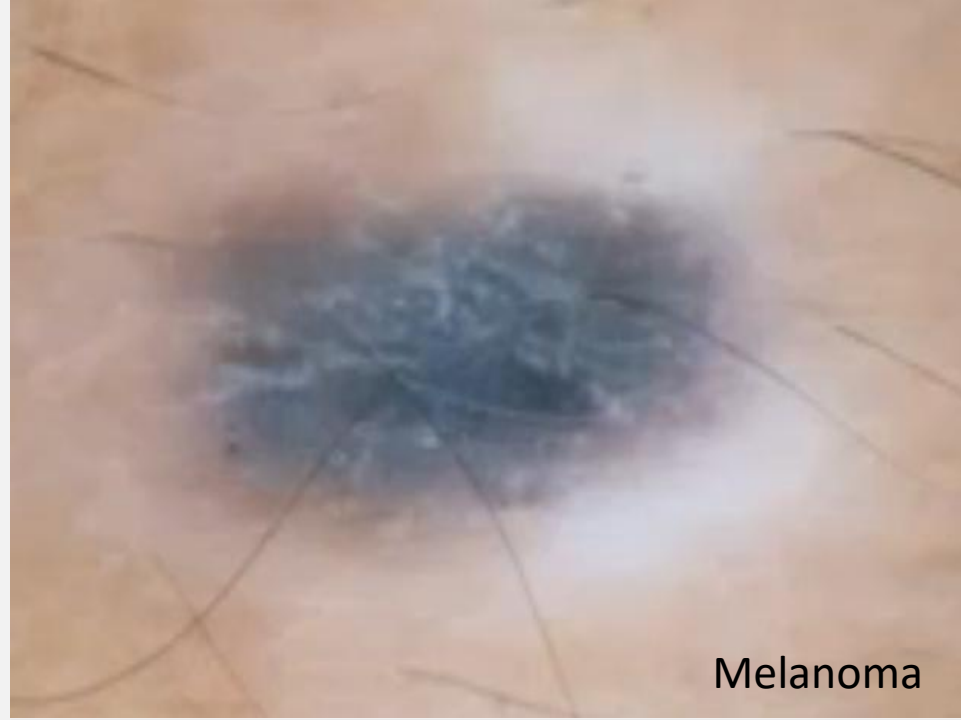
Dermapixel

**EL COLOR BLAU ÉS  
ALTAMENT INESPECÍFIC:  
NECESSITO MIRAR QUE HI HA  
AL VOLTANT**

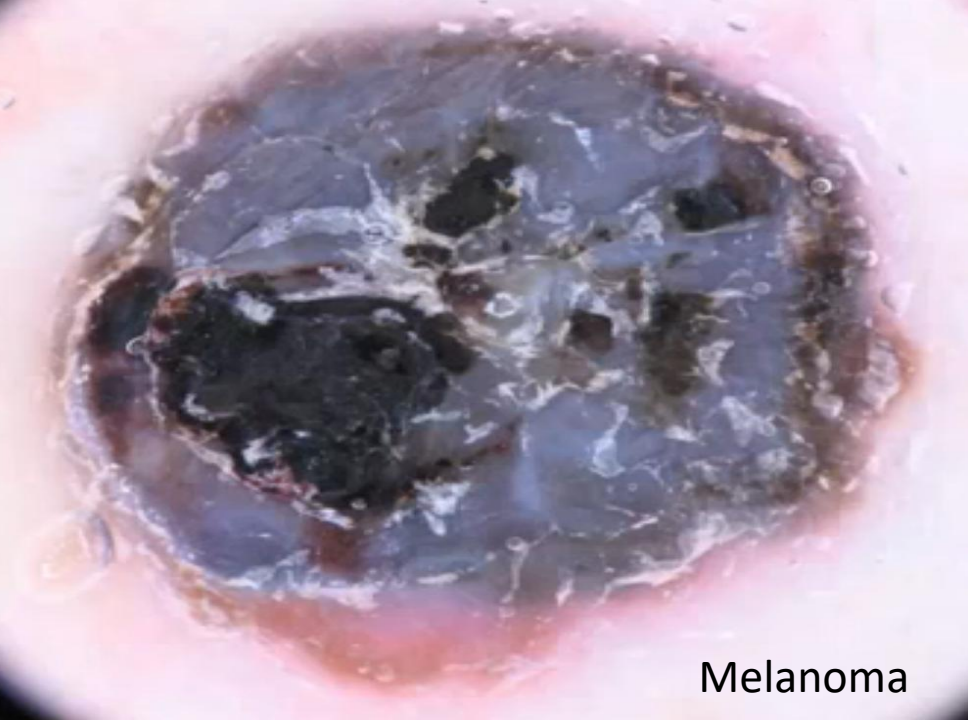


CBC pigmentat

Dermapixel



Melanoma



Melanoma



Nevus Spitz



# Predictors de benignitat o malignitat en lesions blaves:

- **Prediuen benignitat:**

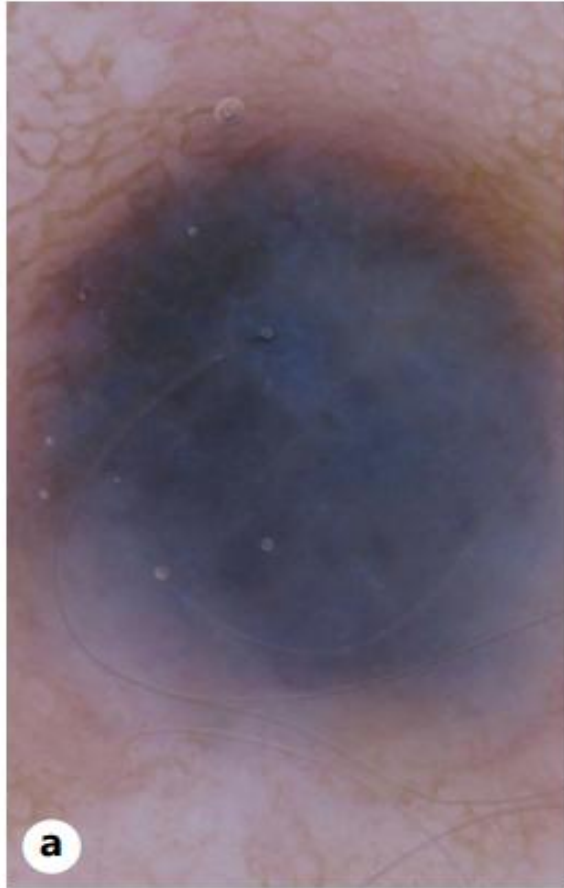
- >75% de la superfície amb color blau (x2,3)
- Distribució difusa del color (x5,6)
- Absència de vasos (x6,7)

- **Prediuen malignitat:**

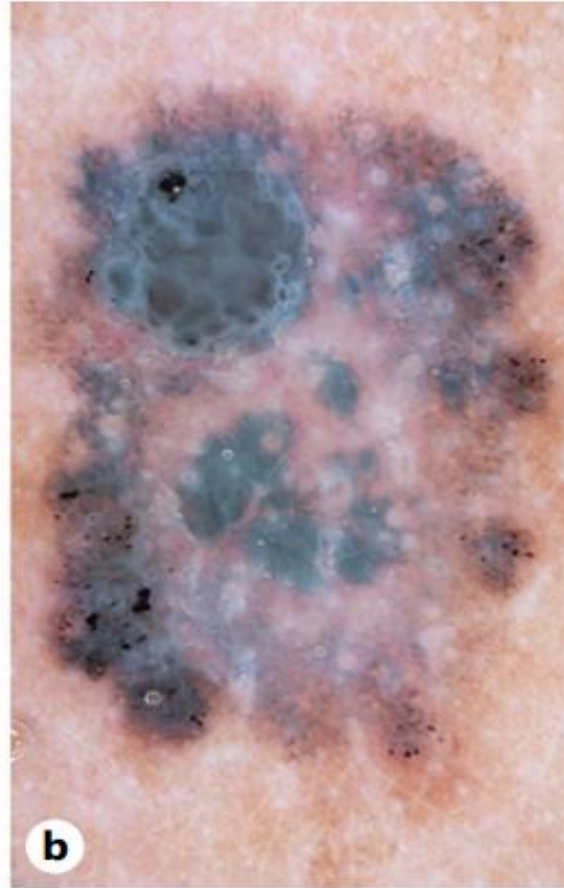
- Distribució asimètrica (x8,9)
- Glòbuls blaus (x2,8)
- Color gris (x13,5)
- Vasos lineals (x10,4)

Konstantinos LI, Martinez M, Manoli G et al. Dermoscopic Predictors of Benignity and Malignancy in Equivocal Lesions Predominated by Blue Color. *Dermatology*. 2021; 238:1-6.

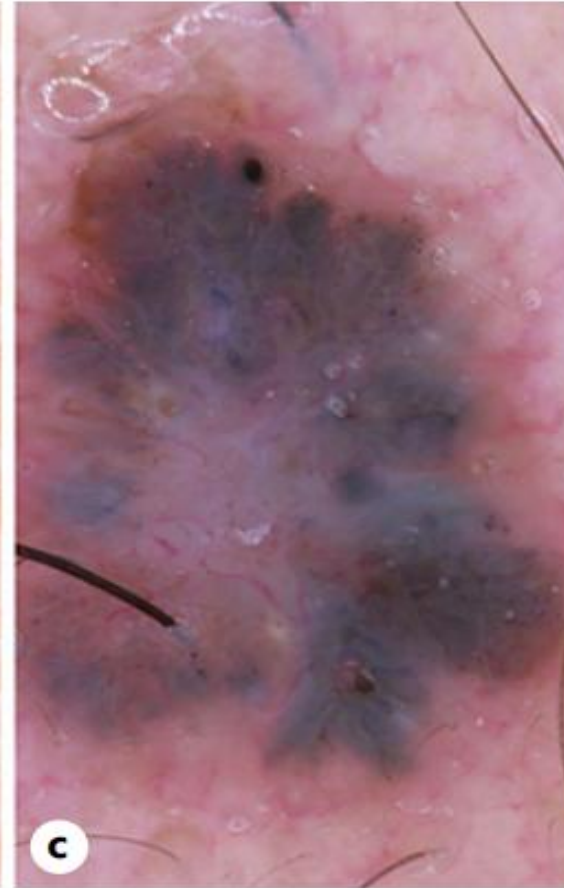
# BLAU – Valorem homogeneitat?



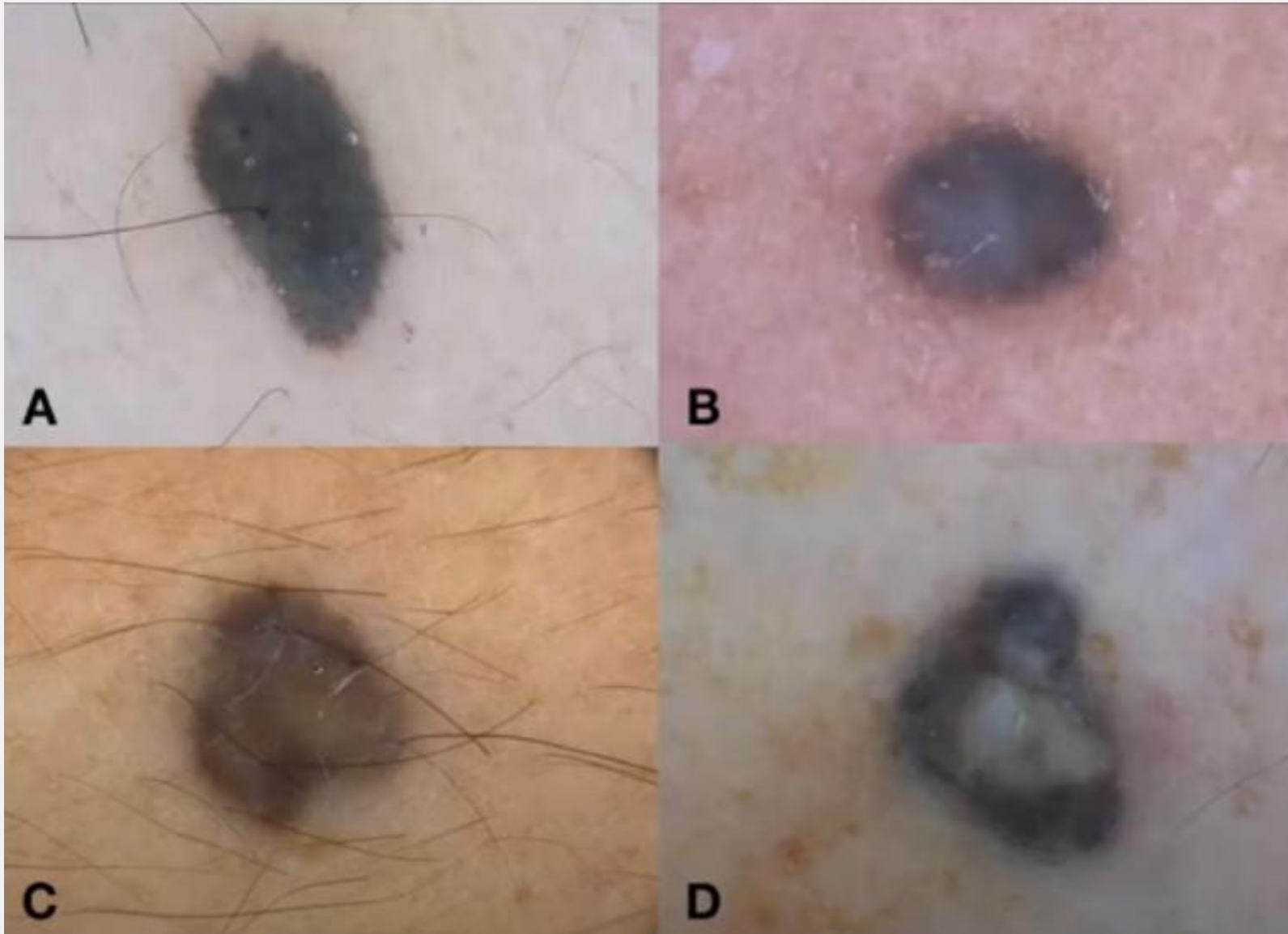
Nevus blau



Melanoma

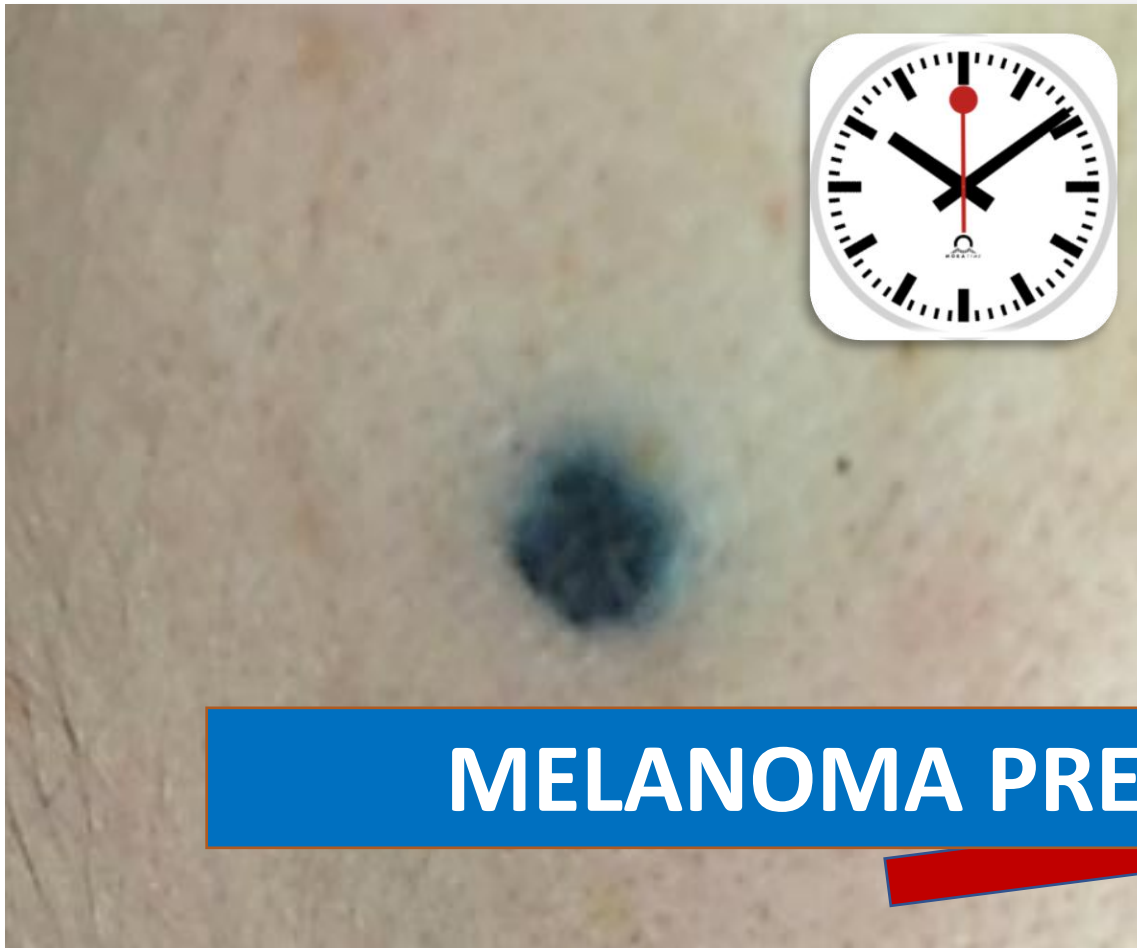


CBC



>75% de la superfície amb color blau/ Distribució difusa del color/ Absència de vasos

# BLAU – Homogeni



**MELANOMA PREVI? (i cercar més iguals)**

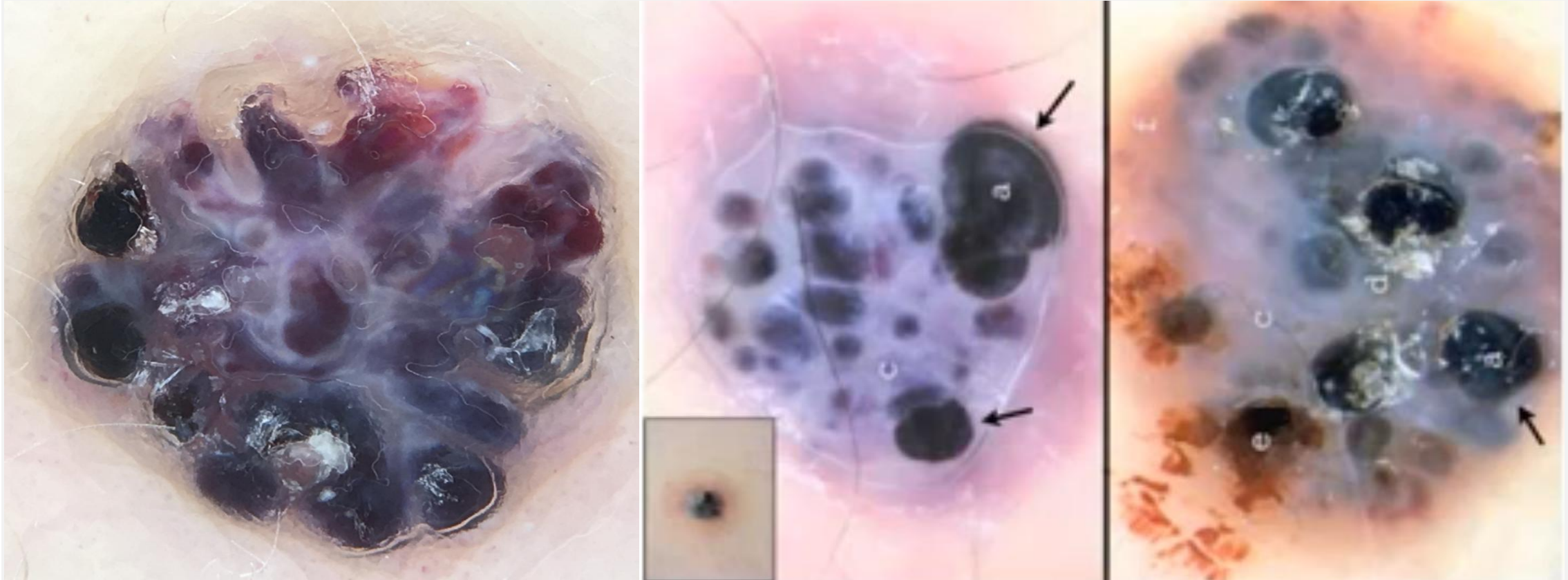
lapellcamfic

# BLAU – Homogeni



**Edat? velocitat?**

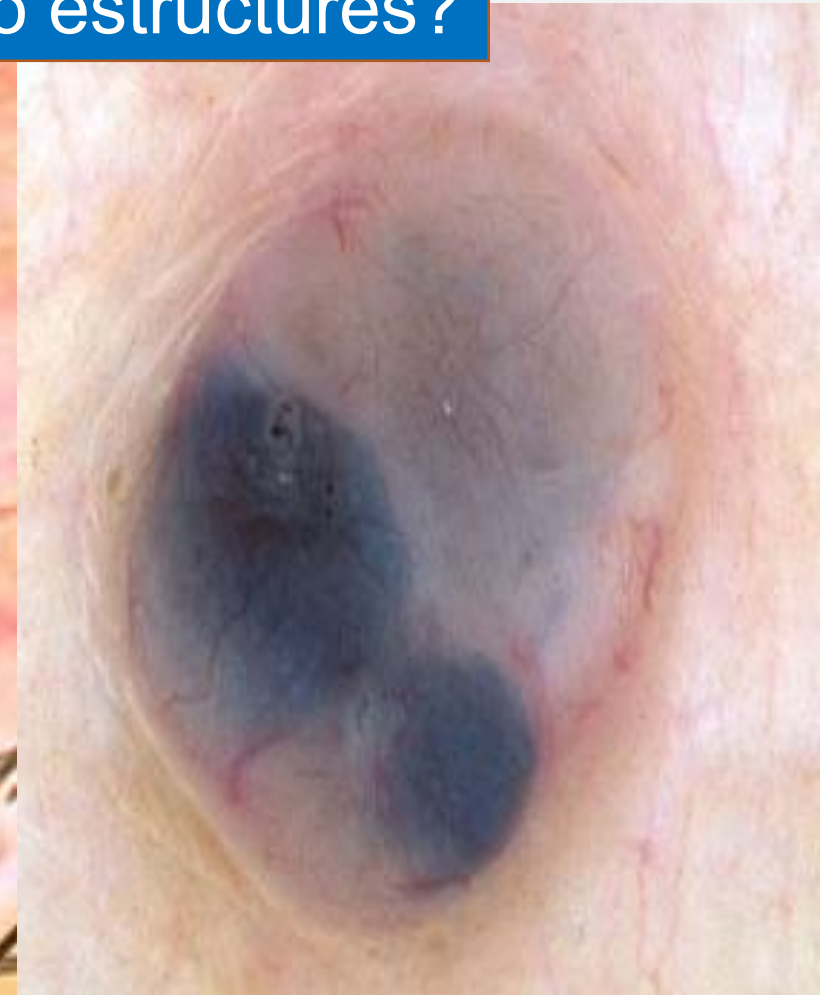
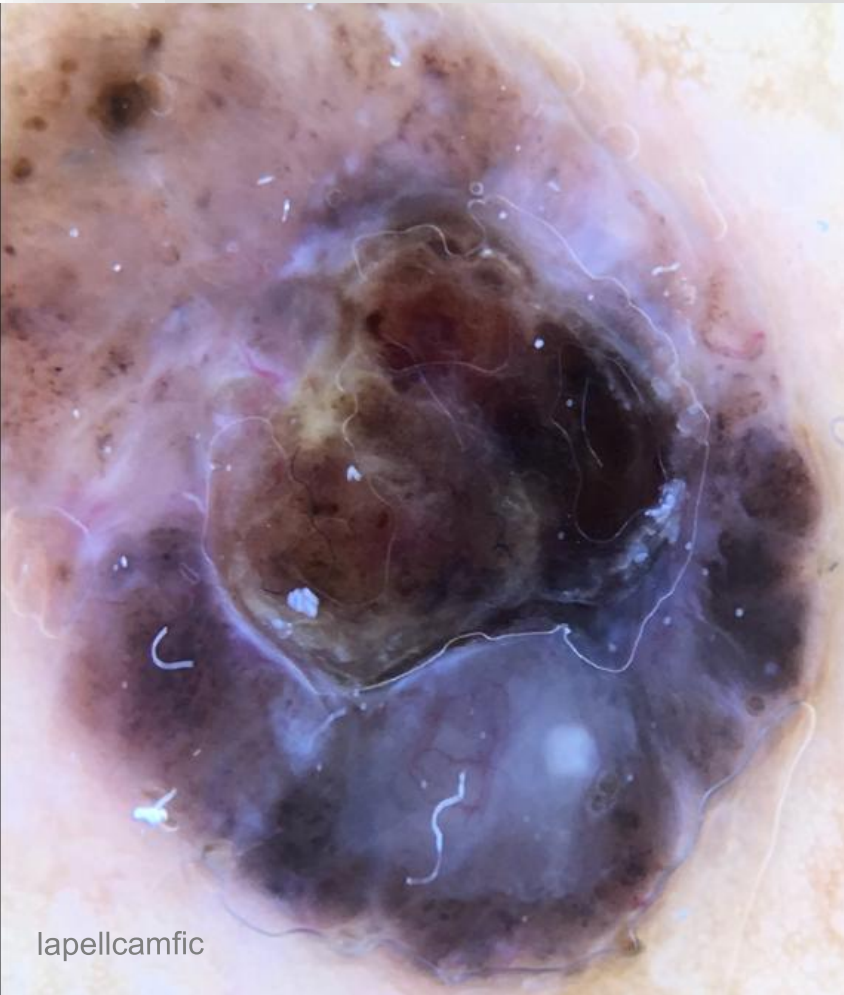
# BLAU – No homogeni



Identifico estructures?

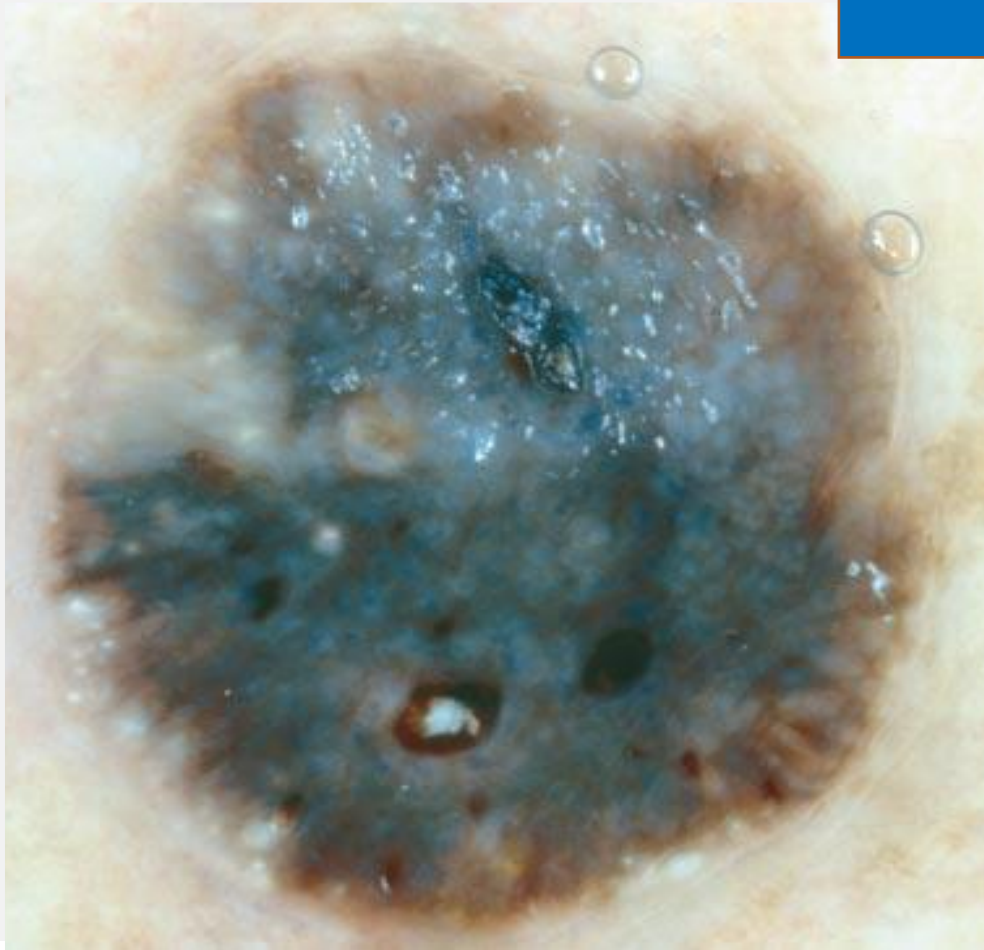
# BLAU – No homogeni

Identifico estructures?



# BLAU – No homogeni

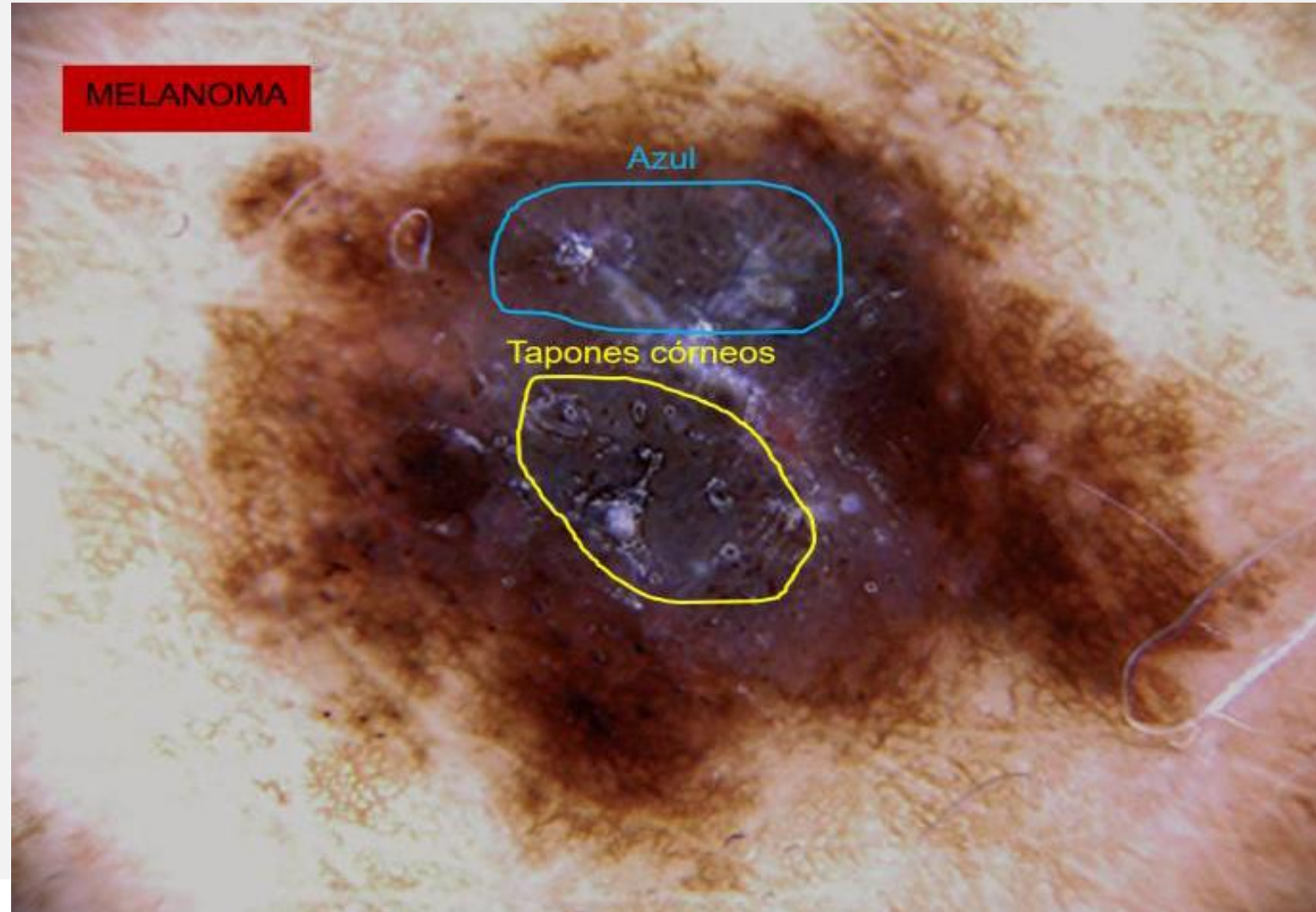
Identifico estructures?



# BLAU – No homogeni

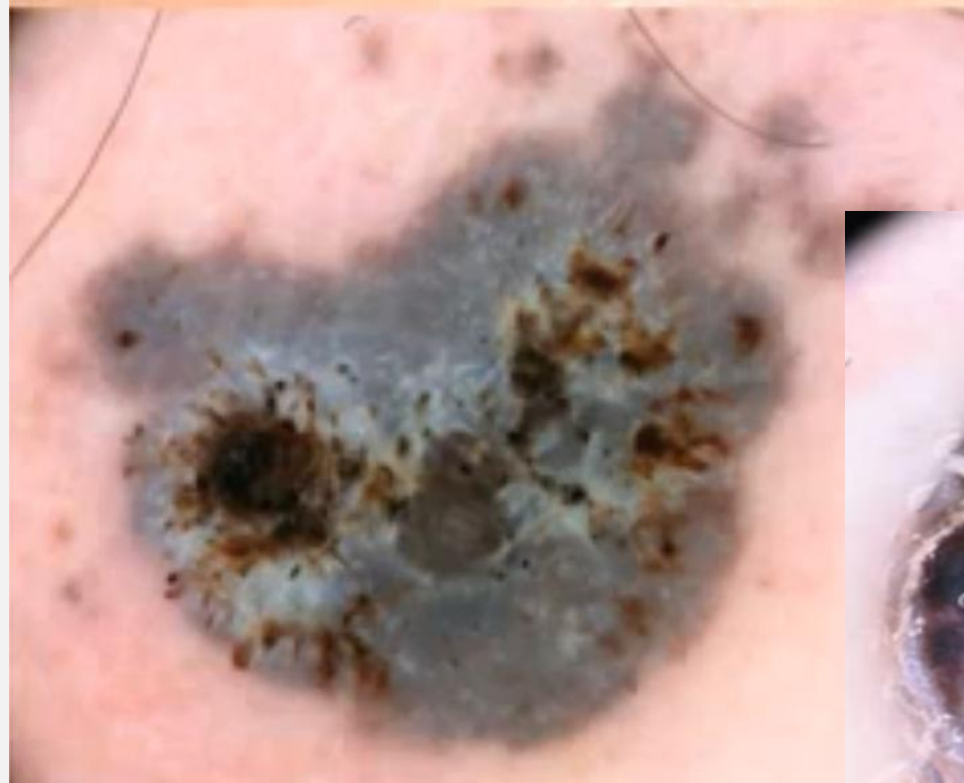


**MELANOMA QS  
LIKE**  
Els melanomes  
també poden tenir  
taps cornis

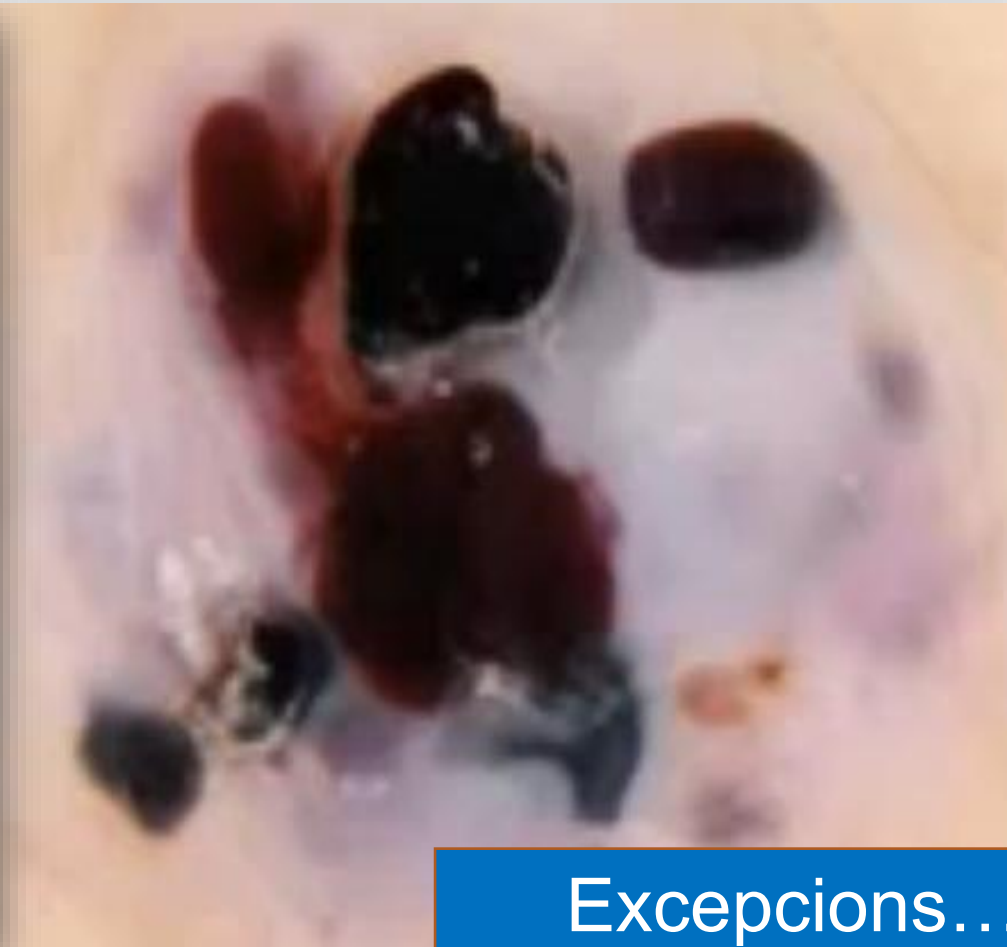
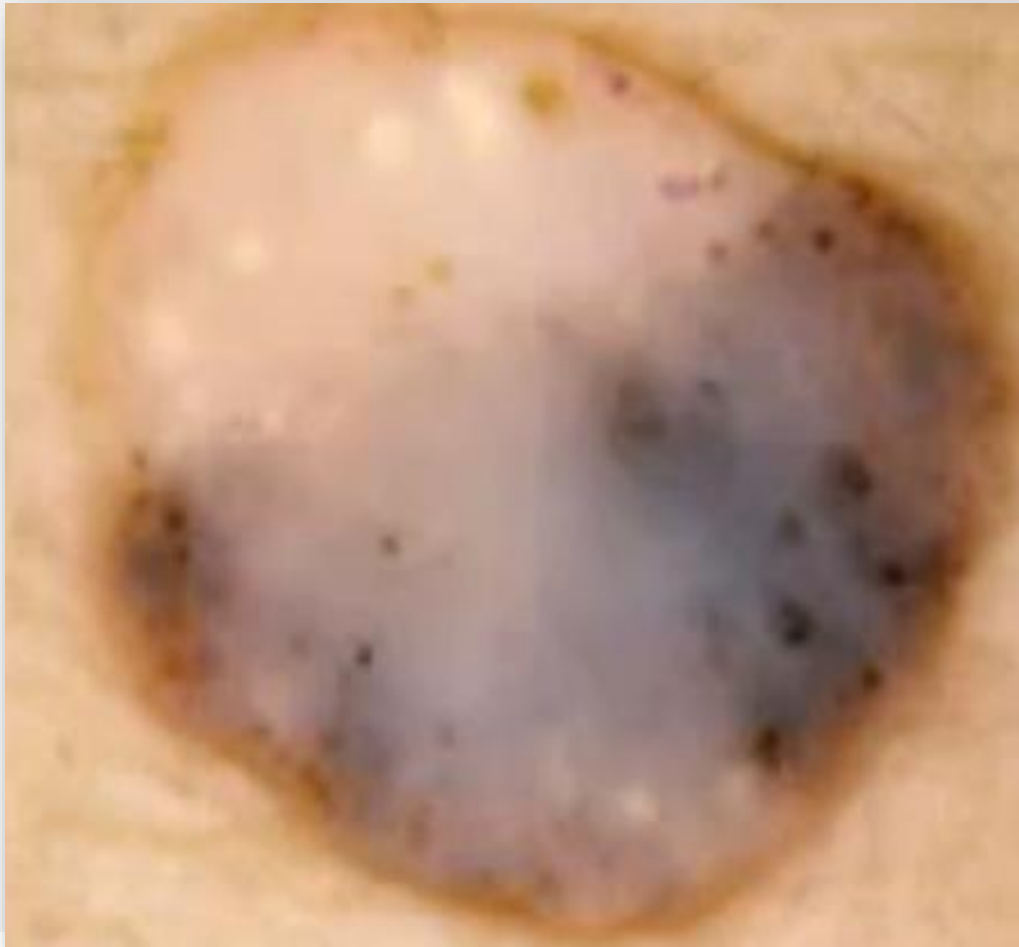


# BLUE BLACK RULE

Negre i blau en una lesió sense estructures que ens permetin identificar la lesió:  
Alta especificitat pel diagnòstic de melanoma



# BLUE BLACK RULE



Excepcions...

# Punts clau

- **BLAU HOMOGENI** -“pot ser” nevus blau. Augmenta sospita benignitat si >75% sup.+ absència vasos
- **BLAU NO HOMOGENI** - Identifico estructures que em confirmen diagnòstic (CBC; Angioqueratoma, QS...), si no: MM fins que no es demostrí el contrari.
- **BLAU + altre color**: Signe de malignitat
- **BLAU + NEGRE**: Blue Black rule: alta probabilitat de melanoma nodular
- **DERIVAR** si no es pot diagnosticar com nevus blau/Ceratosi seboreica/hemangioma



**NEGRE**



Negre sense dermatoscopi ≠ amb dermatoscopi

# A QUÈ CORRESPON EL NEGRE?



## SANG

- Angioma, Angioqueratoma
- Lesions benignes traumatitzades
- Traumatismes, hematomes
- Úlceres en tumors



## QUERATINA

Taps cornis:

- Q.Seborreica
- Nevus dèrmic
- Melanoma

Barbs



## MELANINA

- Black nevus
- Nevus espitzoides
- Nevus dèrmic
- Melanoma

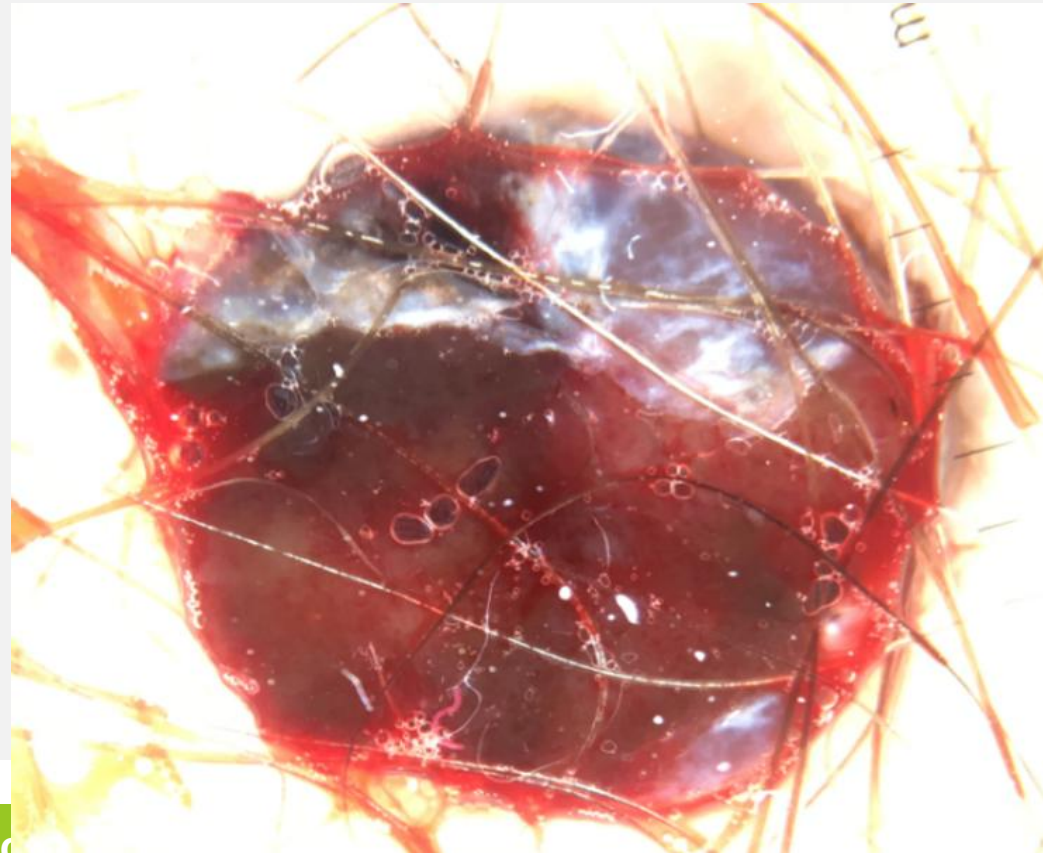
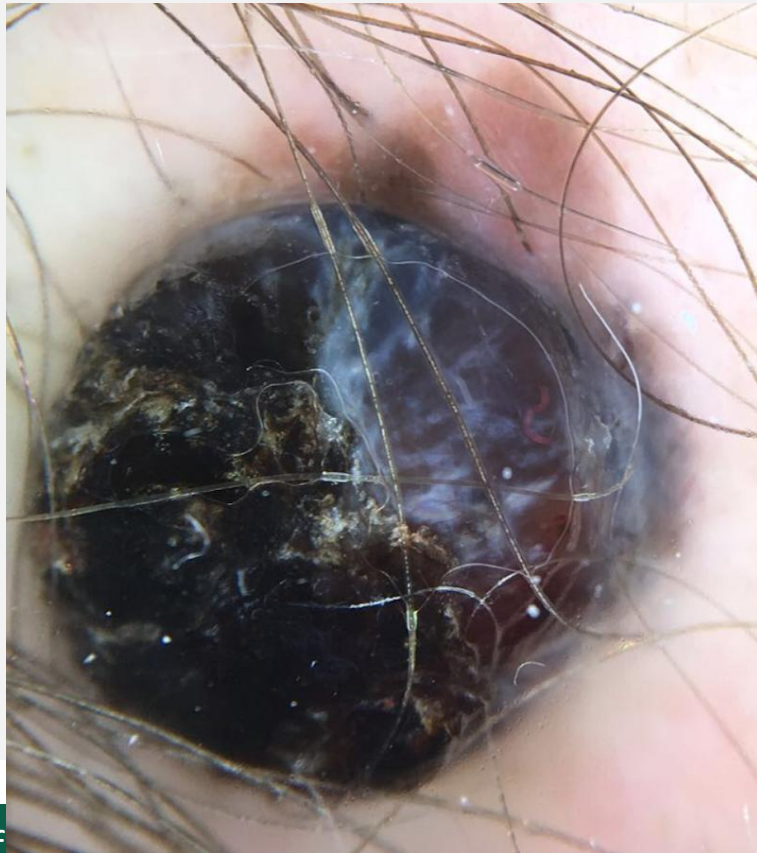
# A QUÈ CORRESPON EL NEGRE?

## PIGMENT + SANG: SOSPITÒS SI NO ES PER TRAUMATISME



# A QUÈ CORRESPON EL NEGRE?

**PIGMENT + SANG: SOSPITÓS SI NO ES PER TRAUMATISME**



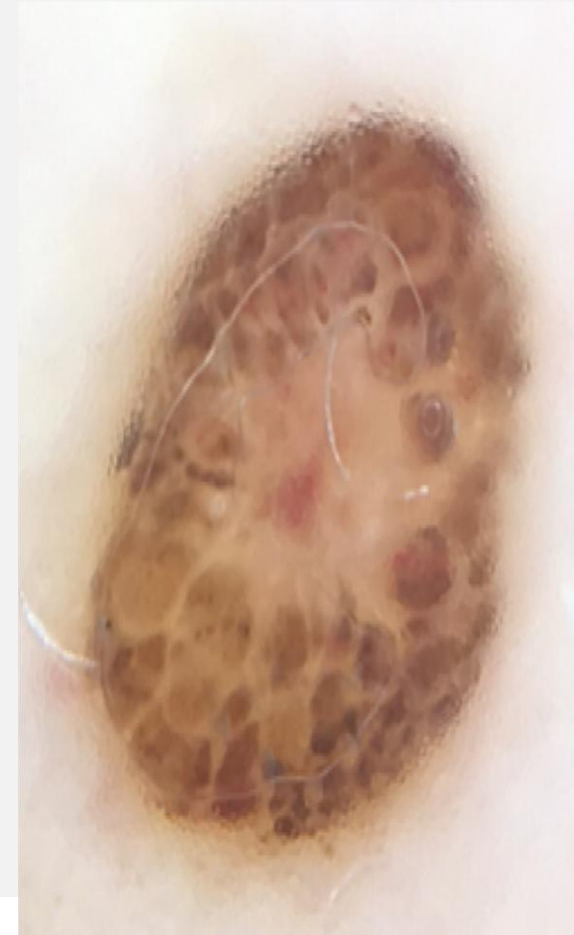
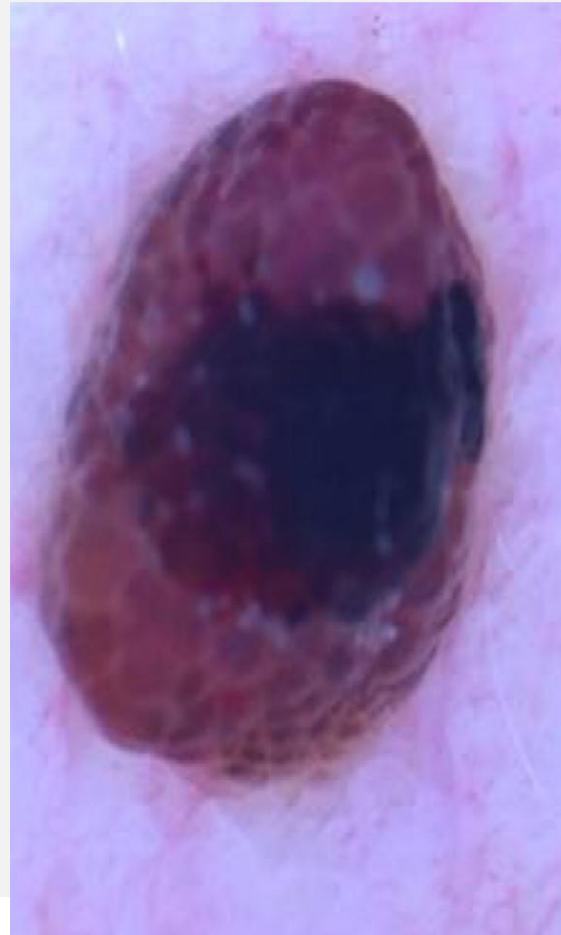
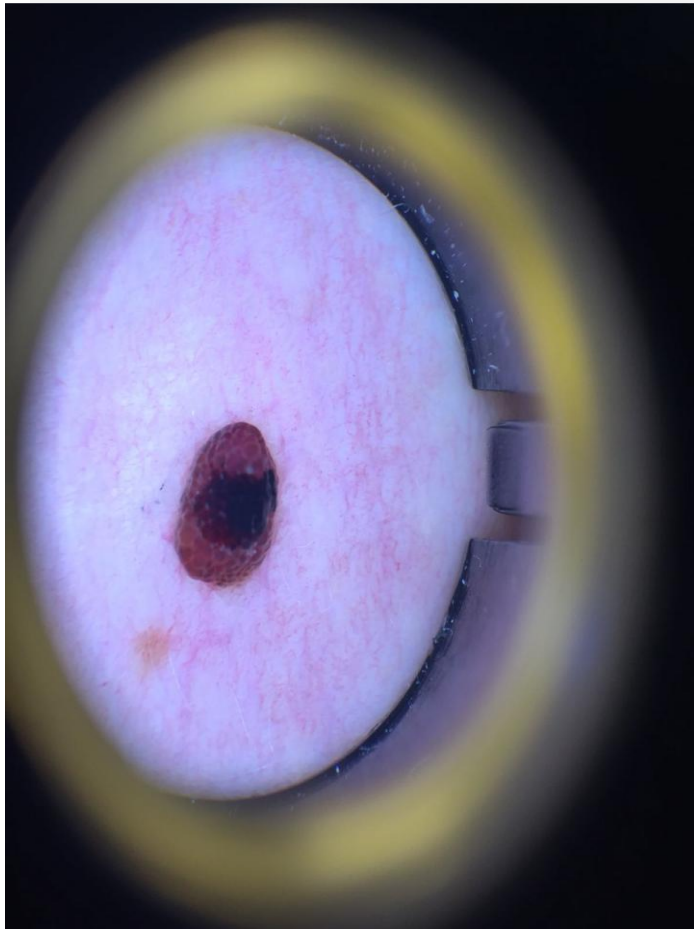
# LESIONS VASCULARS I SANG

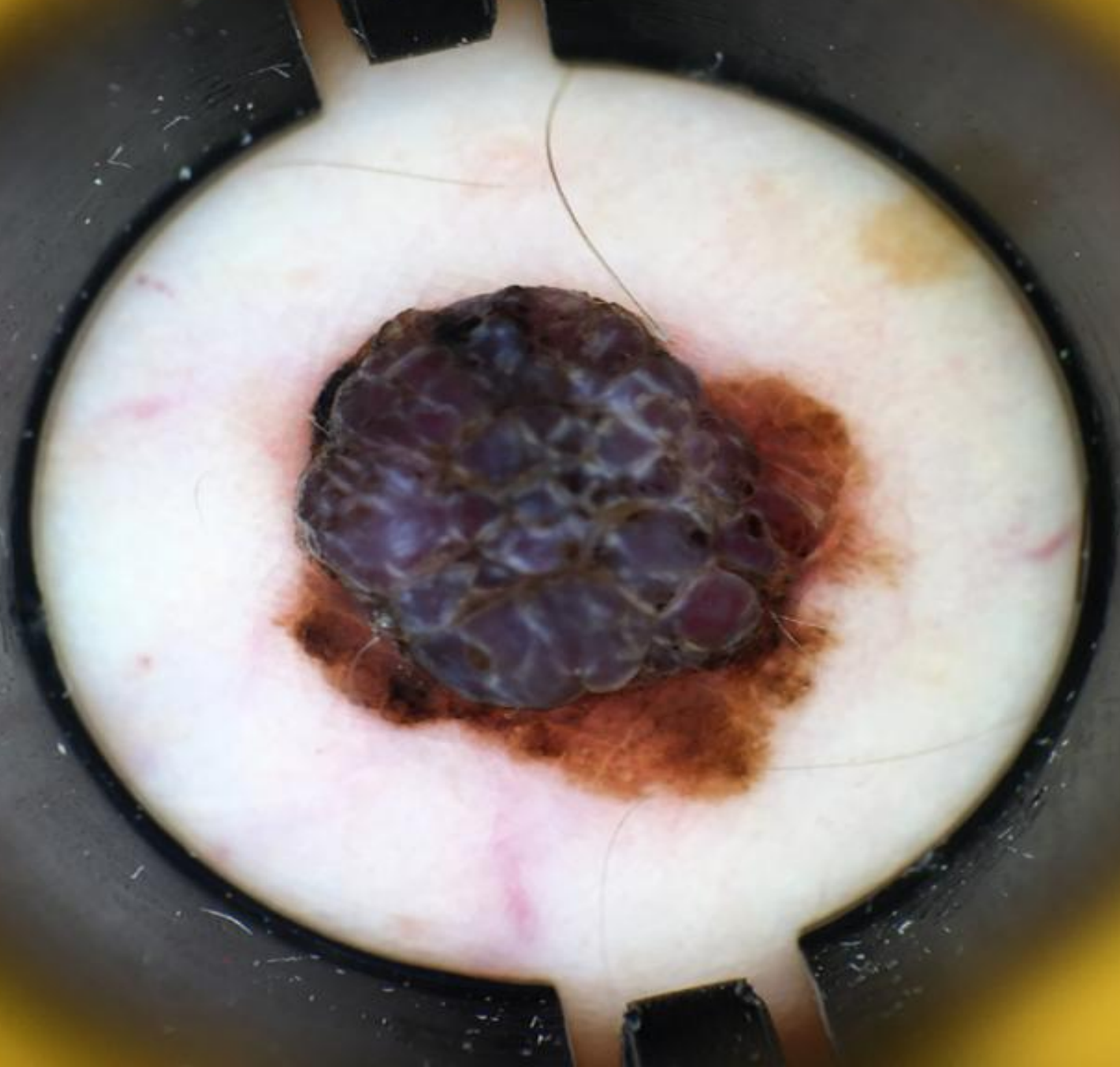


# MELANOMA O HEMATOMA?

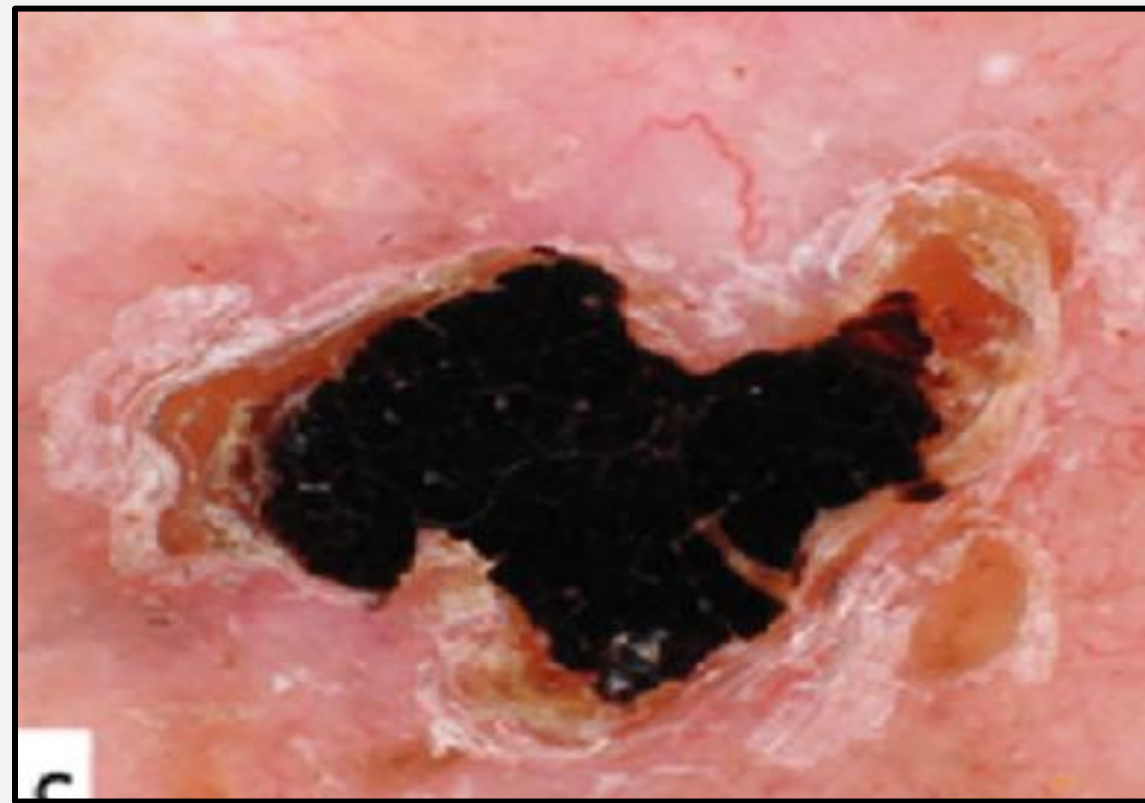


# MELANOMA SOBRE NEVUS ?





# LESIONS VASCULARS I SANG



# LESIONS VASCULARS I SANG



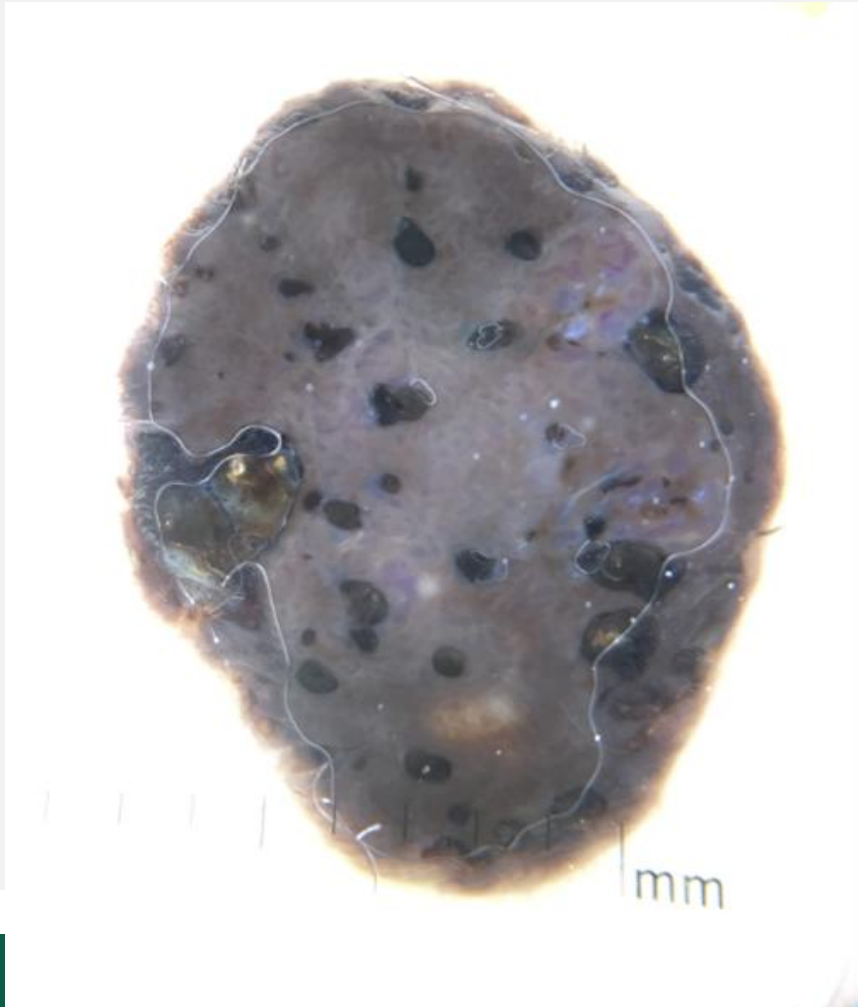
# QUERATINA: BARBS



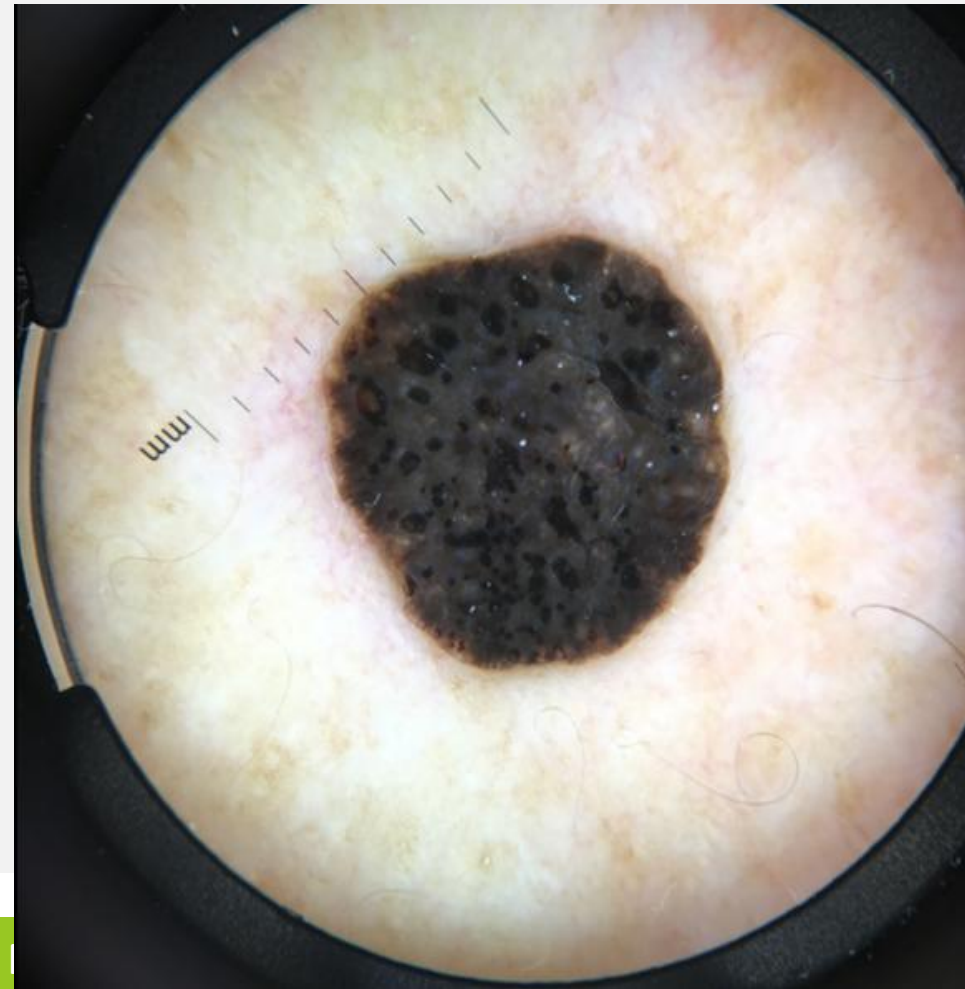
# PODEM VEURE COLOR NEGRE EN QS?



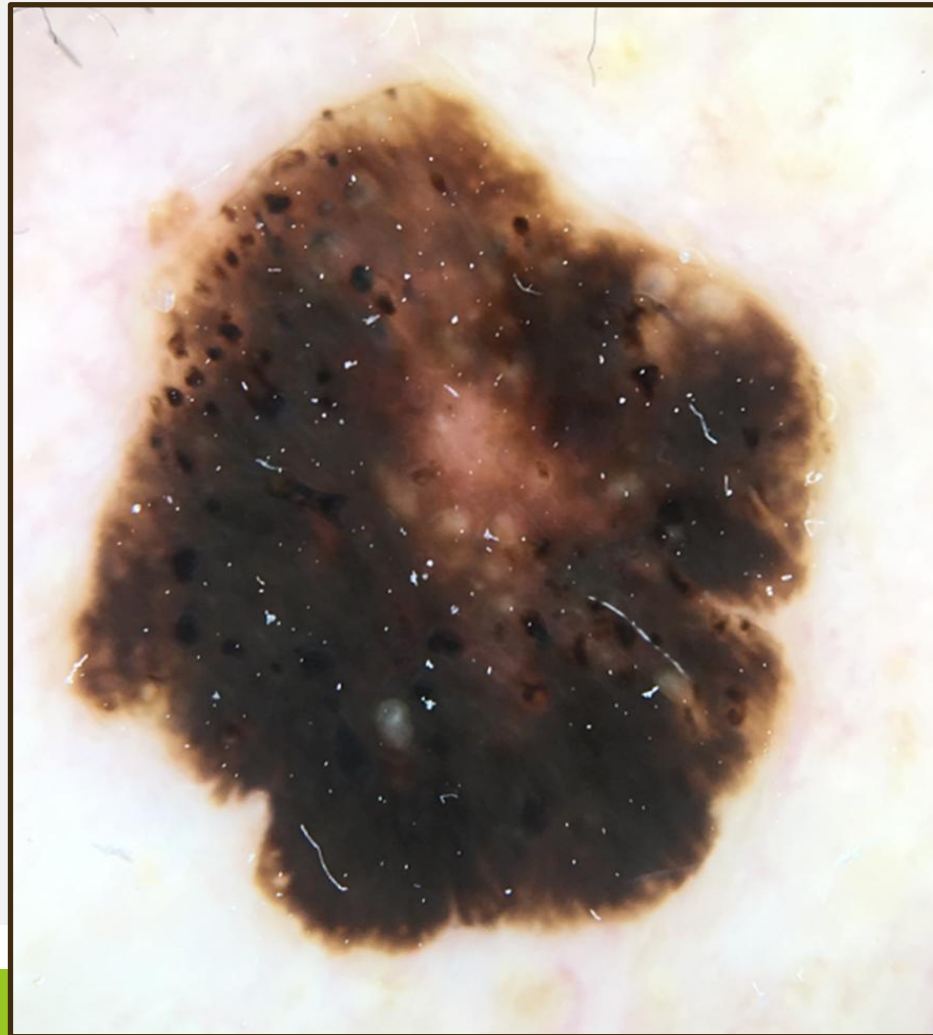
# PODEM VEURE COLOR NEGRE EN QS?



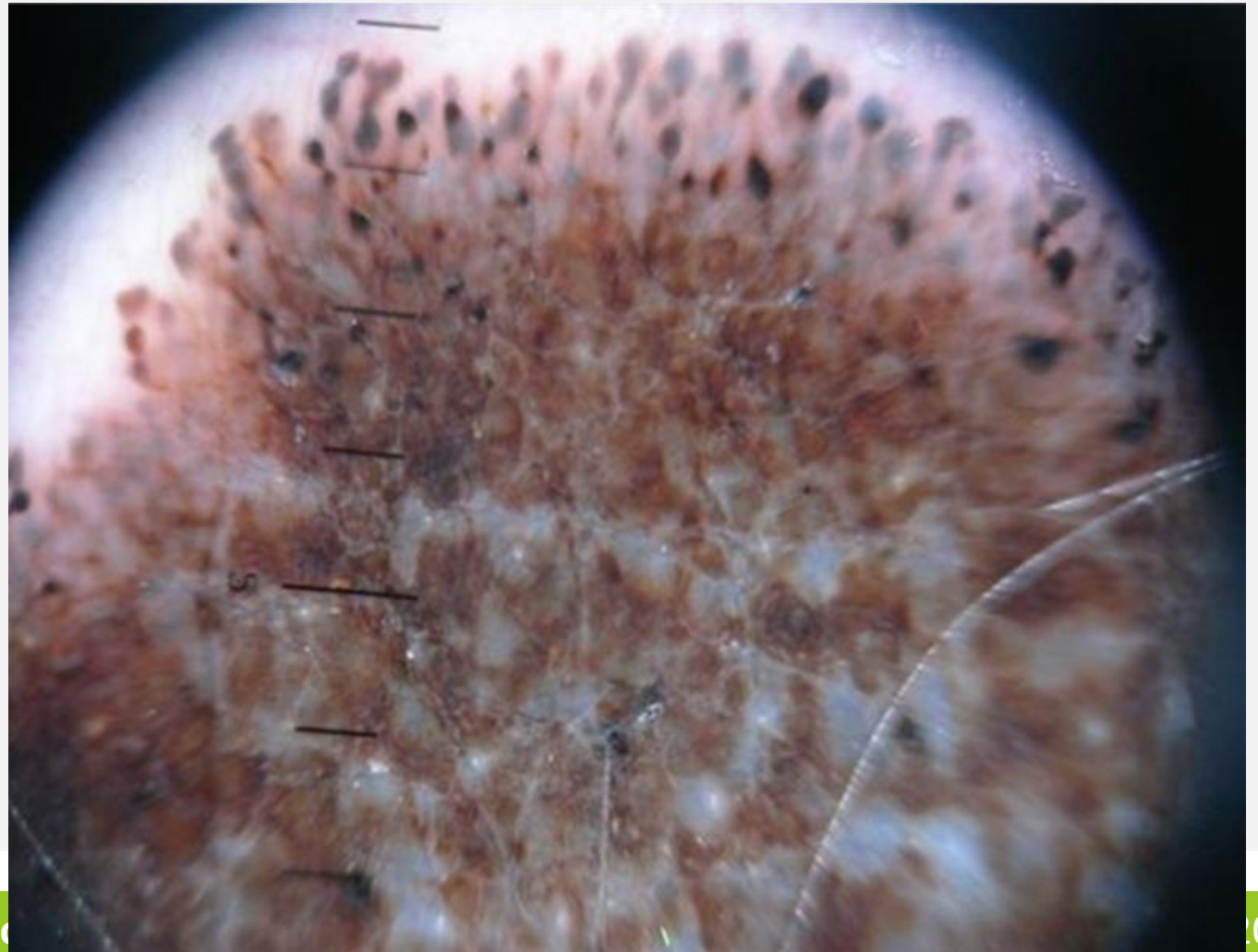
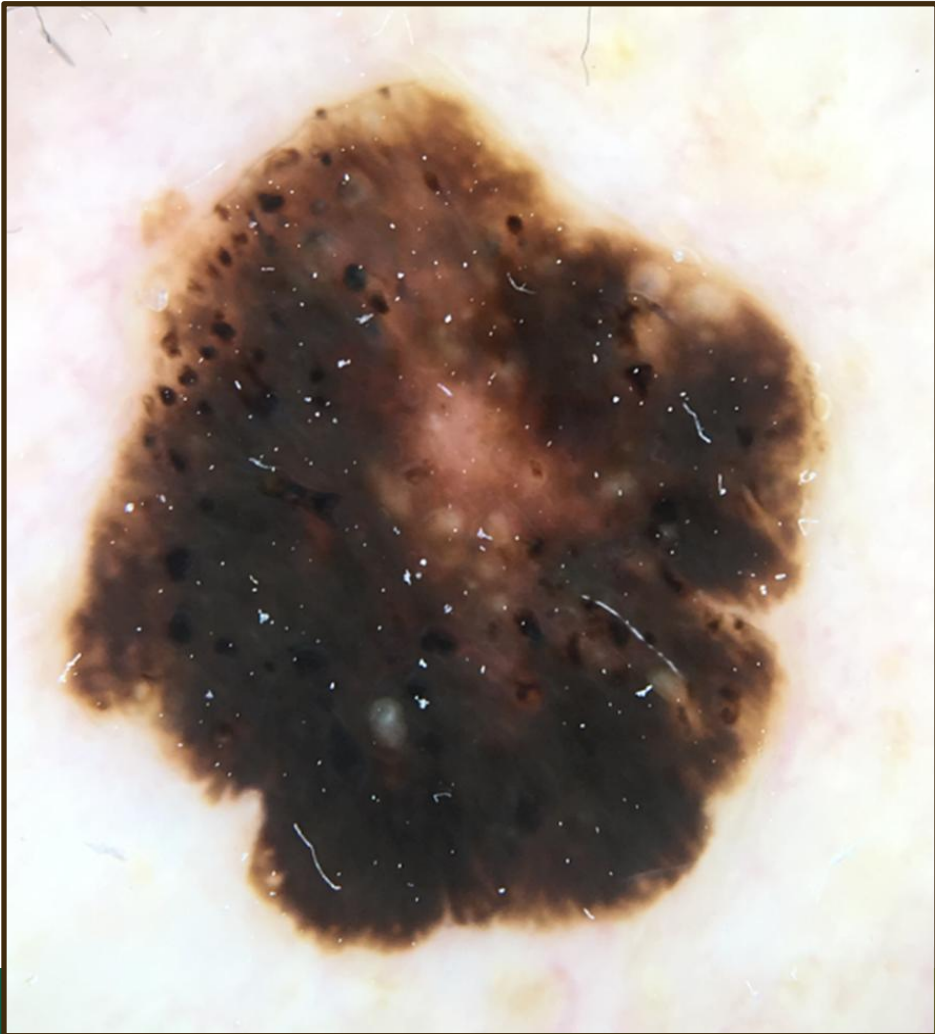
# TAPS CORNIS? QS?



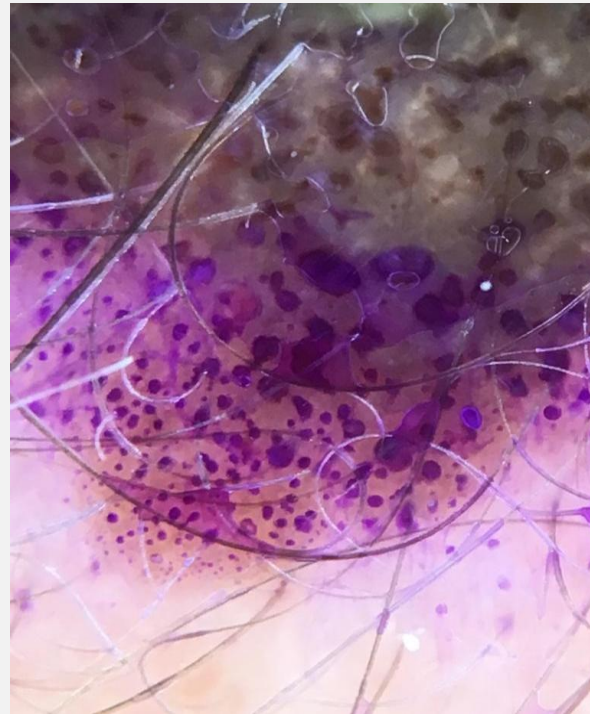
# TAPS CORNIS O GLÒBULS?



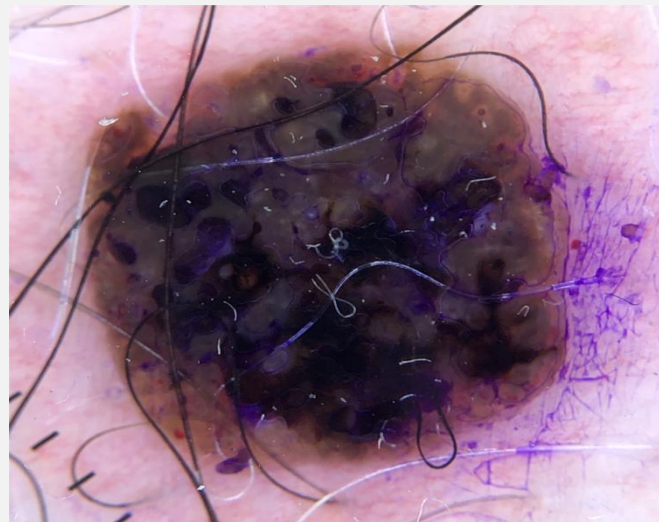
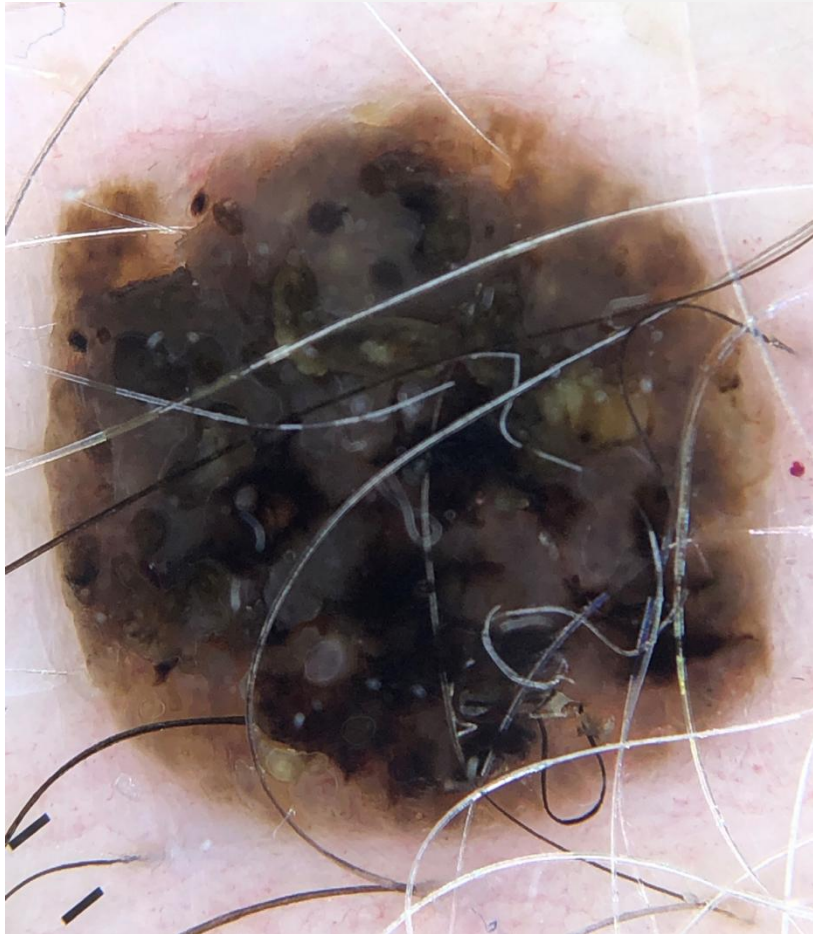
# TAPS CORNIS O GLÒBULS?



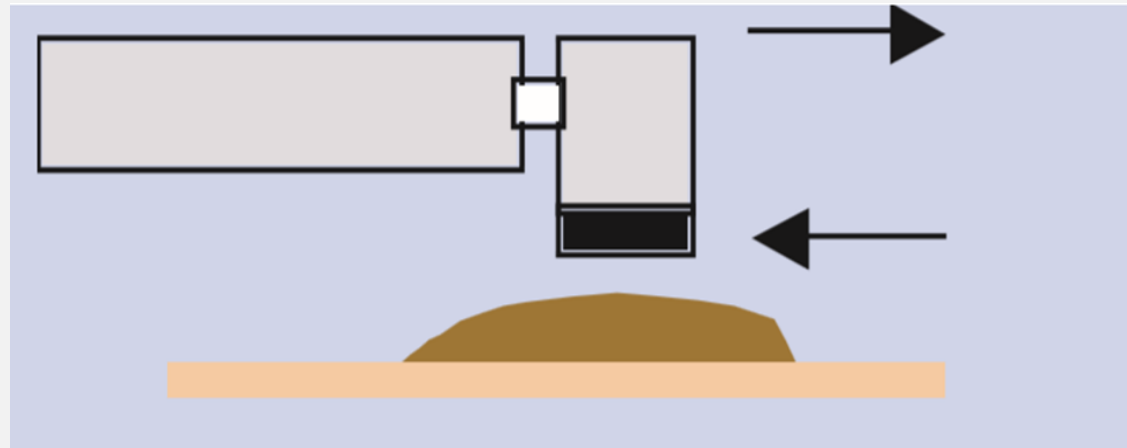
# INK TEST (TEST DE LA TINTA)



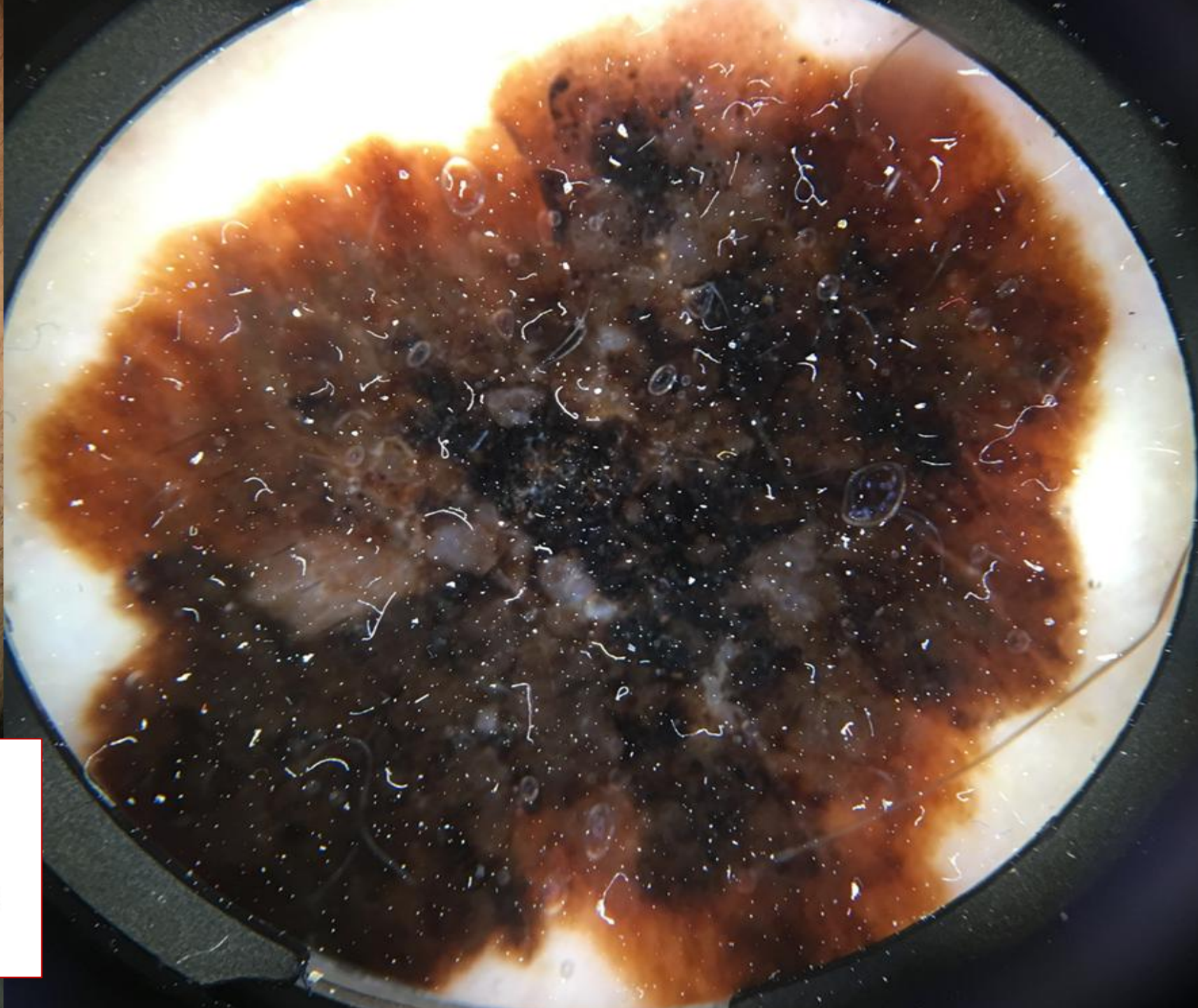
# INK TEST (TEST ...ROTULADOR, TIP-EX)



# SIGNO DEL BAMBOLEIG



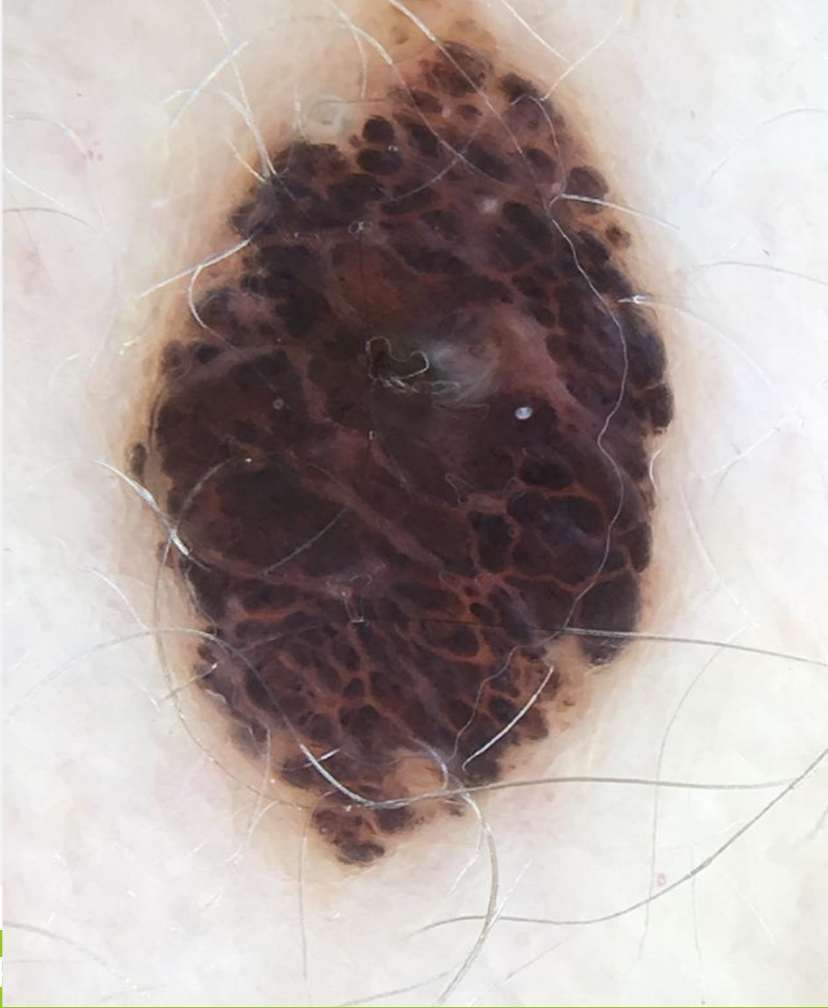




**3. Parece una queratosis seborreica (QS) pero:**

1. No tiene criterios dermatoscópicos de QS o
2. Tiene "retículo o glóbulos o proyecciones" + azul/gris
3. Tiene crisálidas

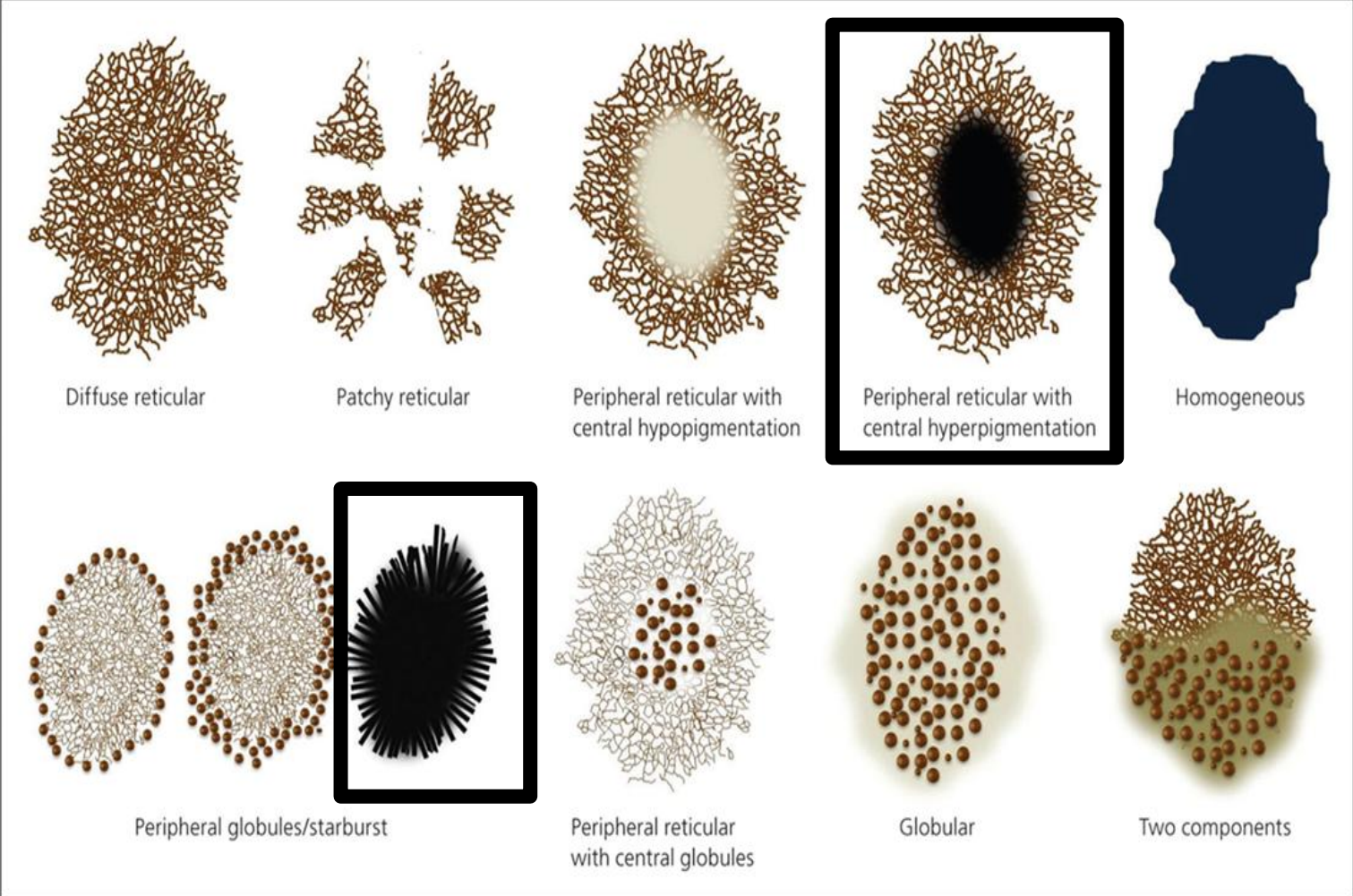
# MELANINA



# MELANINA



# MELANINA



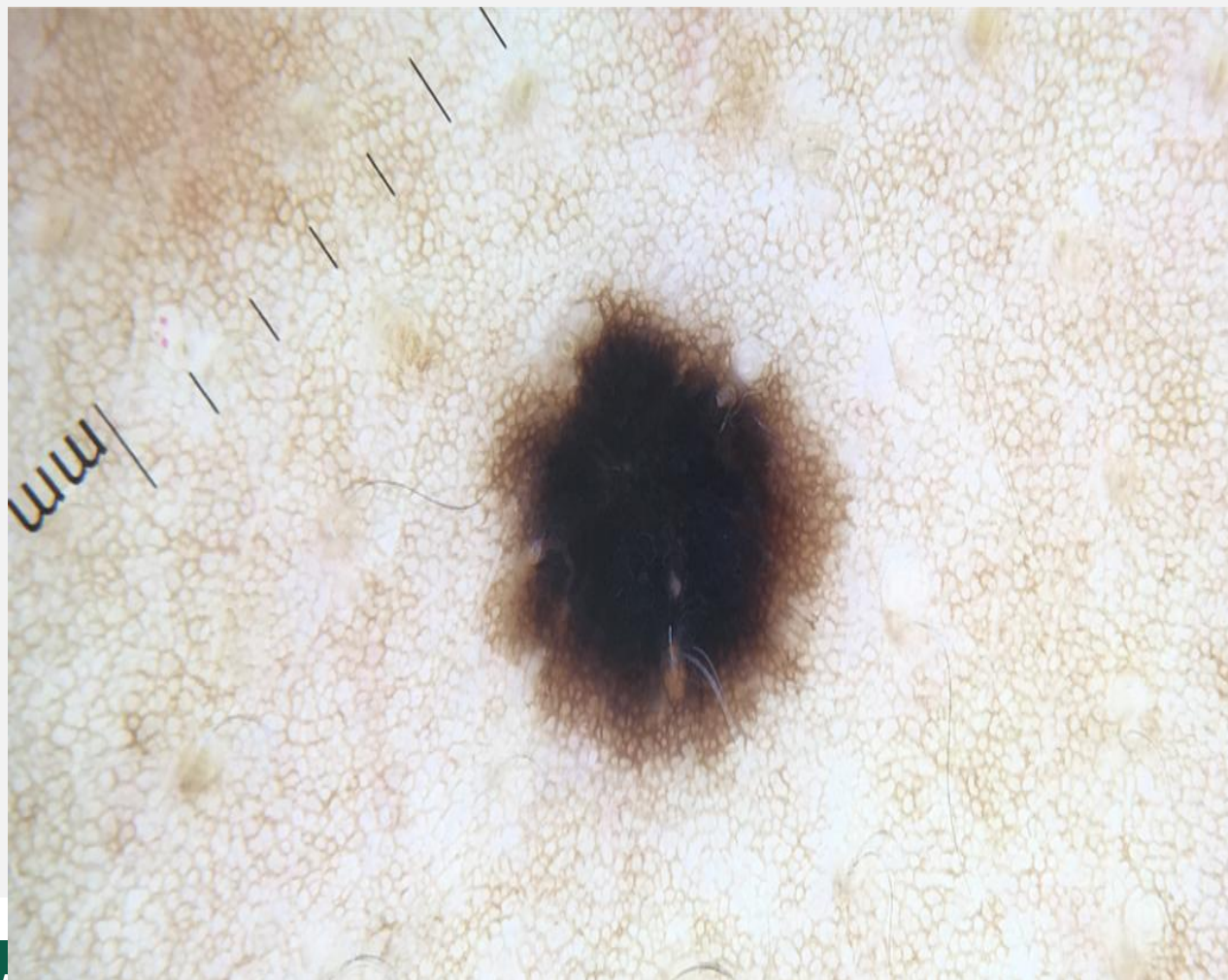
Diffuse reticular      Patchy reticular      Peripheral reticular with central hypopigmentation      **Peripheral reticular with central hyperpigmentation**      Homogeneous

Peripheral globules/starburst      Peripheral reticular with central globules      Globular      Two components

# MELANINA: PATRÓ EN ESCLAT D'ESTRELLES

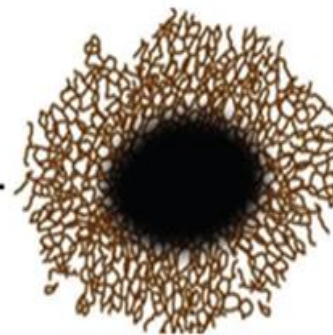


# MELANINA: BLACK NEVUS

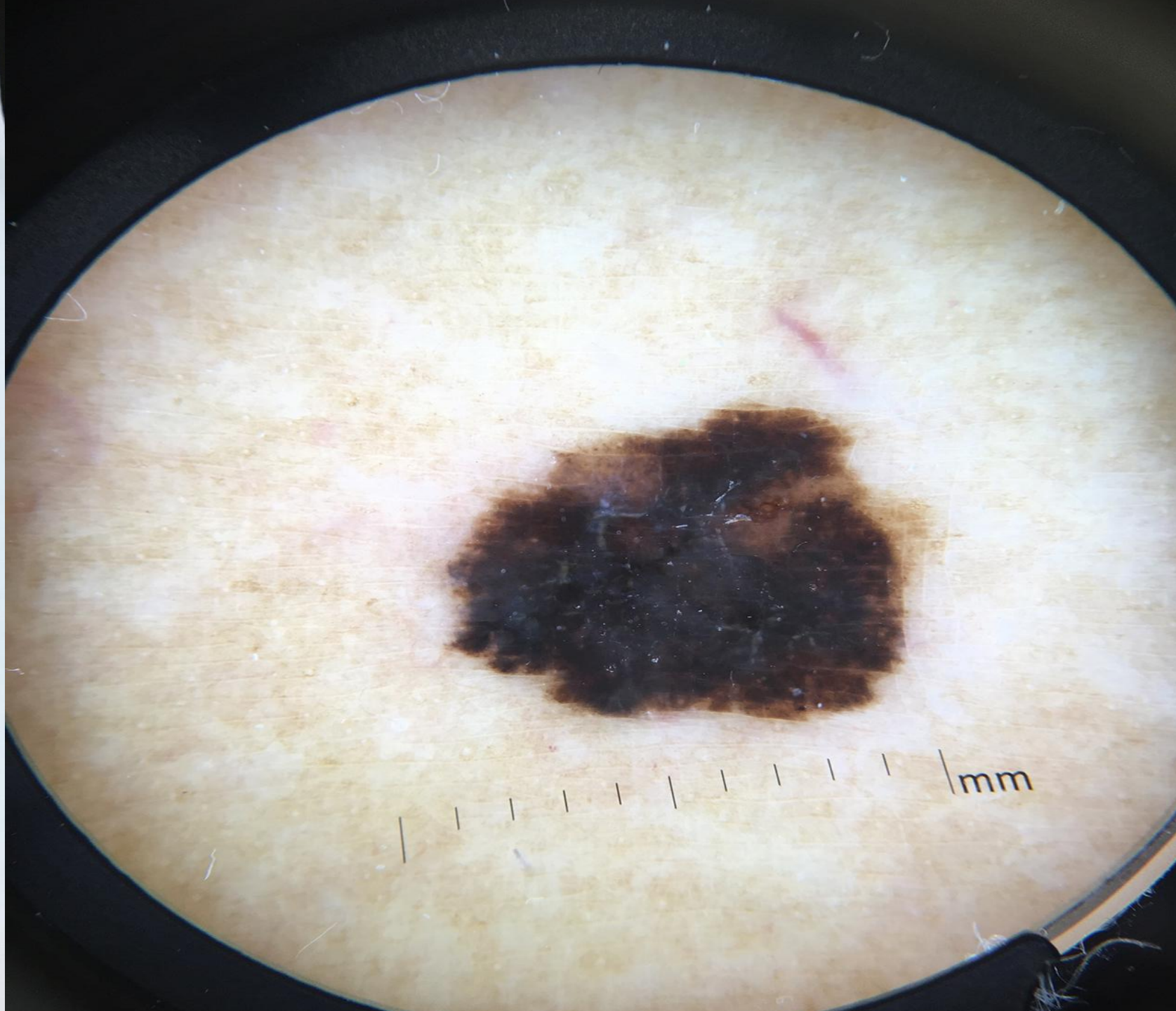


**Black nevus**

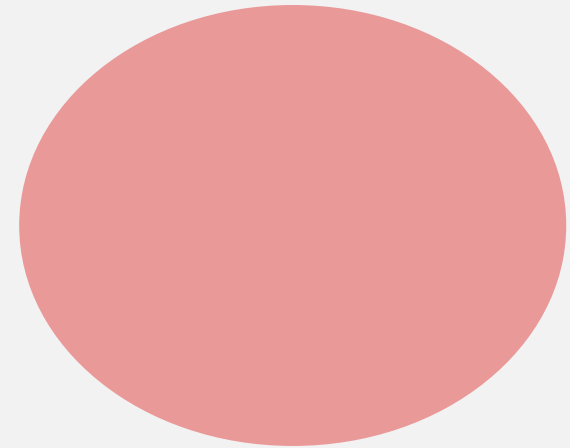
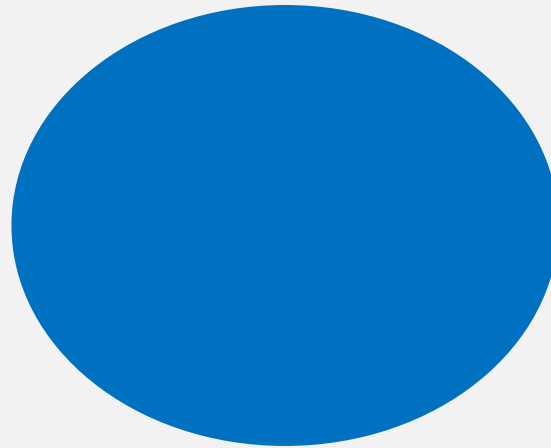
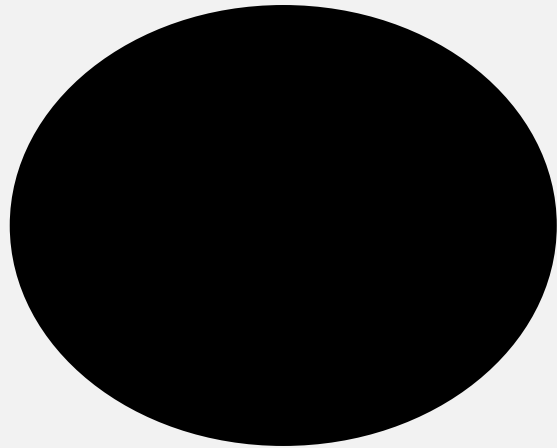
Tronco + <5 mm +



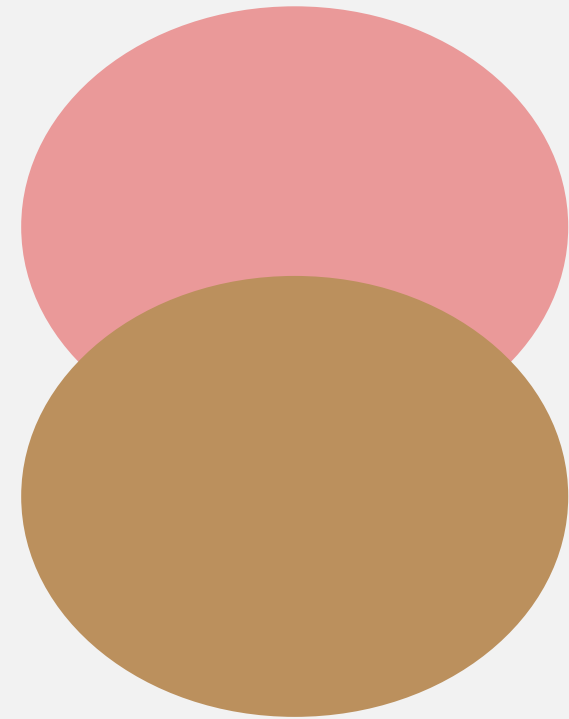
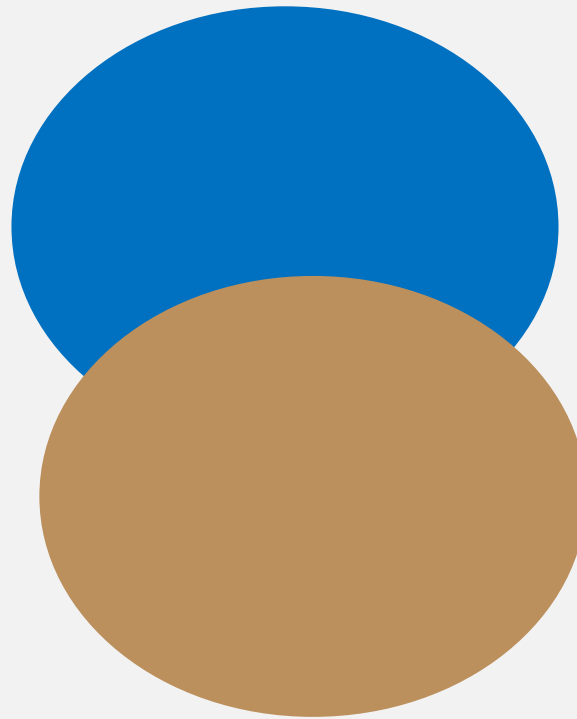
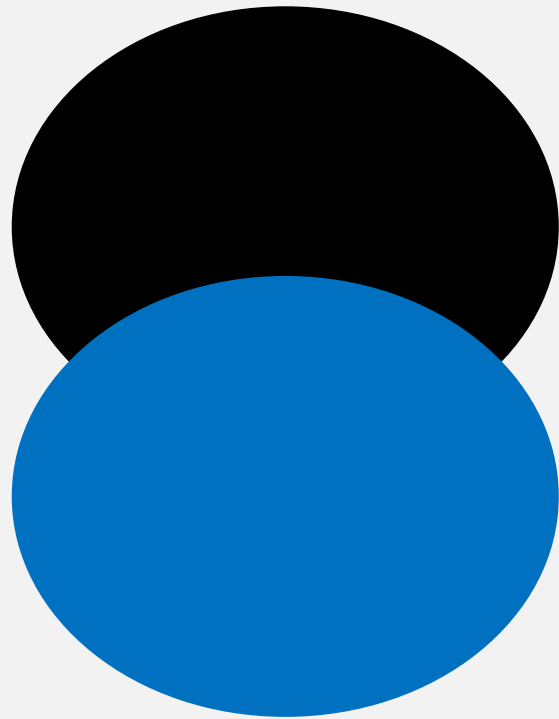




# QUINS COLORS FARAN SOSPITAR DE MELANOMA?



# QUINS COLORS FARAN SOSPITAR DE MELANOMA?



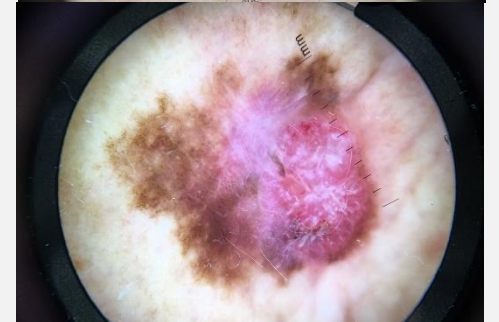
# Tipus de melanoma:

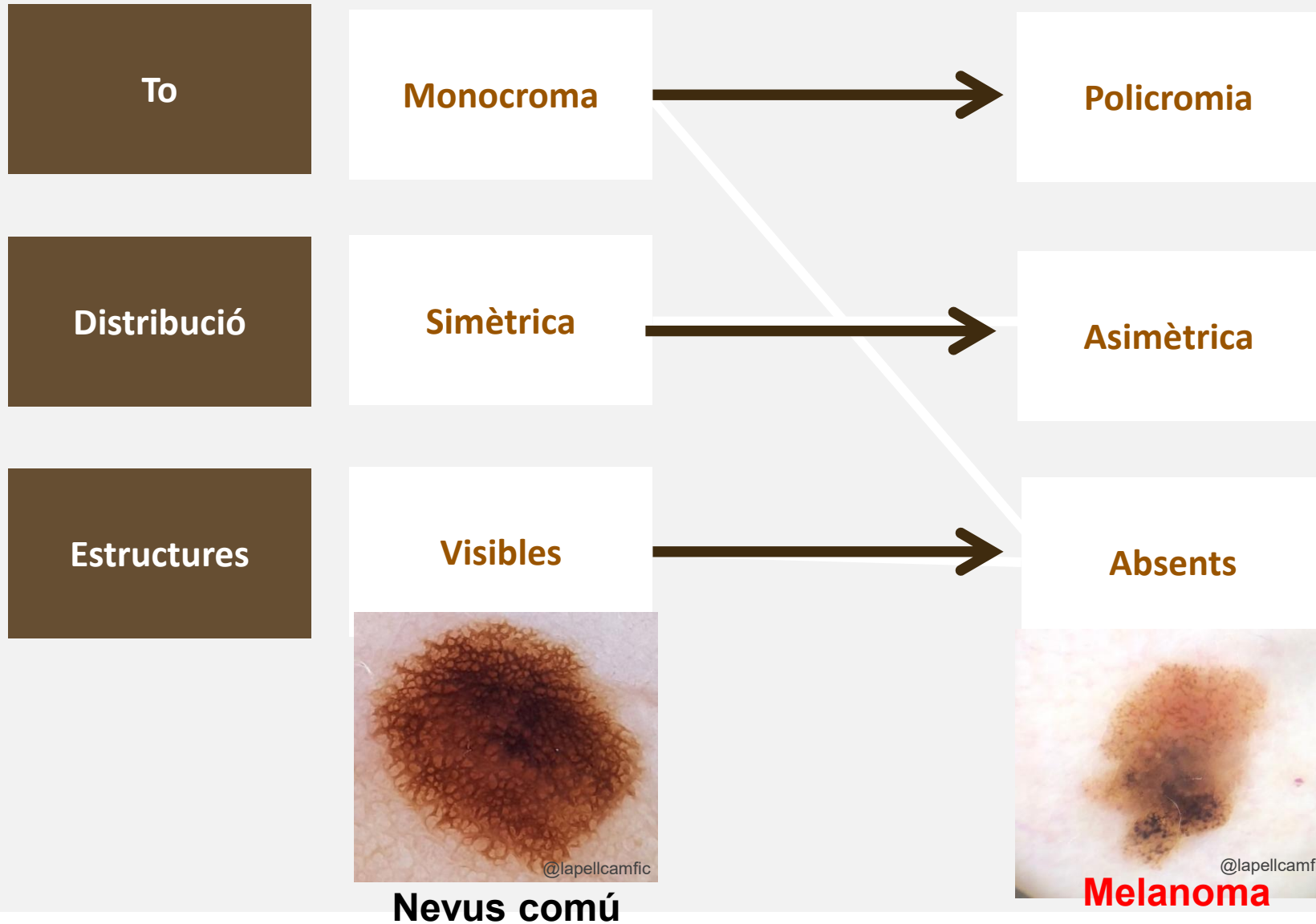
1. Taca Marro/negre: **MM extensió superficial**

2. Nòdul marró/negre: **MM nodular**

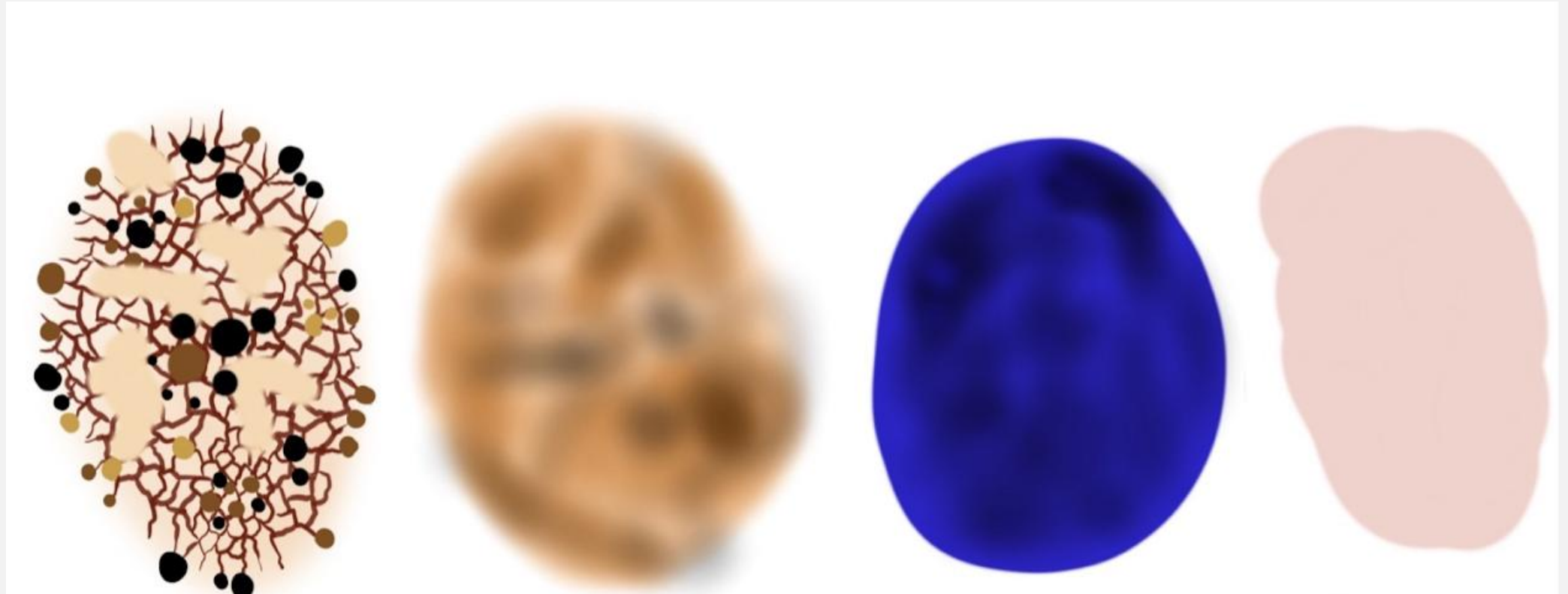
3. Tumor marró i vermell: **MM hipomelanòtic**

4. Nòdul nou damunt taca marró: **MM sobre nevus**



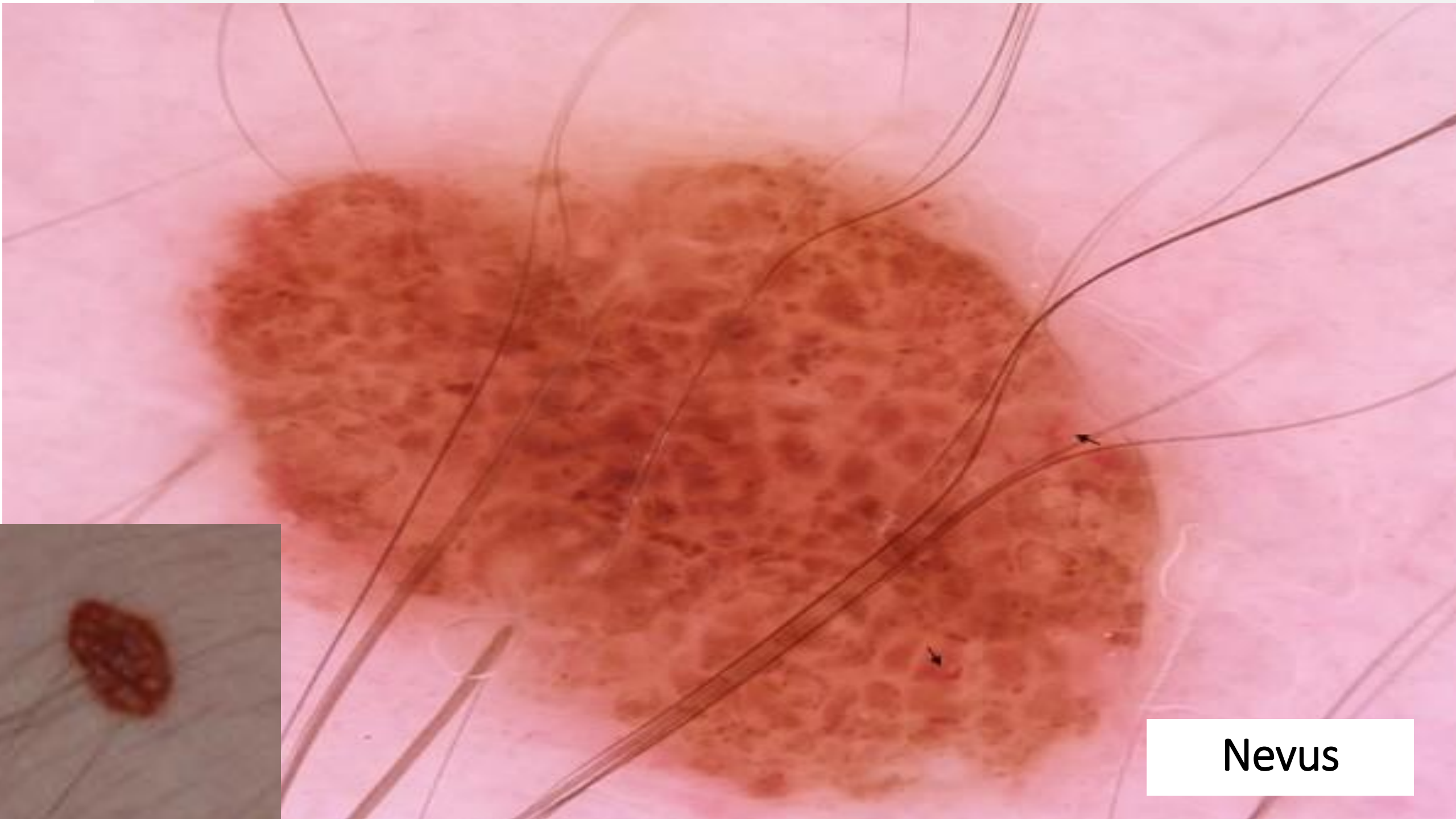


# PATRONS DE MELANOMA



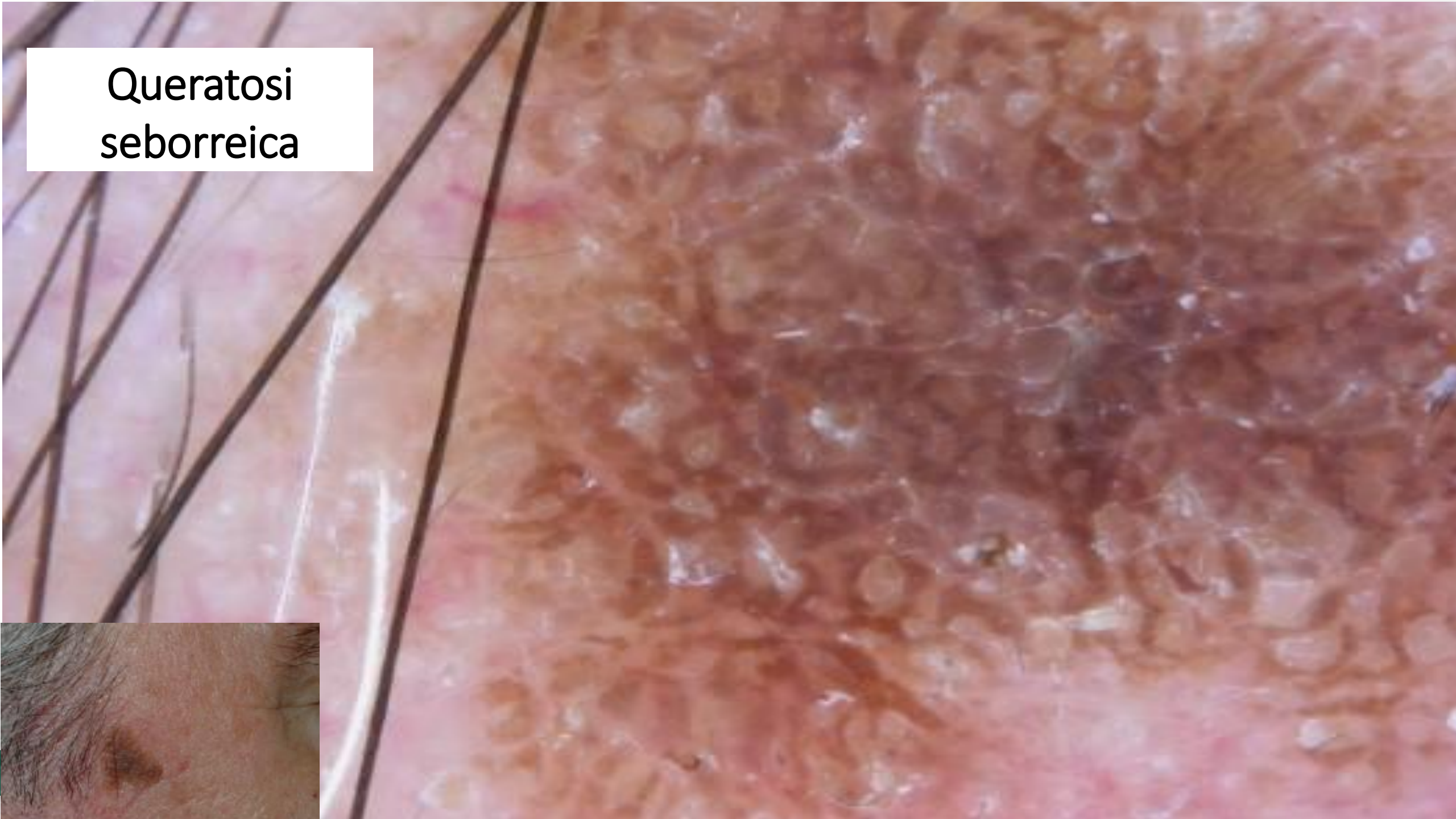
A close-up, low-angle shot of a roulette table. The table is covered in green felt with yellow and white markings for betting. In the foreground, the wooden wheel is partially visible, showing numbers 32, 15, and 19 on red and black pockets. Several stacks of colorful chips (red, purple, yellow) are on the table. The text "EN VOLEU MÉS???" is overlaid in white, bold, sans-serif font in the center-right area. The background shows the hands of several people sitting around the table, engaged in the game.

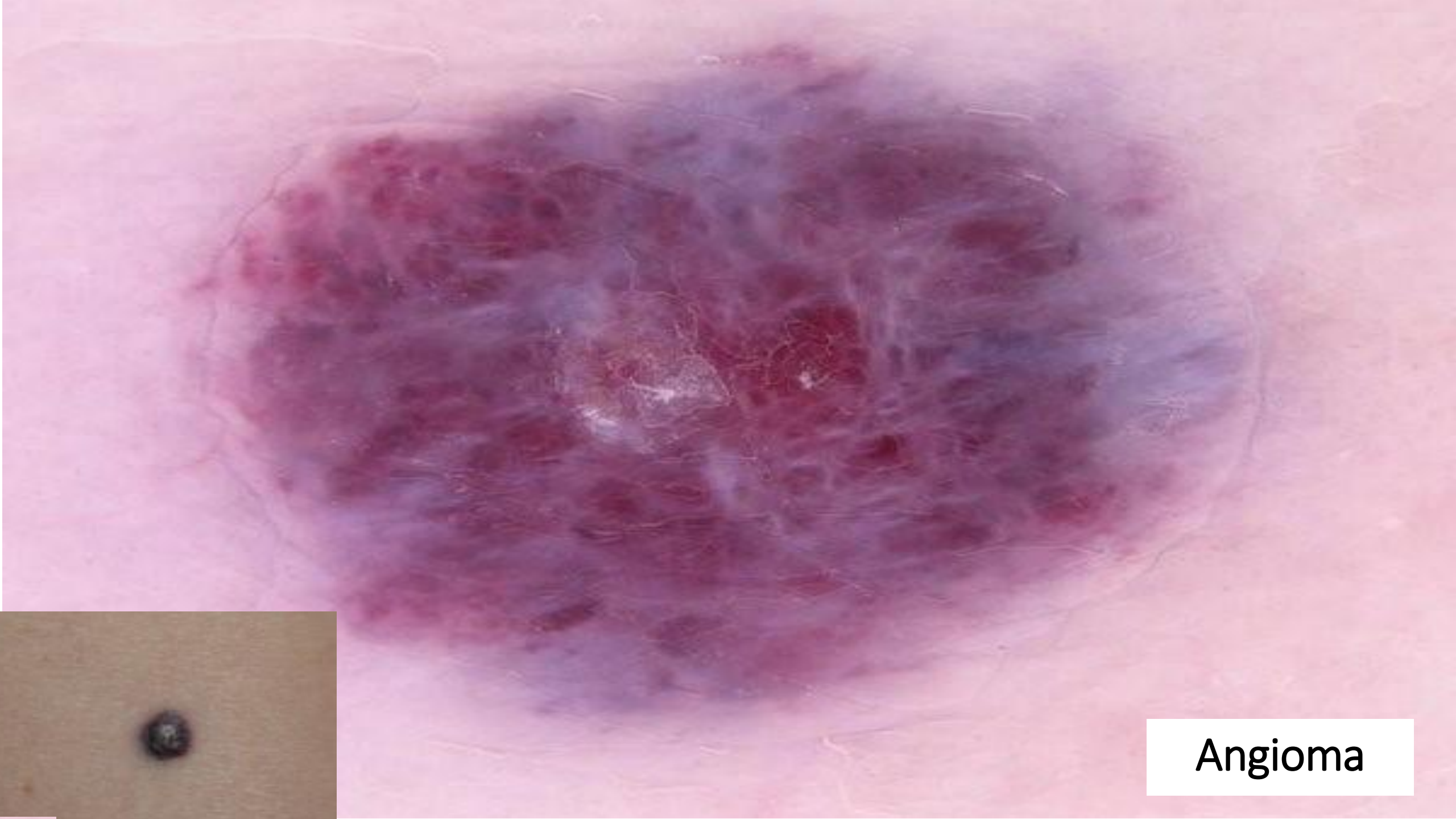
EN VOLEU MÉS???



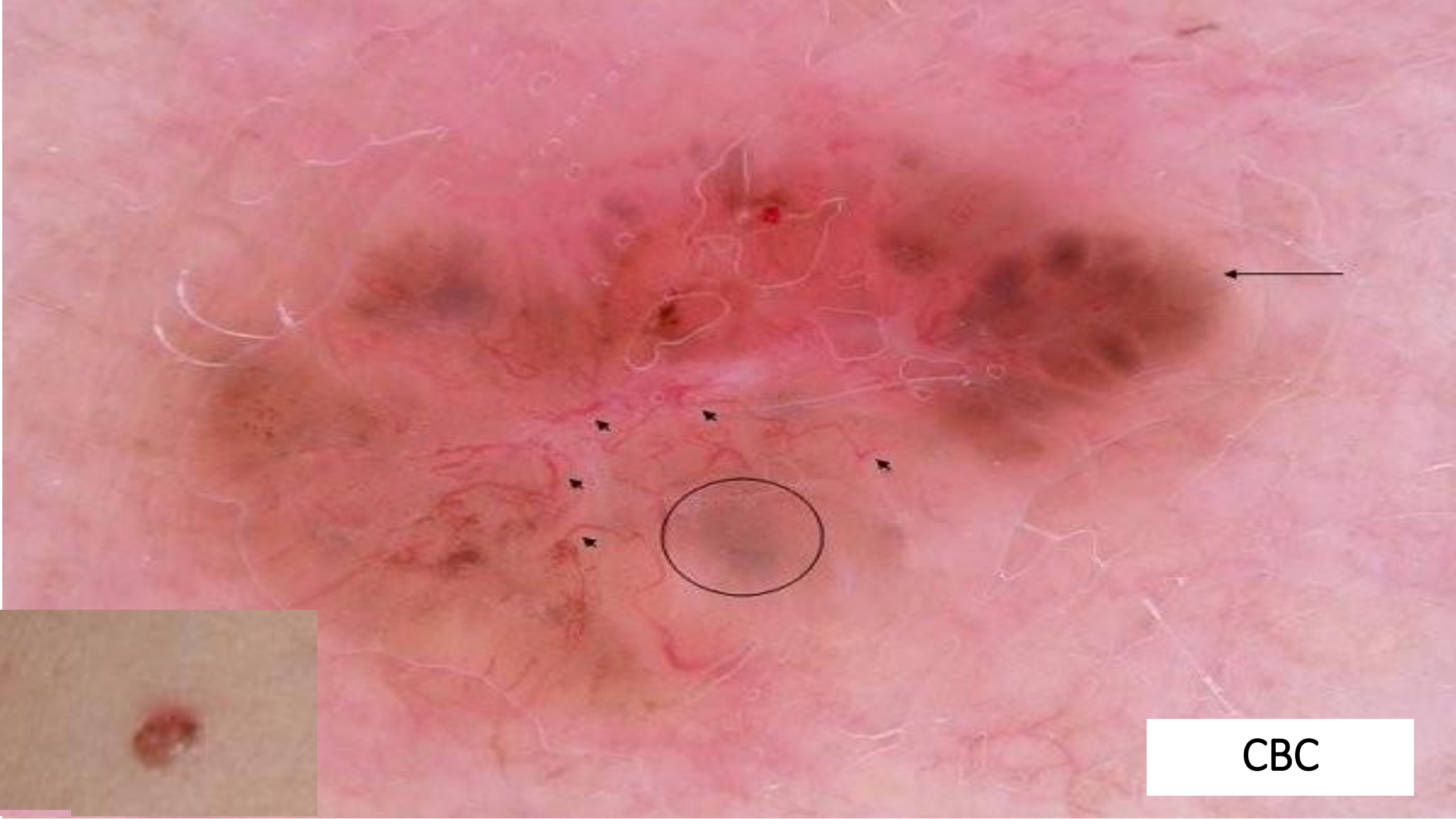
Nevus

Queratosi  
seborreica





Angioma



CBC



**Dermatofibroma**

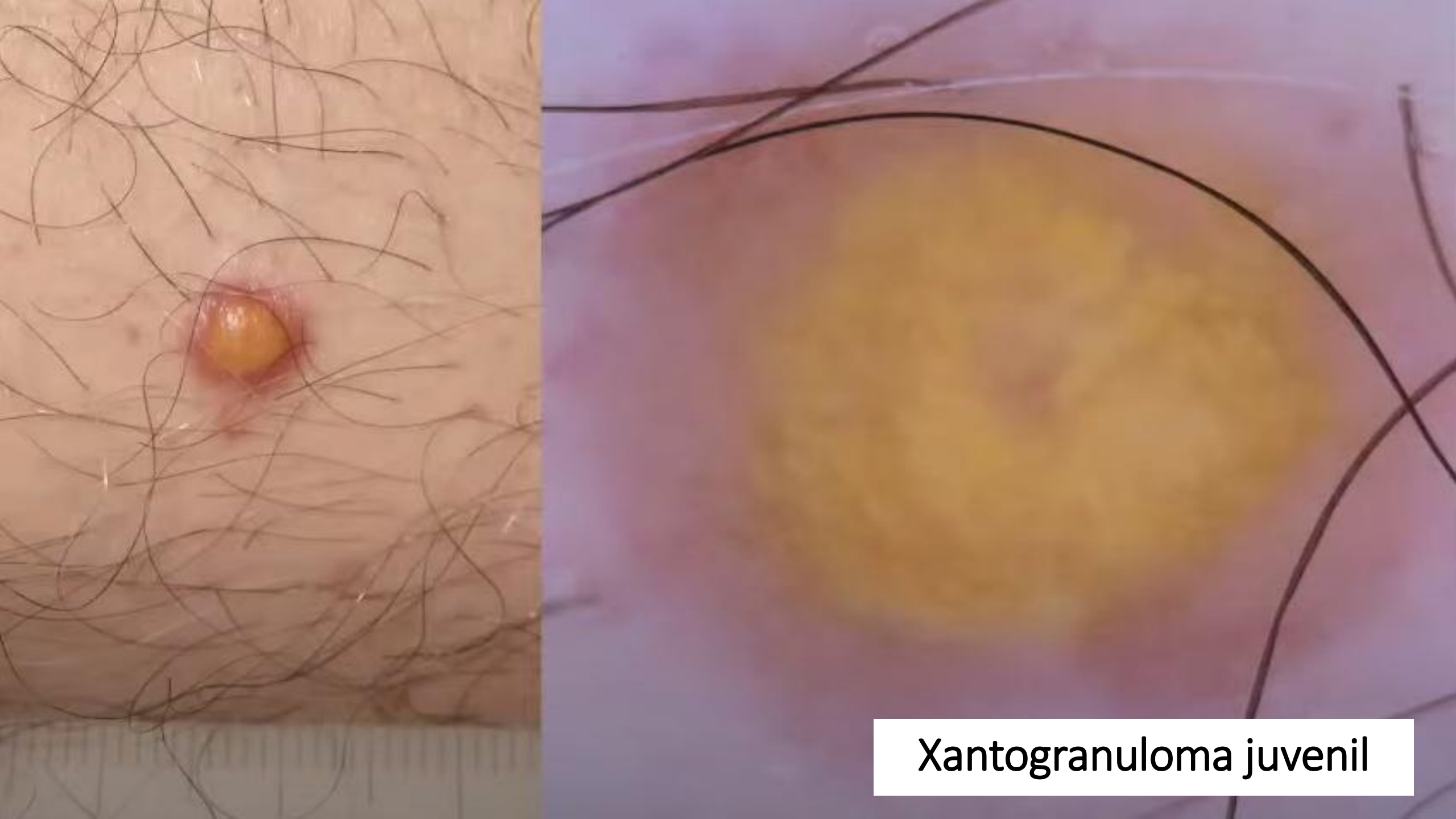


Berruga

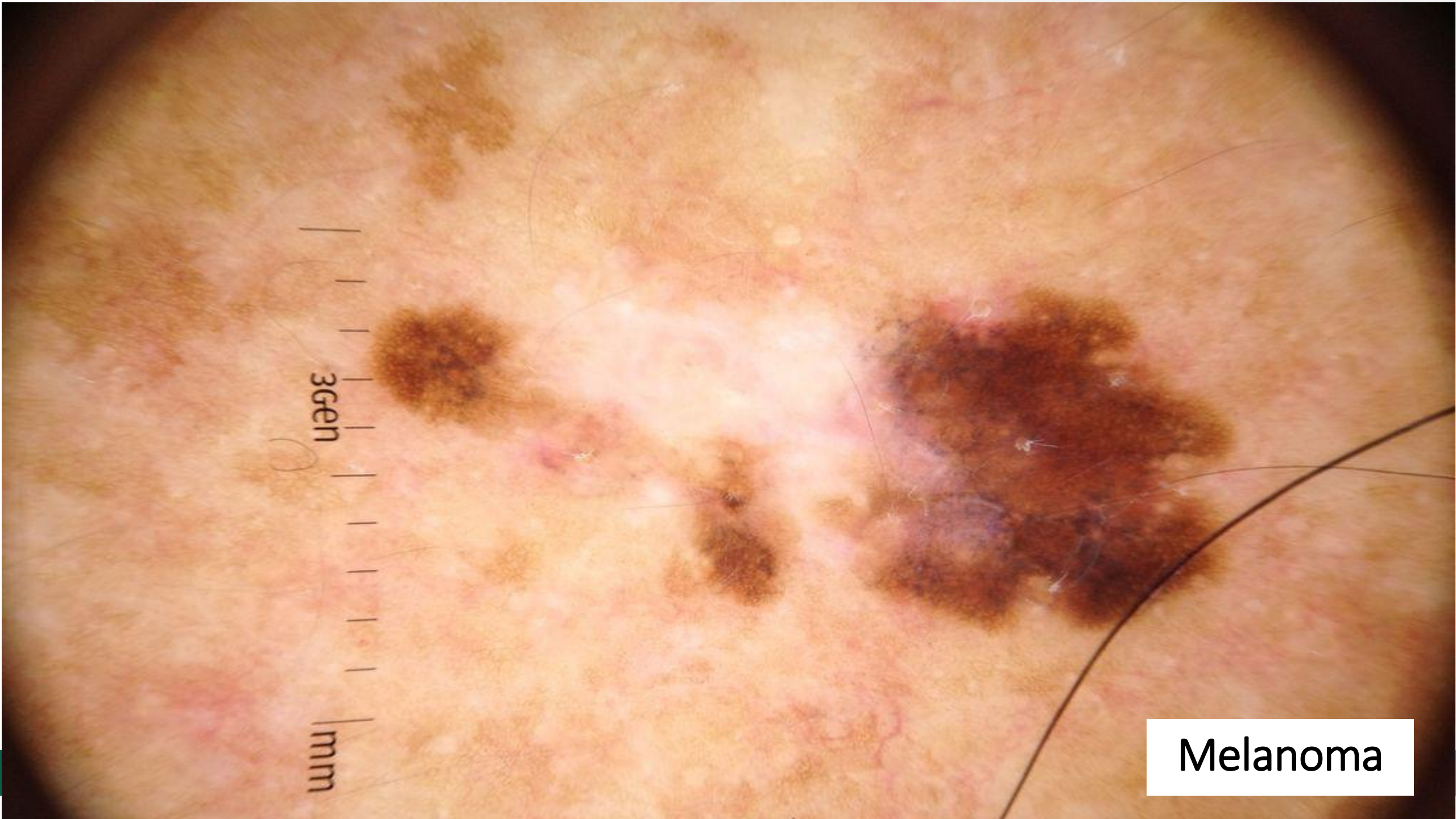


Melanoma





Xantogranuloma juvenil



Melanoma



Font: Dra. Mar Ballester



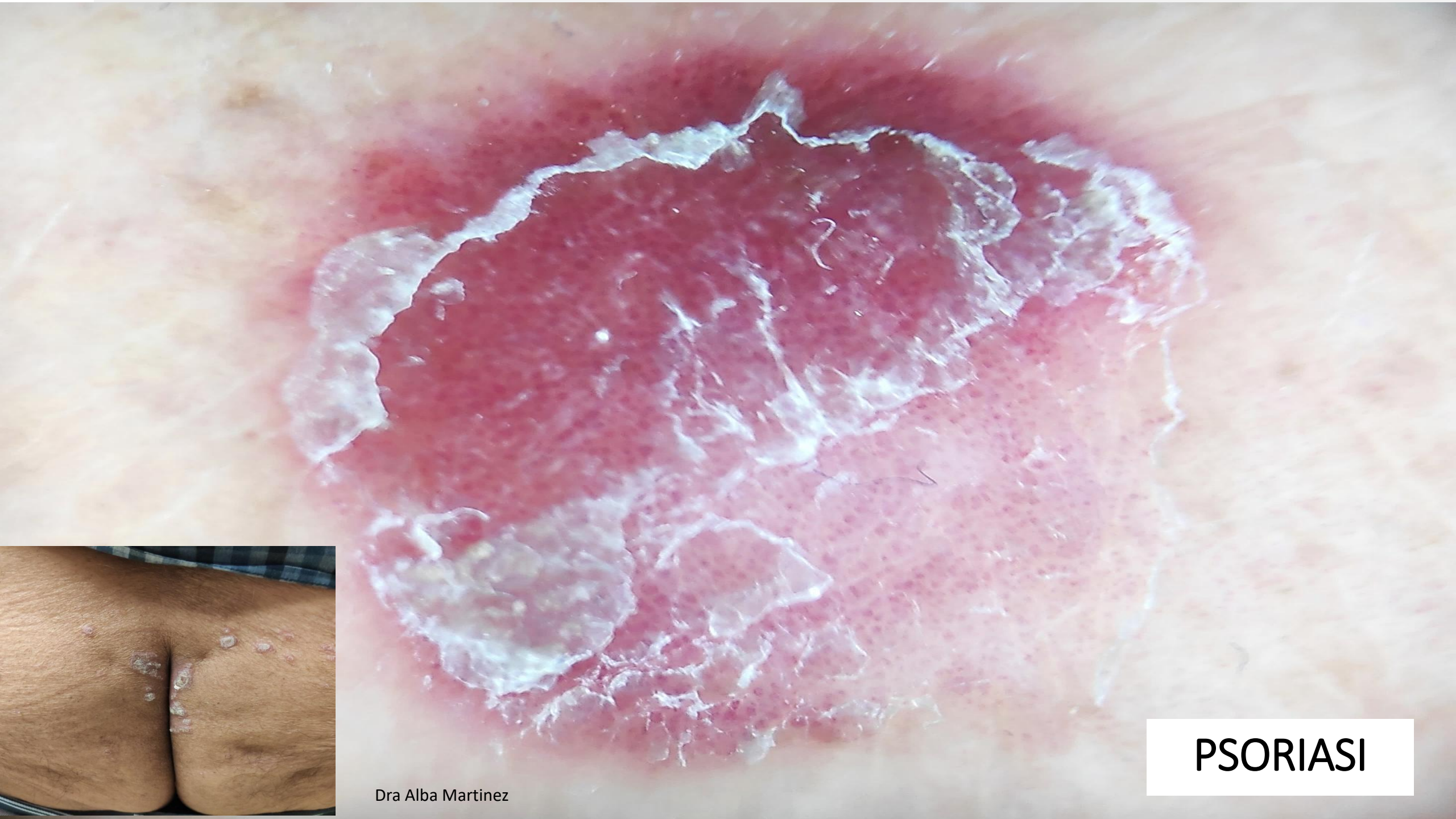
CEC



Nevus Spitz

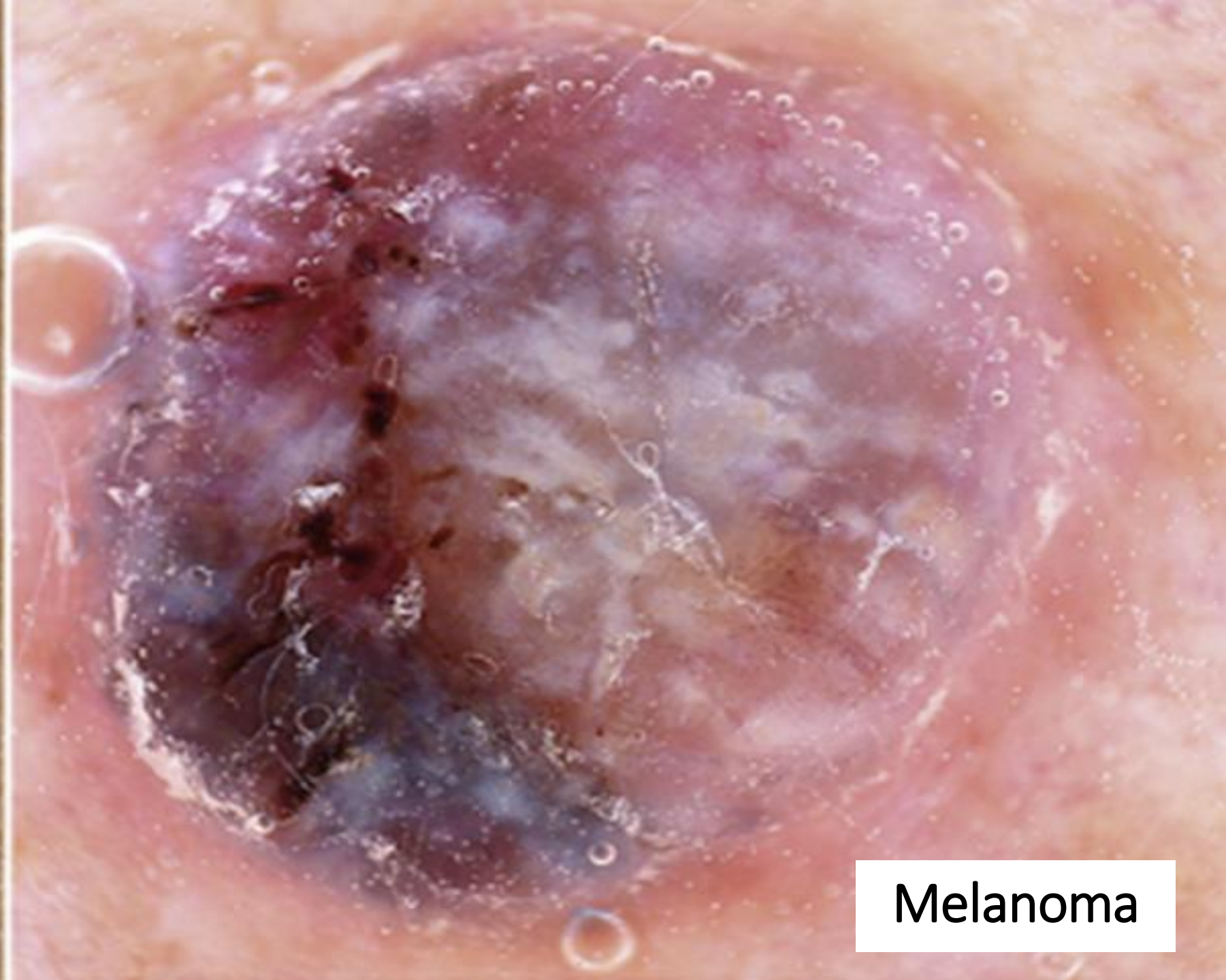


Melanoma



Dra Alba Martinez

**PSORIASI**



Melanoma



**LEISHMANIASIS**



Moluscum



KA





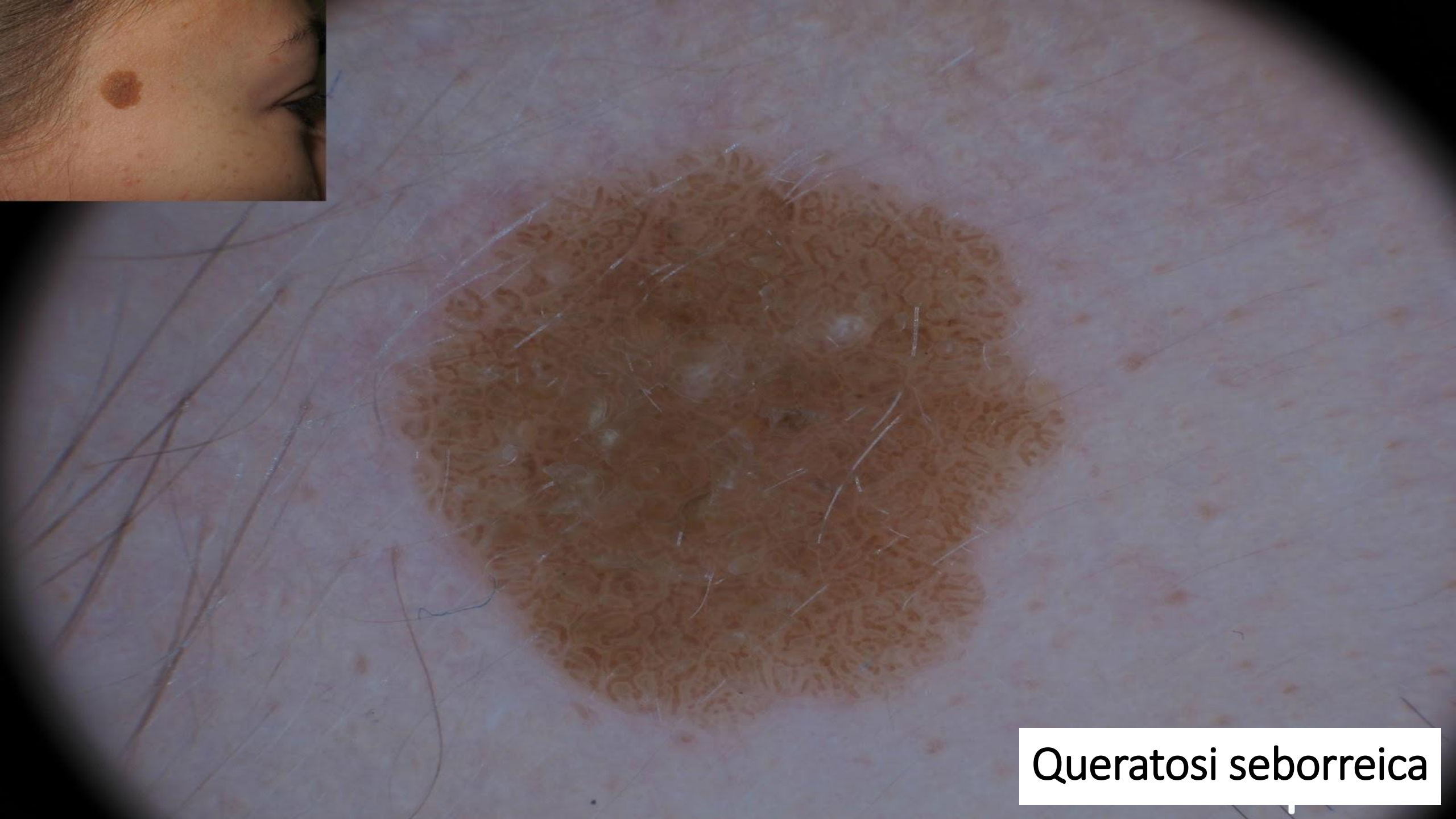
## SARCOIDOSIS



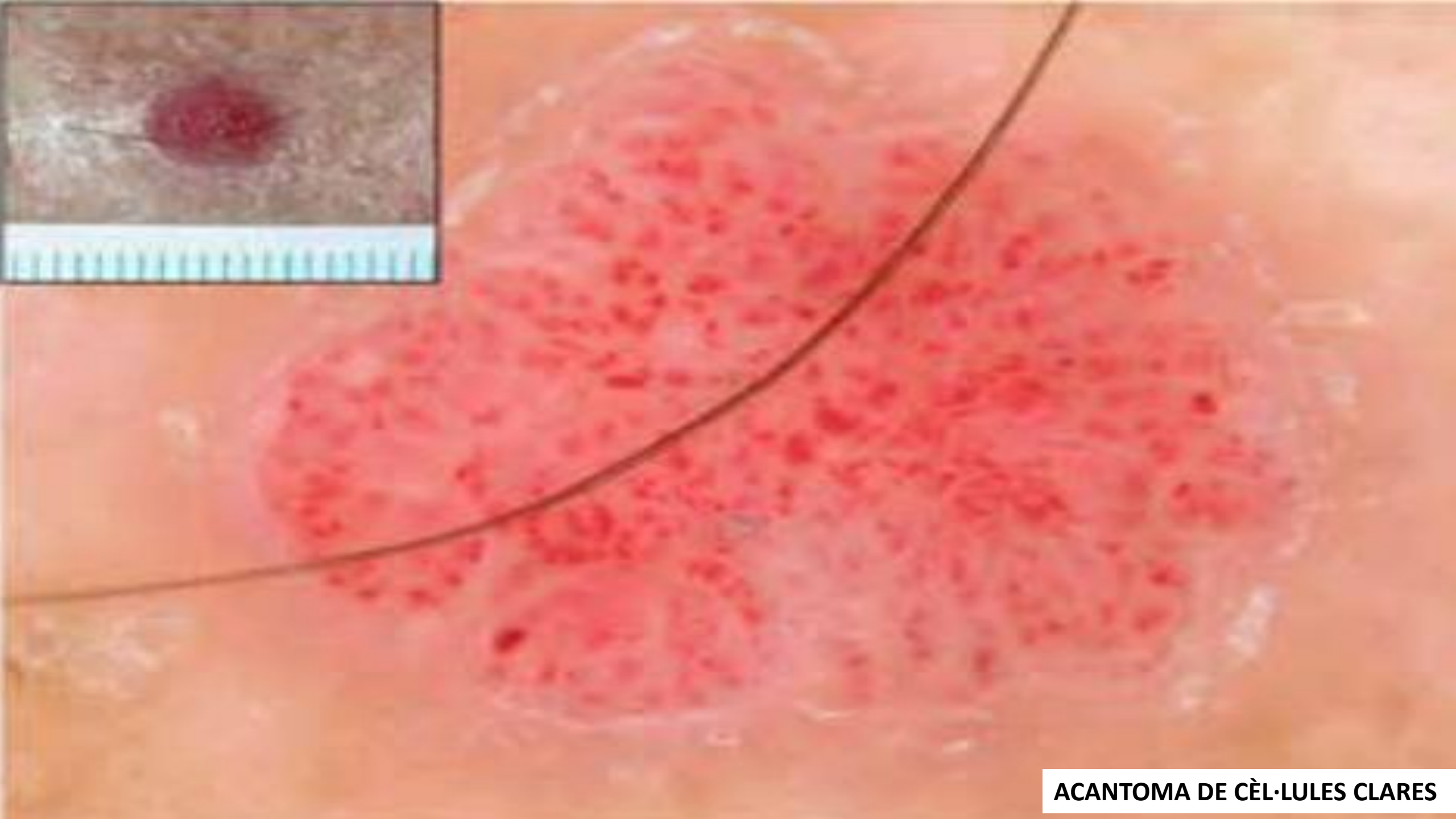
**LIQUEN PLA**



**Necrobiosis lipídica**



Queratosi seborreica



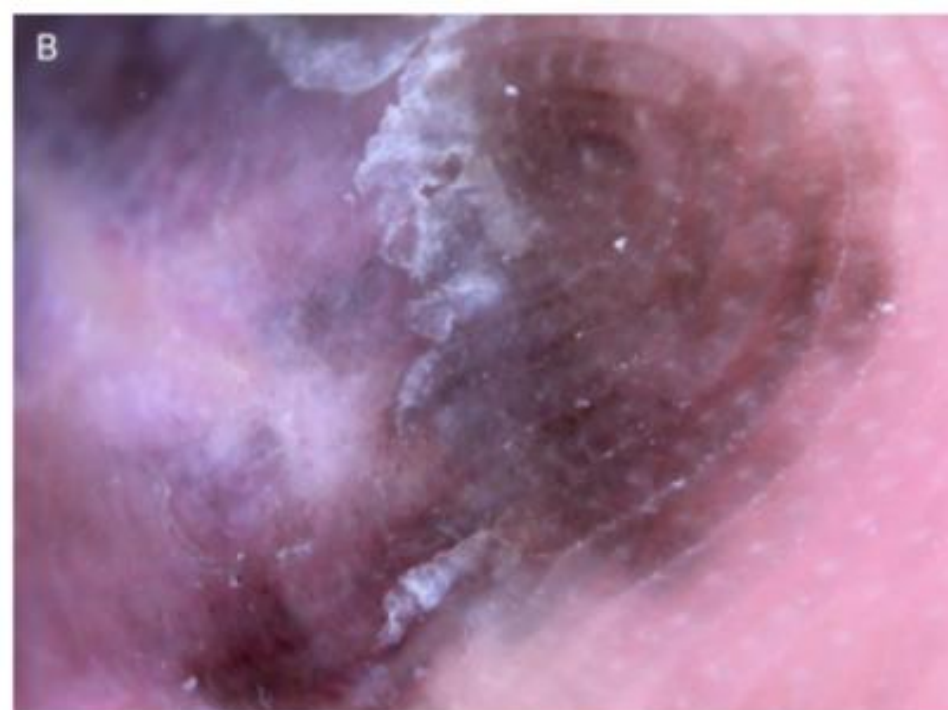
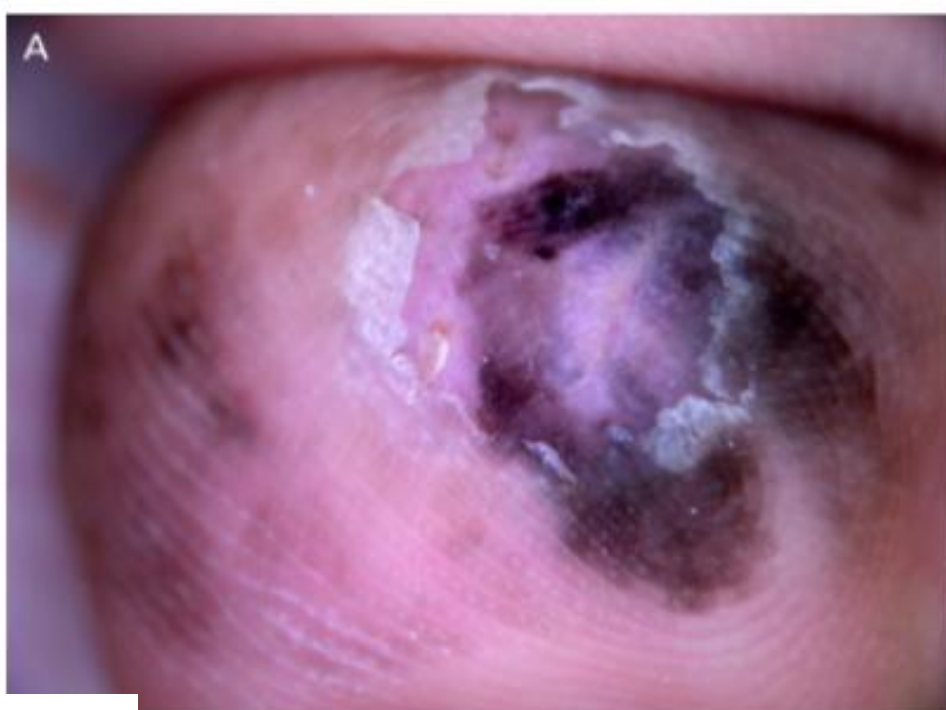
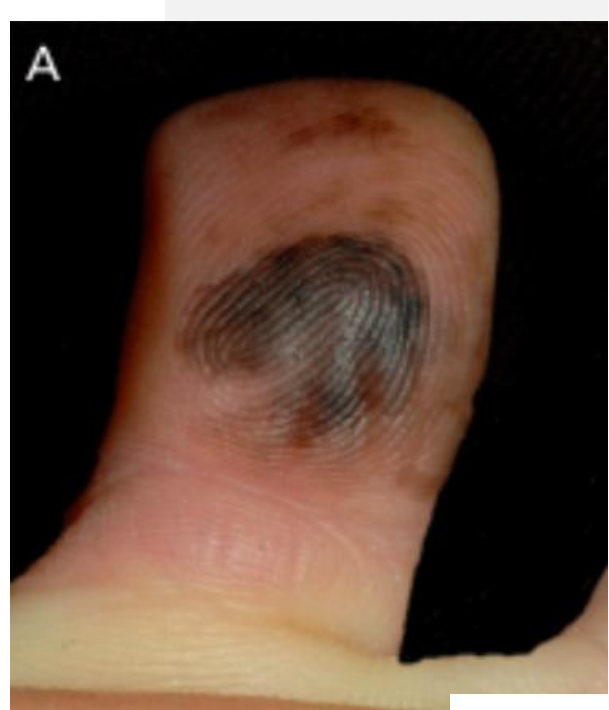
**ACANTOMA DE CÈL·LULES CLARES**



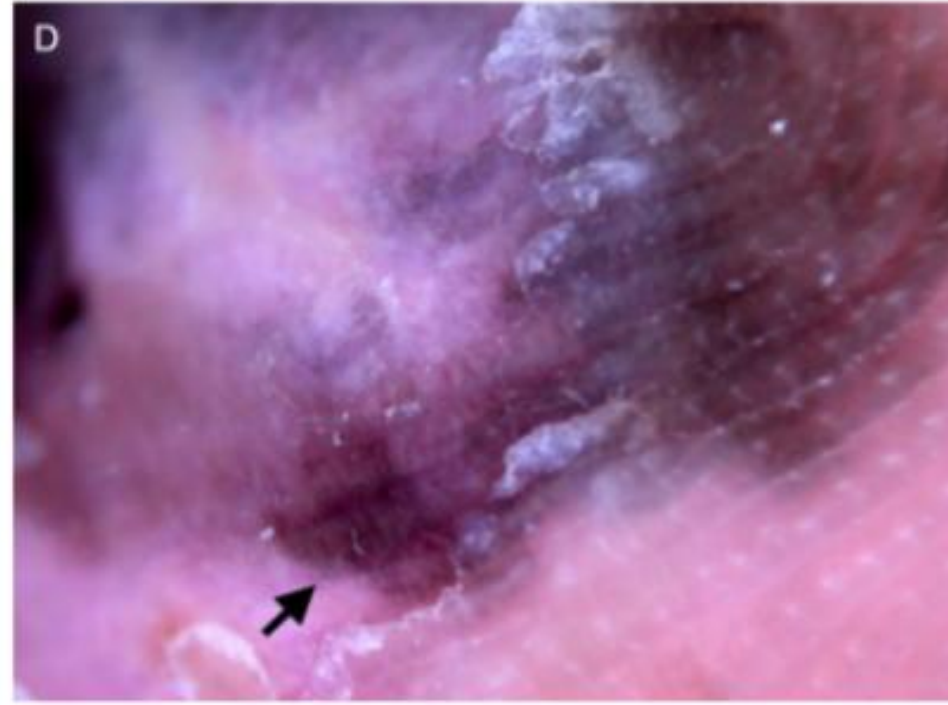
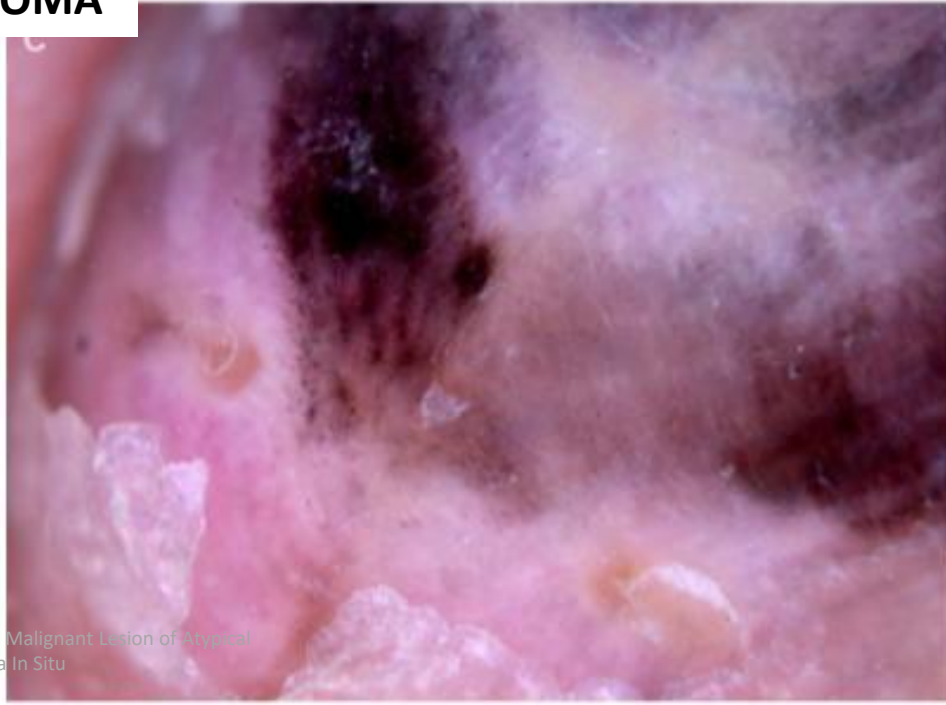
Liquen plà



Queratosi seborreica inflamada

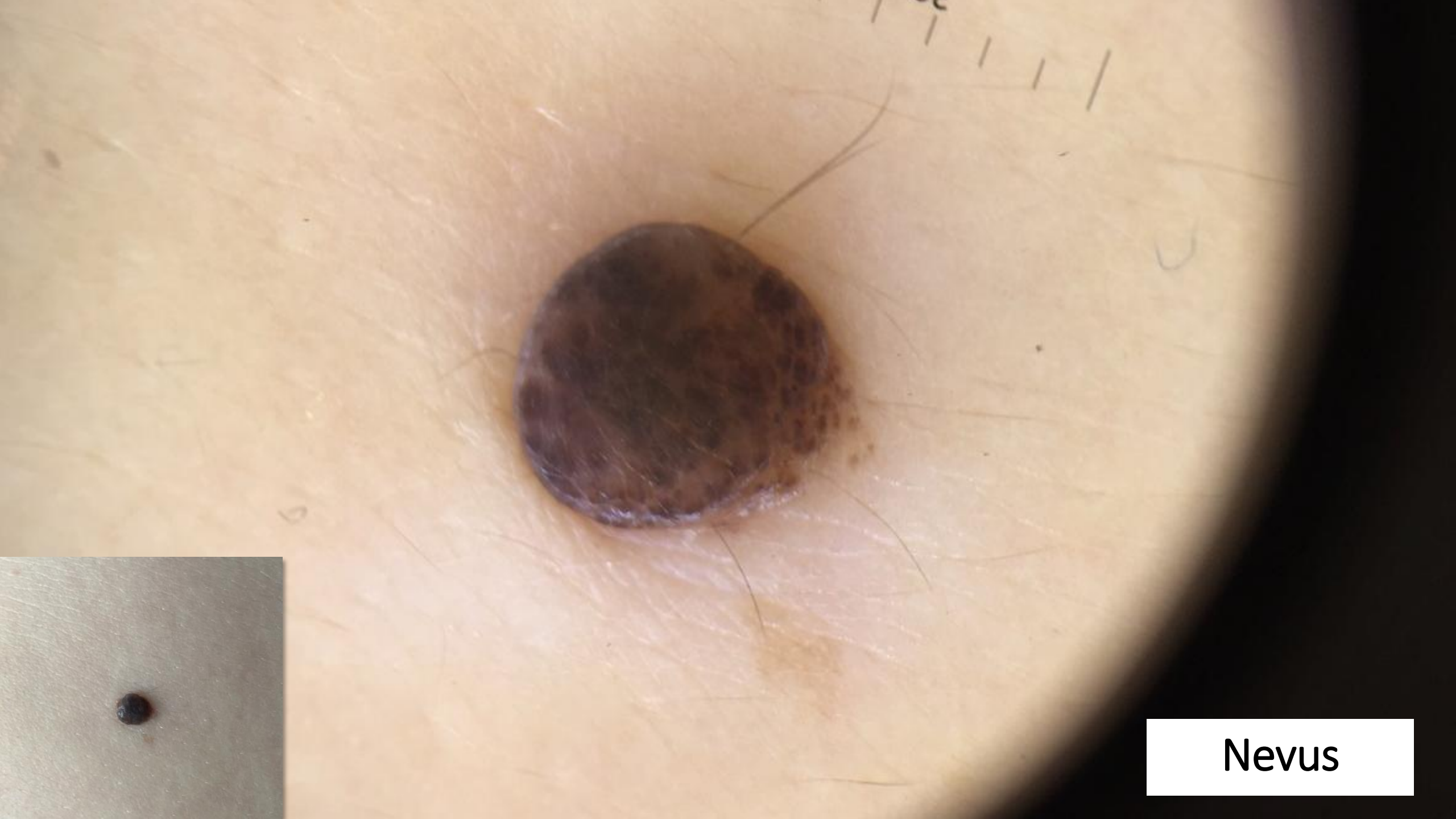


**MELANOMA**

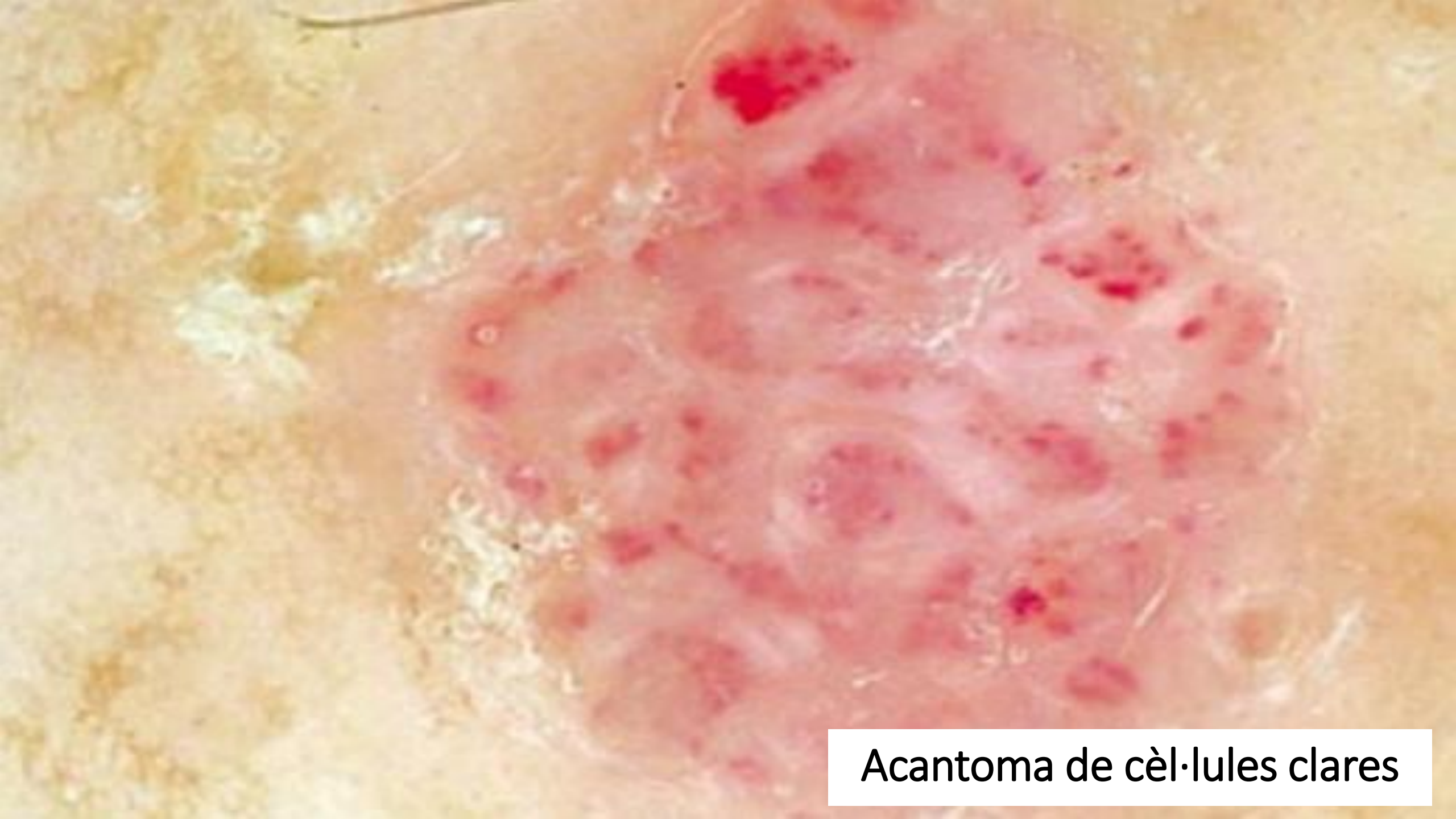




**LEISHMANIOSIS**



Nevus

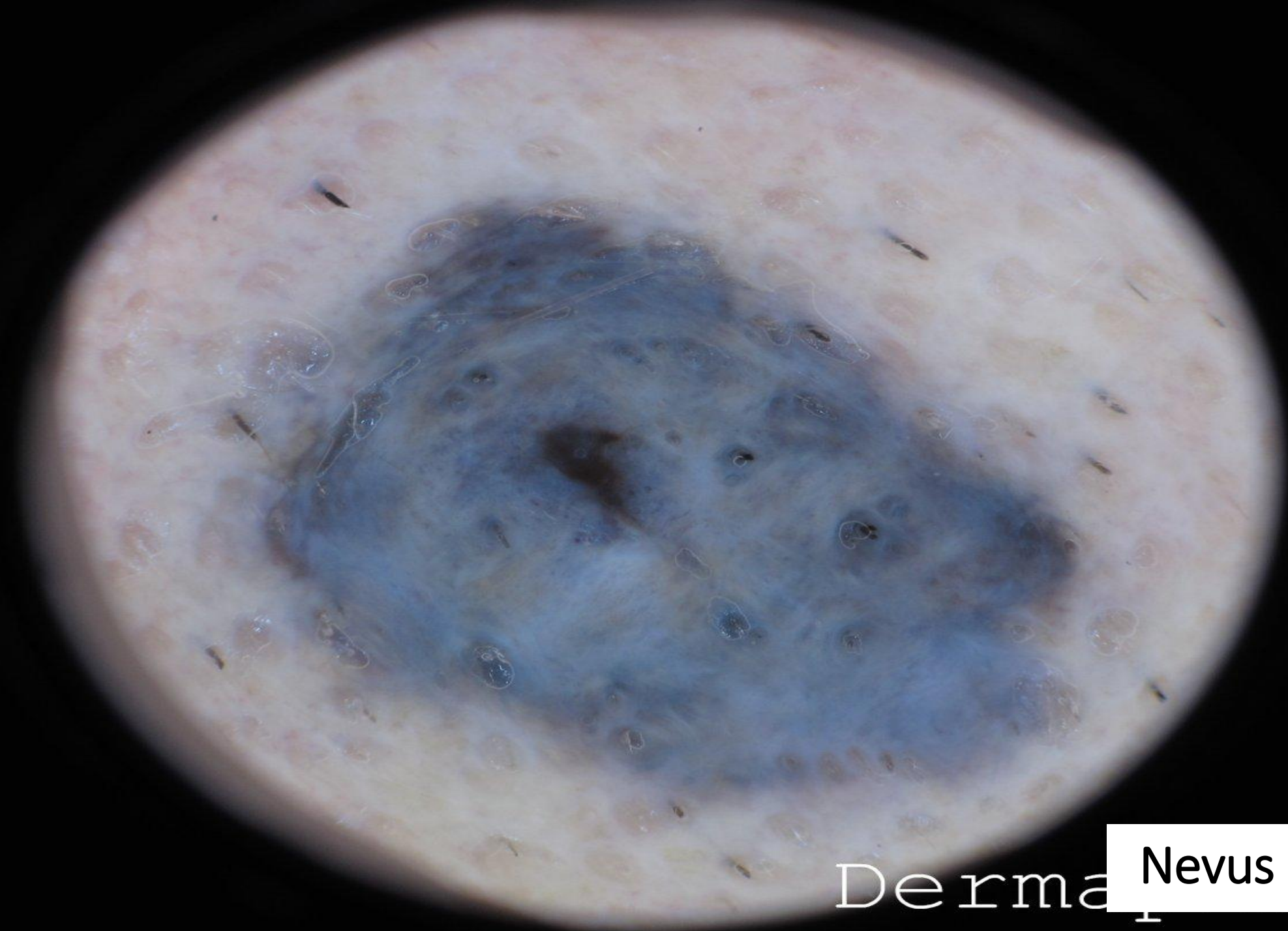


**Acantoma de cèl·lules clares**



Familiar i comunitaria

**Melanoma**



Derma **Nevus blau**



Angioma



<http://piel-l.org/blog/17864>

**Melanoma**



CBC



**MELANOMA**

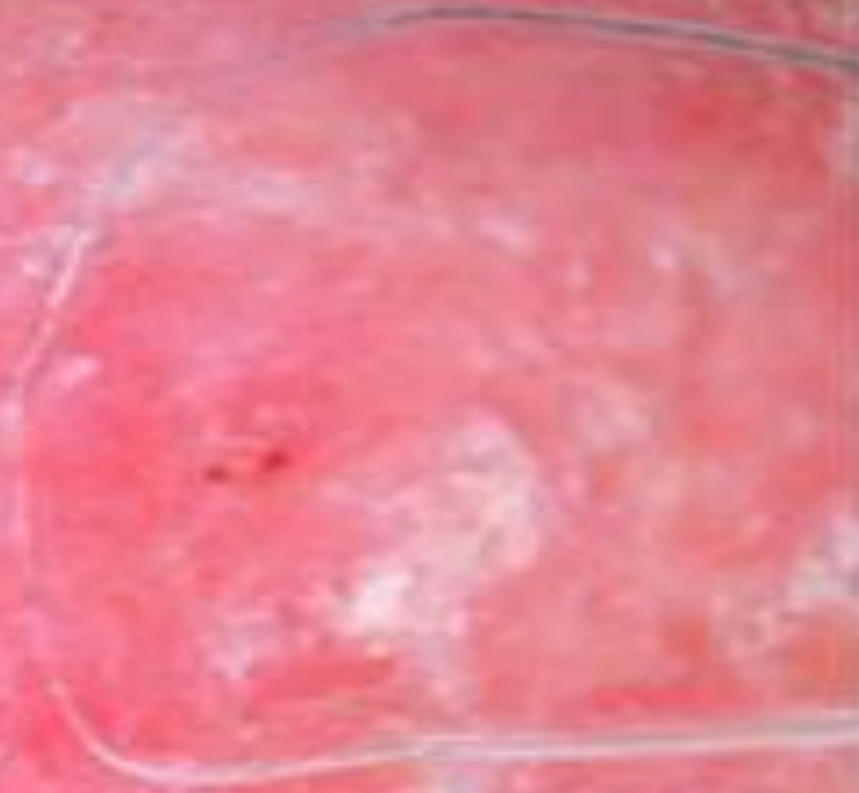


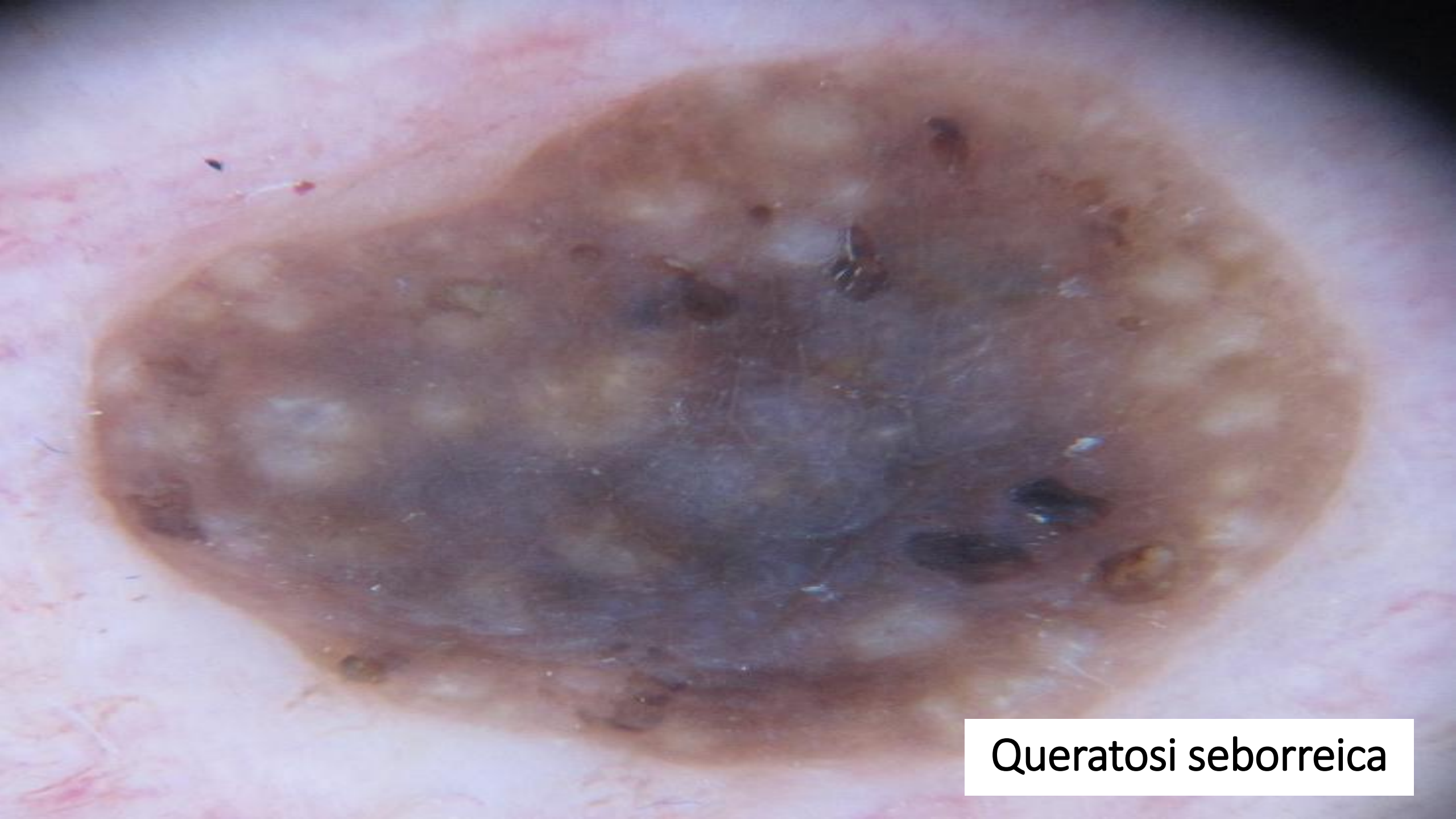
**BALANITIS DE ZOON**



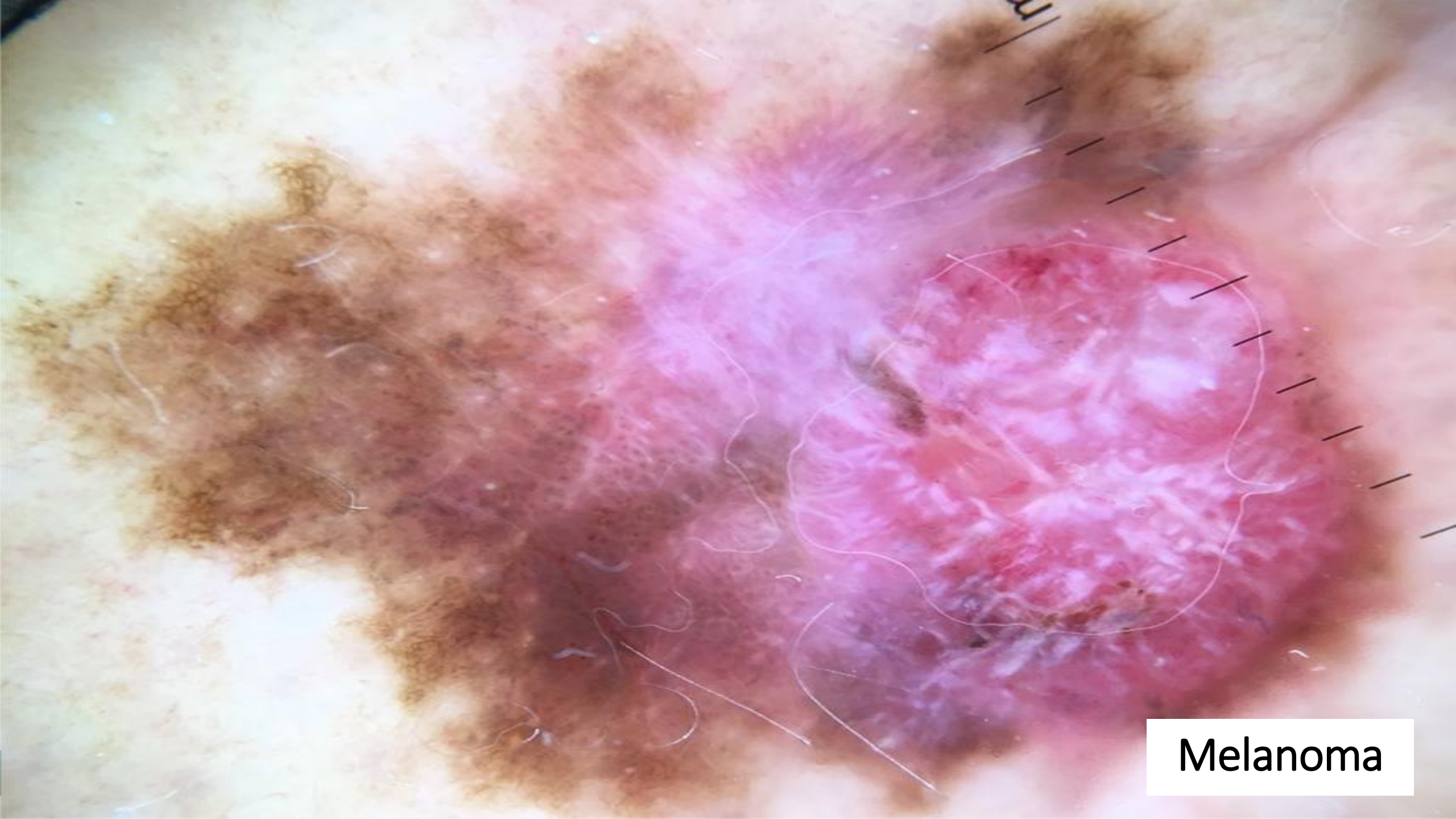


Nevus

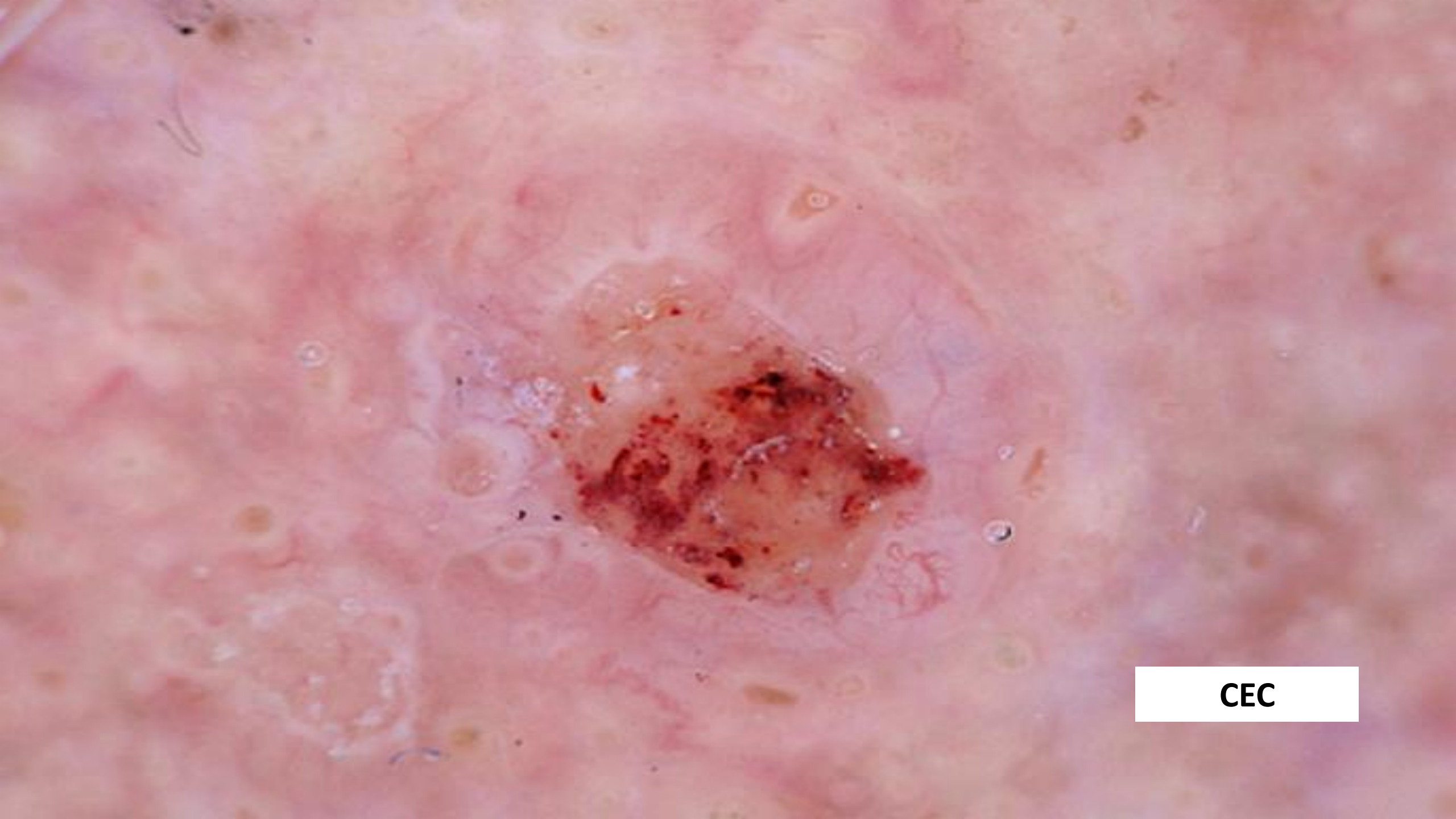




Queratosi seborreica



Melanoma



**CEC**



**Nevus**



CBC



Der **Angioqueratoma**



**Dermatofibroma hemosideròtic**



Hiperplàsia sebàcia

I A PARTIR D'ARA QUÈ?



# Com podem aprendre mes dermatoscopia?



- Manual de dermatoscopia. Malveyh J, Puig S.
- Dermatoscopia en atención primaria. Alcántara PA, Menárguez JF. AMF 2013;9(6):331-339.
- Dermatoscopia en atención primaria. FMC nov 2017 Monogràfic vol 13.
- Dermatoscopia en atención primaria. AMF Esenciales. SEMFYC 2023



## Webs d'interès:

Dermatologia en primària: [Dermatoscopia.camfic.cat](http://Dermatoscopia.camfic.cat)

Dermatoweb: [dermatoweb.udl.es](http://dermatoweb.udl.es)

Dermoscopy tutorial:

<http://www.dermoscopy.org/atlas/base.htm>

DermNet:

<https://www.dermnetnz.org/topics/dermoscopy>

Dermapixel: [dermapixel.com](http://dermapixel.com)

Dermoscopedia: [dermoscopedia.com](http://dermoscopedia.com)

# Com podem aprendre dermatoscòpia?



- Teledermatologia.
- Blog: [dermatoscopia.camfic.cat](http://dermatoscopia.camfic.cat)
- Youtube: canal dermatoscopia dermatoscopia
- Jocs: Youdermoscopy
- Tallers presencials camfic. Veure web camfic.
- Pràctica clínica diària.



[dermato@camfic.org](mailto:dermato@camfic.org)

Moltes gràcies

