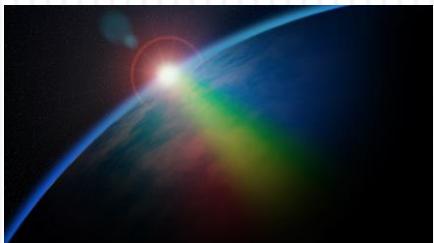


# “DERMATOSCÒPIA EN COLORS”



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**Dra. Montserrat Andreu.** Metge família EAP Tortosa.

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#VJornadaPellCAMFiC

@lapellcamfic

WELCOME  
back

# PROGRAMA

## INTRODUCCIÓ

Recordant el ja après...diagnòstic en dues etapes i quelcom més

## Conèixer la dermatoscòpia segons els colors.

Diagnòstic de les lesions tenint en compte els colors:

**Part 1: groc/taronja**

**Part 2: marró**

**Part 3: vermell**

**Part 4: blanc**

**Part 5: blau**

**Part 6: negre**

## Casos en colors





# 0. INTRODUCCIÓ

# Situació actual del càncer cutani

- 1/3 del total de càncers.
- Incidència en augment!!
- El 80% de **MORTALITAT** per càncer de pell es per **MELANOMA** i a gent jove.

La incidència del càncer de pell ha augmentado un 38% en España en los últimos 4 años

EFE, 12.05.2017 - 05:33h

La incidència del [càncer de pell](#) en España ha aumentado un 38% en los últimos cuatro años, lo que supone un incremento de casi el 10% anual, según destacaron este jueves expertos en la presentación del 45 Congreso Nacional de Dermatología y Venereología.

Este congreso, organizado por la [Academia Española de Dermatología y Venereología](#) (AEDV), se celebra en Madrid hasta el sábado, y en él se darán a conocer los últimos **avances** en todos los campos de la especialidad, en un evento con asistencia de sociedades científicas de todo el mundo.

"En España hay **4.000 nuevos casos de melanoma cada año**, 116.380 pacientes con carcinoma basocelular, 17.500 con carcinoma espinocelular y **600 muertes anuales**", ha informado el presidente de la AEDV, Pedro Jaén.

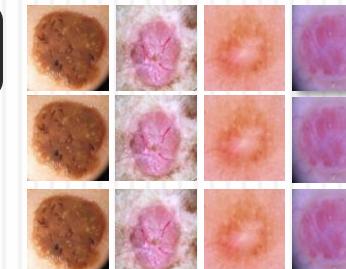
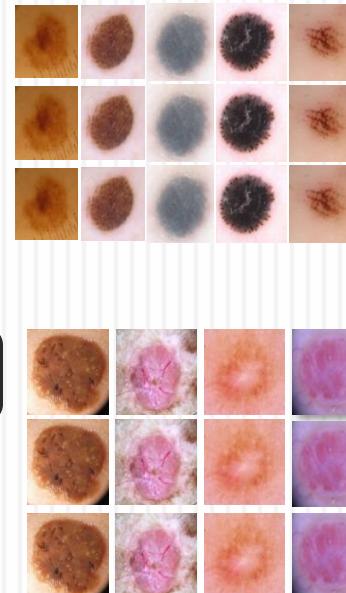
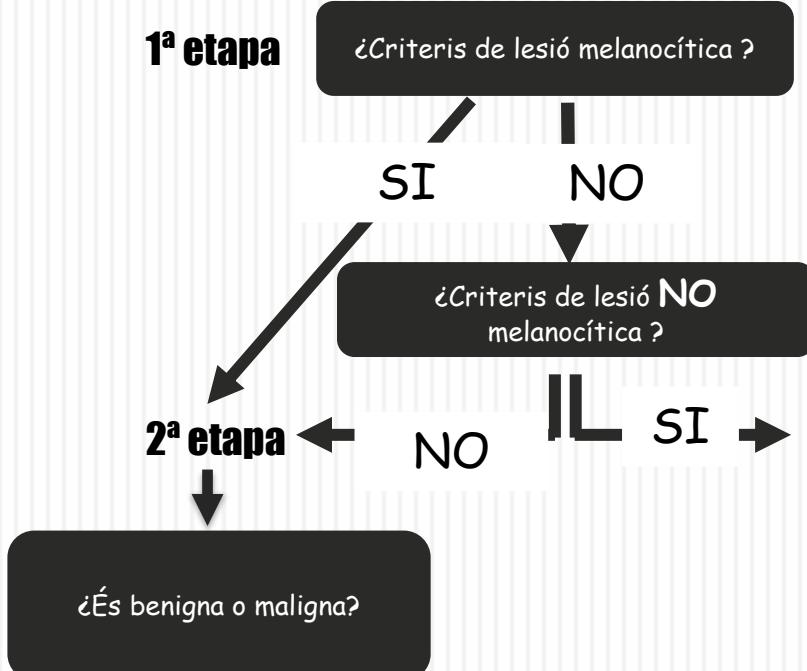
Evolución de la incidencia del cáncer de piel en el período 1978–2002

Actas Dermosifiliogr.2010;101:39-46 - Vol. 101 Núm.1

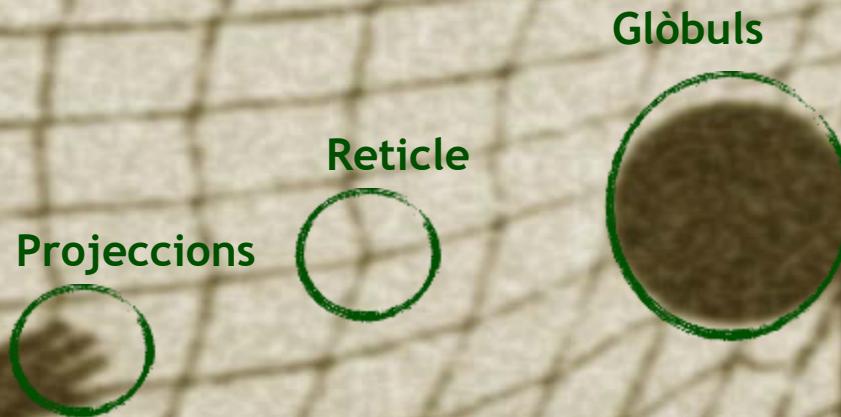




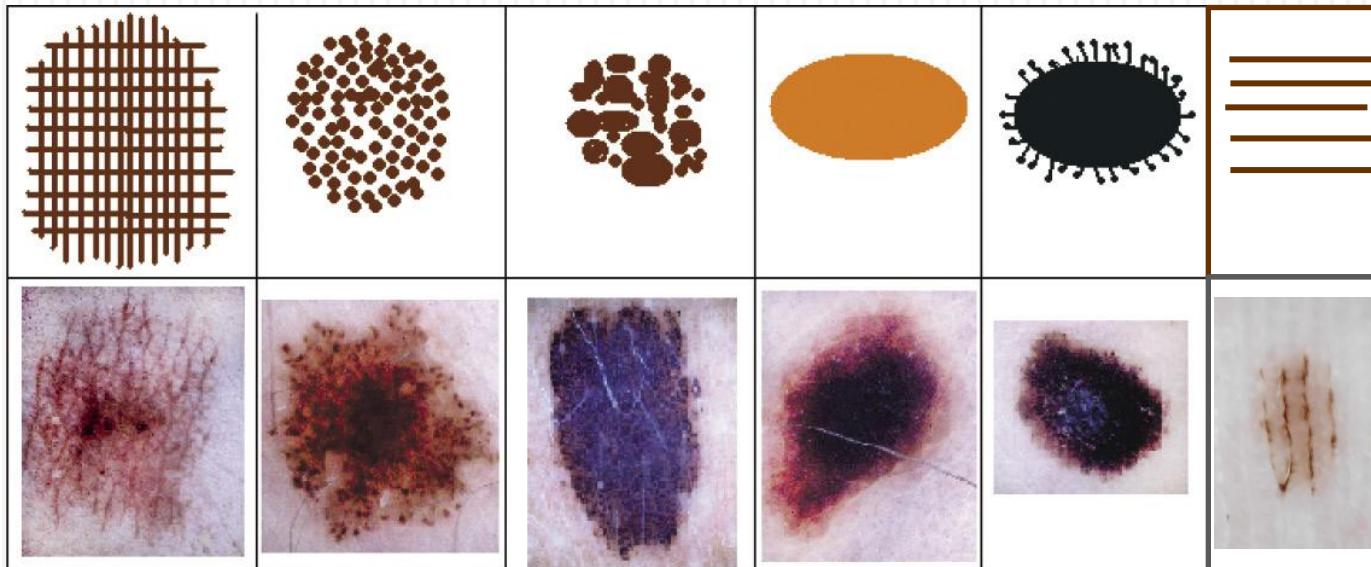
# Mètode de diagnòstic en 2 etapes



# Cóm sé si la lesió està formada per melanocits?



# Patrons de lesió melanocítica



Reticular

Globular

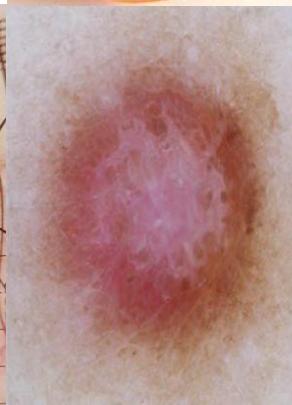
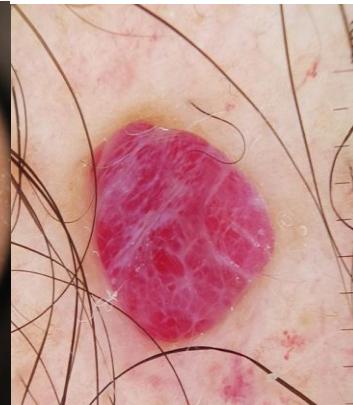
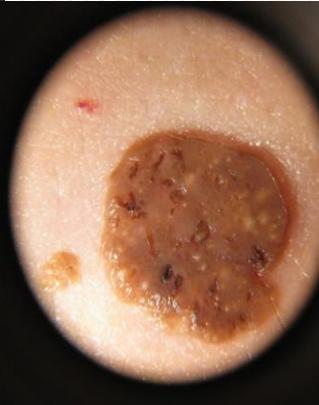
Empedrat

Homogeni

En esclat

Paral·lel

# Criteris de lesió **NO** melanocítica



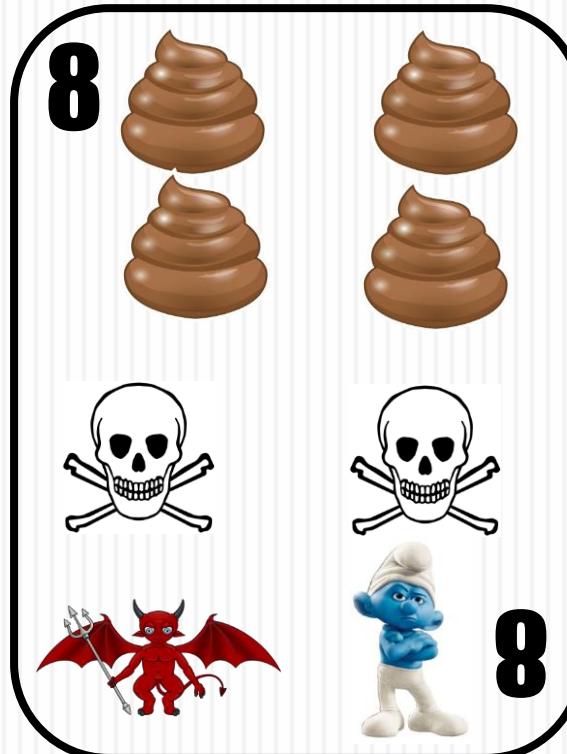
# Quina és la idea clau per detectar a temps el melanoma?

Projeccions

Illa

Crisàlides

Vasos atípics

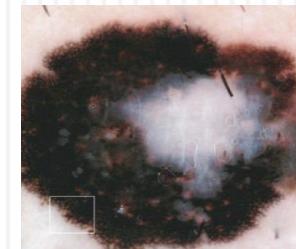
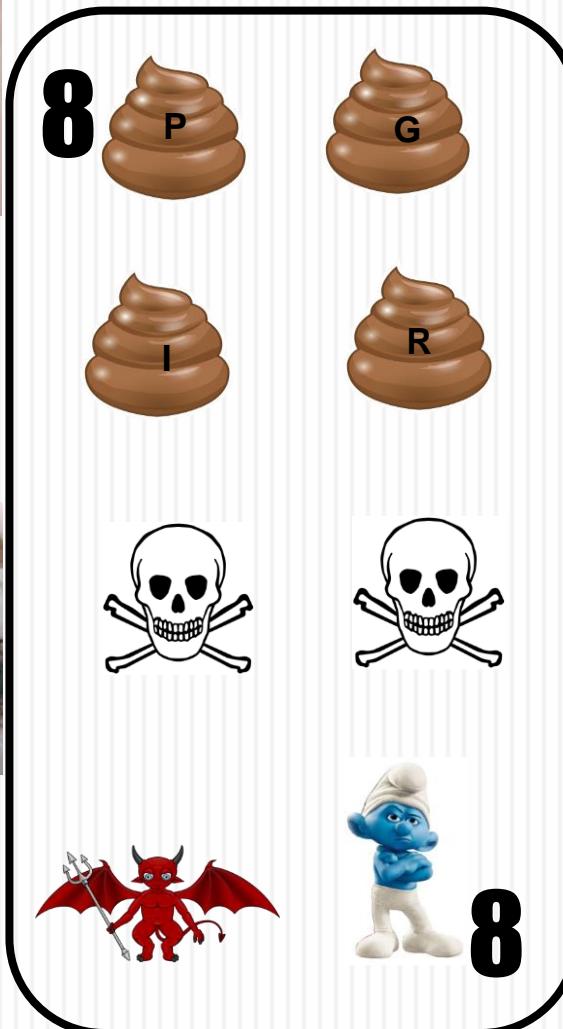
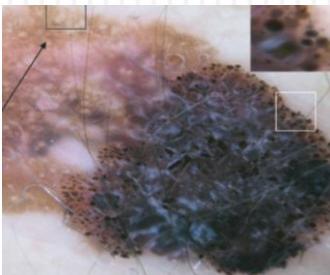


Glòbuls atípics

Reticle atípic

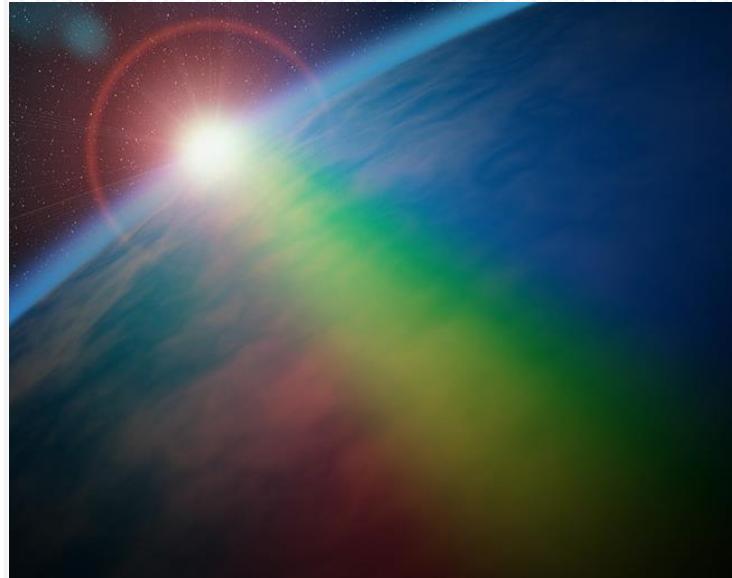
Regressió

Color blau





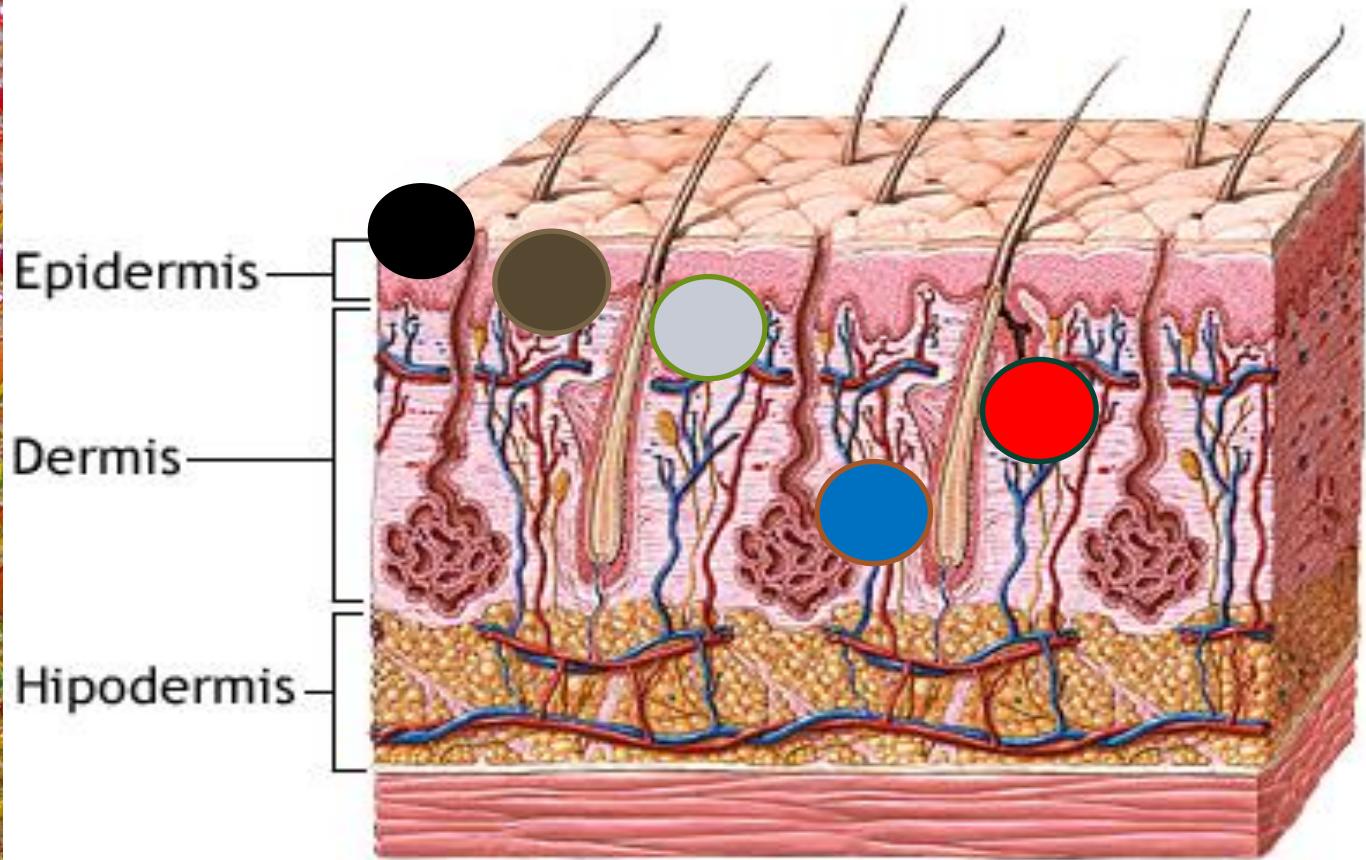
# “DERMATOSCÒPIA EN COLORS”



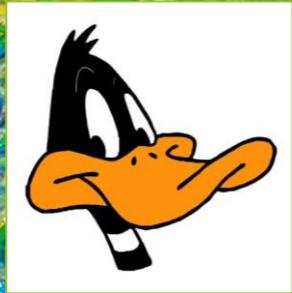


A background image consisting of numerous small, colorful bubbles arranged in a grid-like pattern. The bubbles are translucent with vibrant reflections of red, yellow, green, and blue, creating a rainbow effect. They are set against a darker, textured background.

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



Melanina	Negro	Melanina en el estrato córneo, sangre coagulada
	Marrón oscuro	Melanina en la epidermis, densa
	Marrón claro	Melanina en la epidermis, delicada
	Gris	Melanina en la dermis papilar
Queratina	Azul	Melanina en la dermis reticular
	Anaranjado	Combinación de melanina y queratina, suero en la costra
	Amarillo	Queratina
	Blanco	Ausencia de melanina, esclerosis cutánea, queratina
Hemoglobina	Rojo	Sangre
	Púrpura	Sangre (mal oxigenada)



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 inflamatòries i infeccioses**

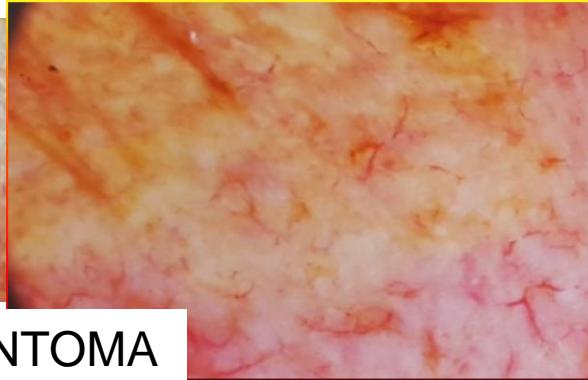
## color taronja dermatoscòpic

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

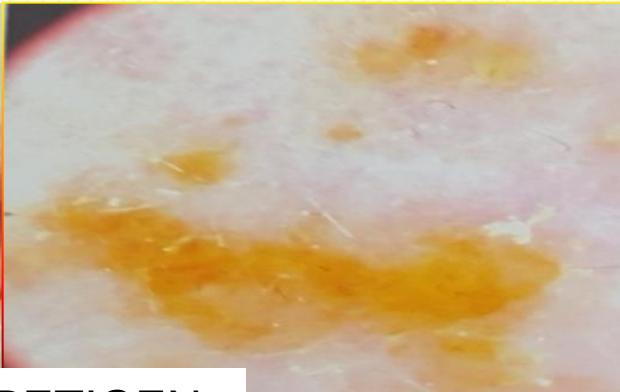
# Lesions predominantment grogues:



# Lesions predominantment grogues:



XANTOMA



IMPETIGEN



# Lesions predominantment groques:



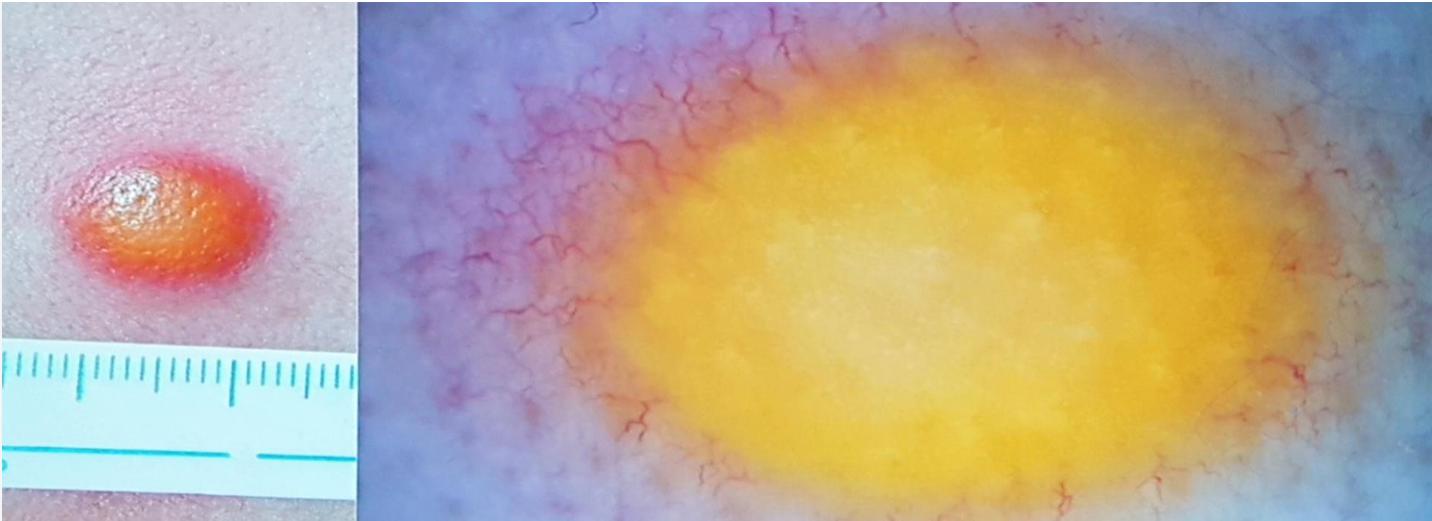
Durícies/ull de poll

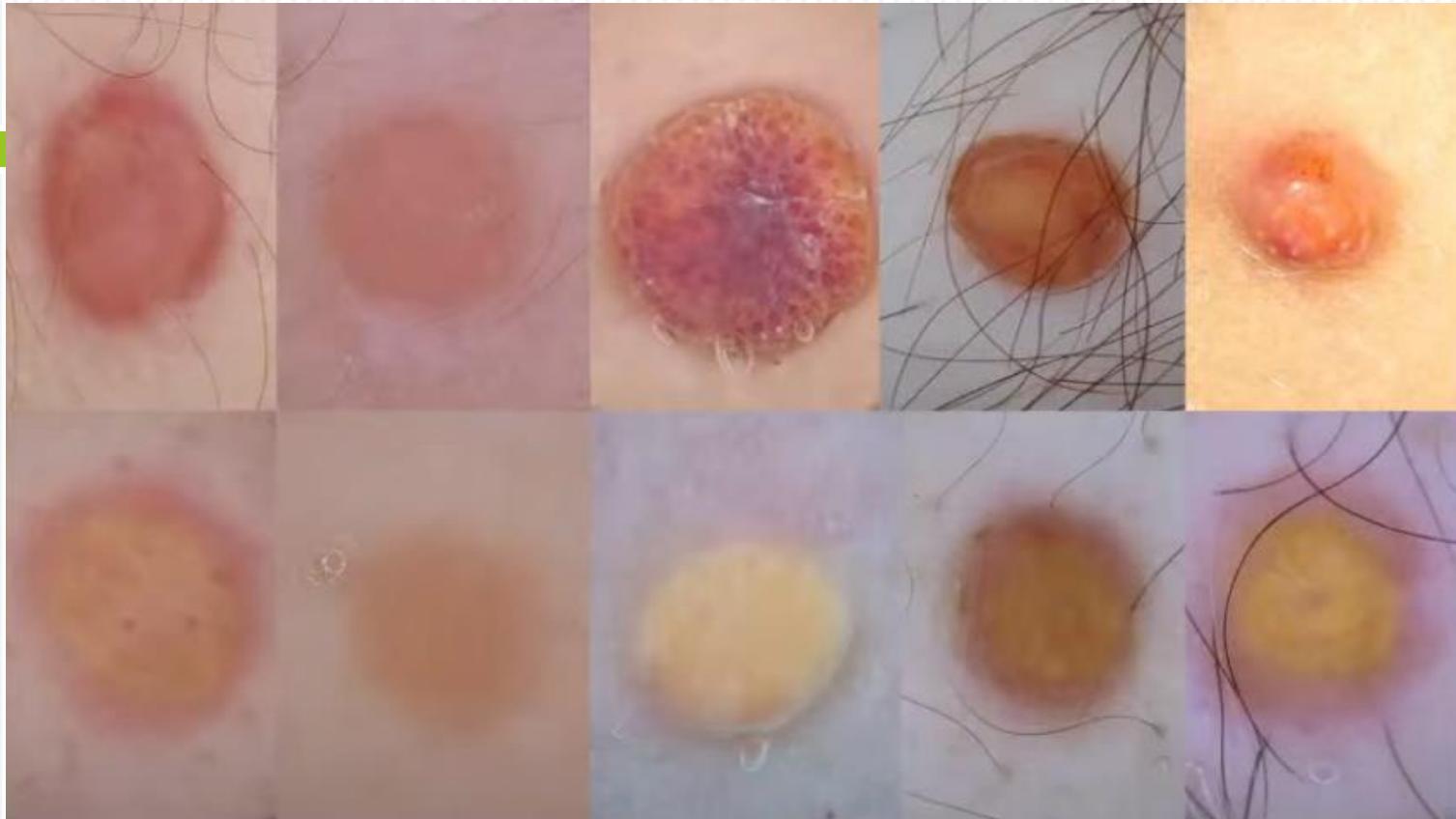


Hiperplàsia sebàcia

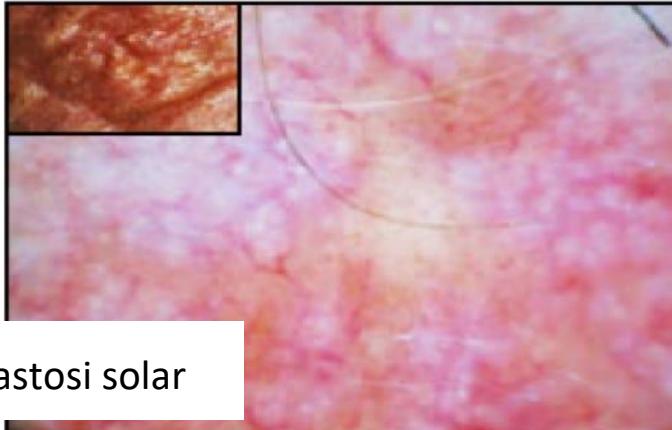
# Lesions predominantment groc/taronja:

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

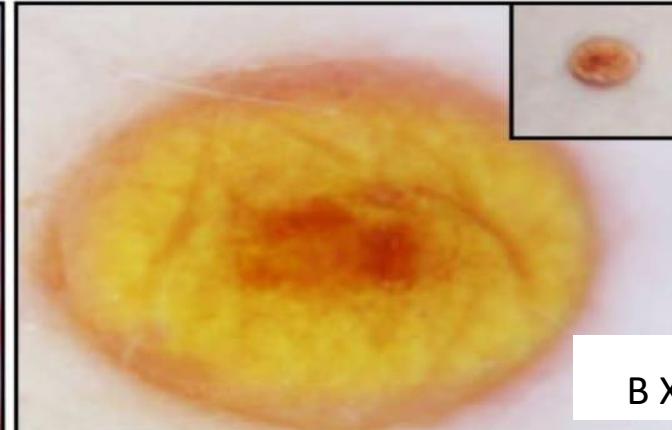




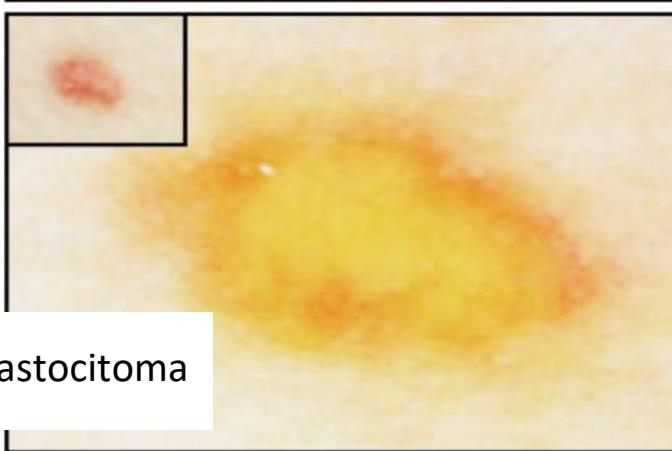
**Les escales de colors al XGJ**



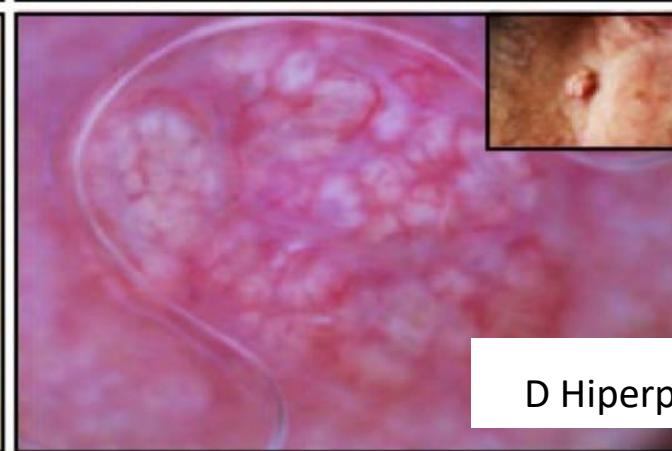
A Elastosi solar



B XGJ



C Mastocitoma



D Hiperplasia sebàcia

# Lesions inflamatòries que contenen groc



Pitiriasi rosada



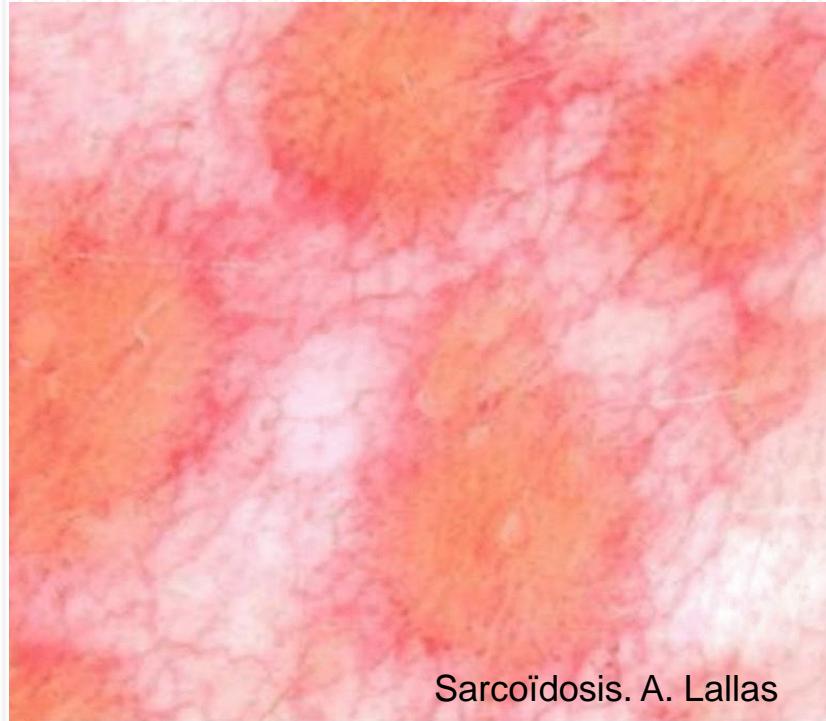
Dermatitis seborreica

# Lesions predominantment taronges:

- **Sarcoïdosis**- Vasos lineals+taronja
- **Leishmaniosis**- Taps fol·liculars (“Llàgrimes grogues”)+taronja
- **Rosàcia**: taps taronges perifol·liculars
- **Necrobiosis lipoidica**: fons taronja+xarxa densa de vasos lineals

# Lesions predominantment taronges:

Vasos lineals+taronja



Sarcoïdosis. A. Lallas

Font: dermoscopèdia

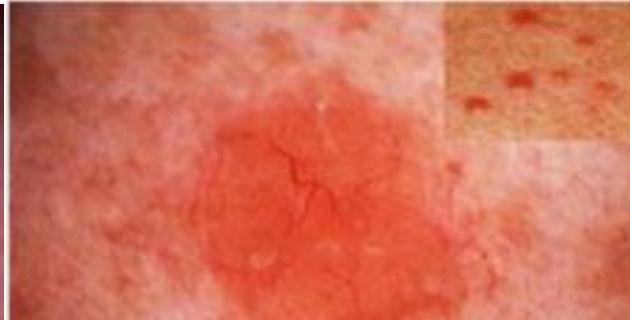
- Vasos poligonals



Rosàcia  
Font: dermoscopèdia



A Rosàcia



B Sarcoïdosis cutània



C Necrobiosis lipoidica



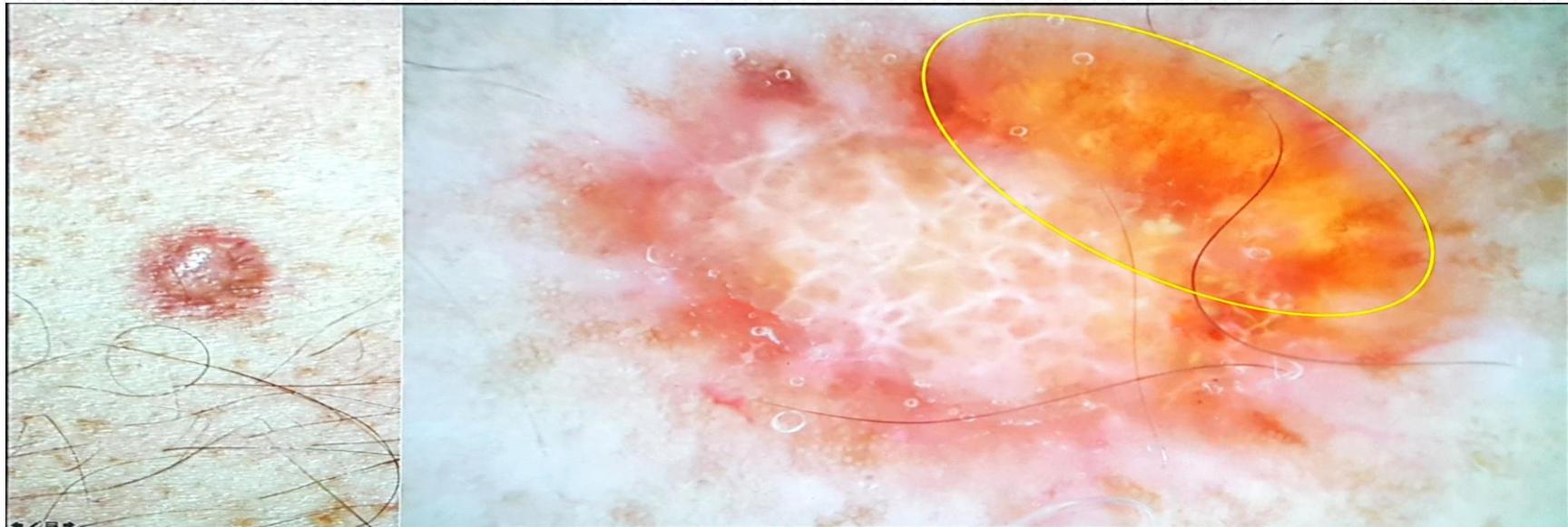
D Leishmaniasis

# Infiltrats de cèlules plasmàtiques:

- Balanitis de Zoon: Taronja+vasos lineals



# Tumors que a vegades tenen taronja

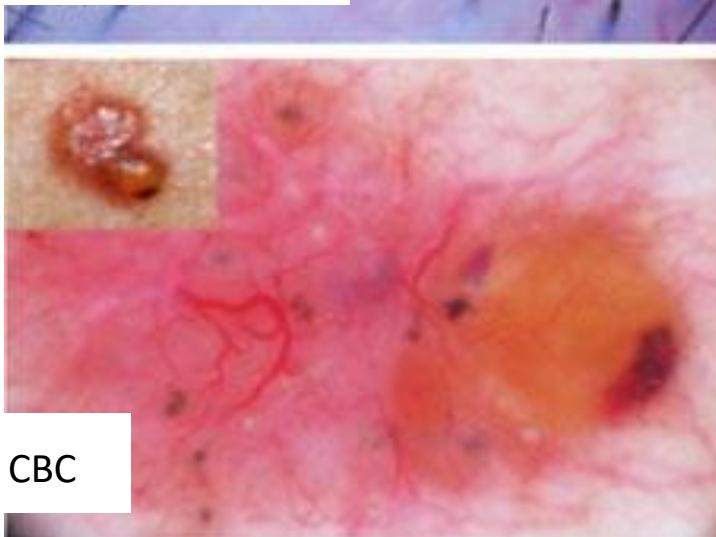




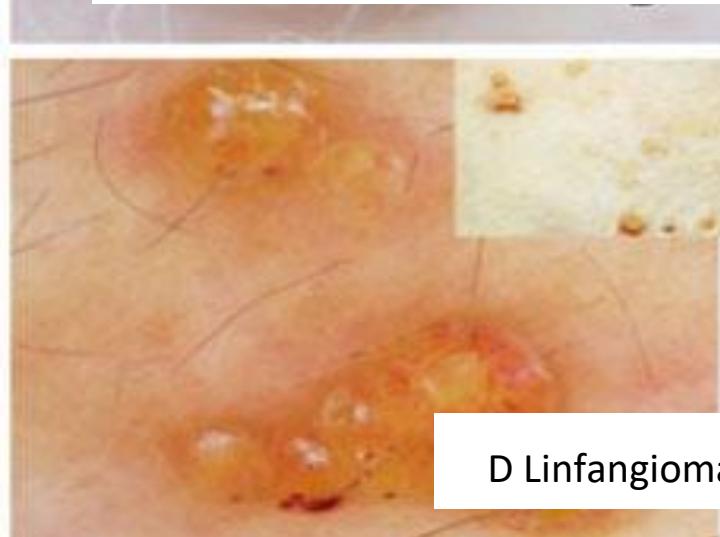
A nevus lipomatós cutani



B nevus melanocític de pacient albí



C CBC



D Linfangioma cutani



MARRÓ





# To Distribució Estructura

To

Monocroma

Absents

Distribució

Simètrica

Asimètrica

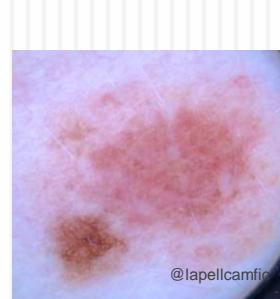
Estructures

Visibles

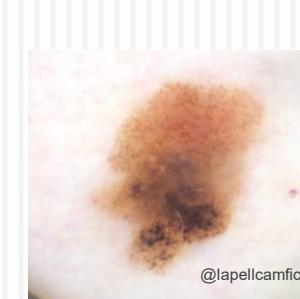
Policromia



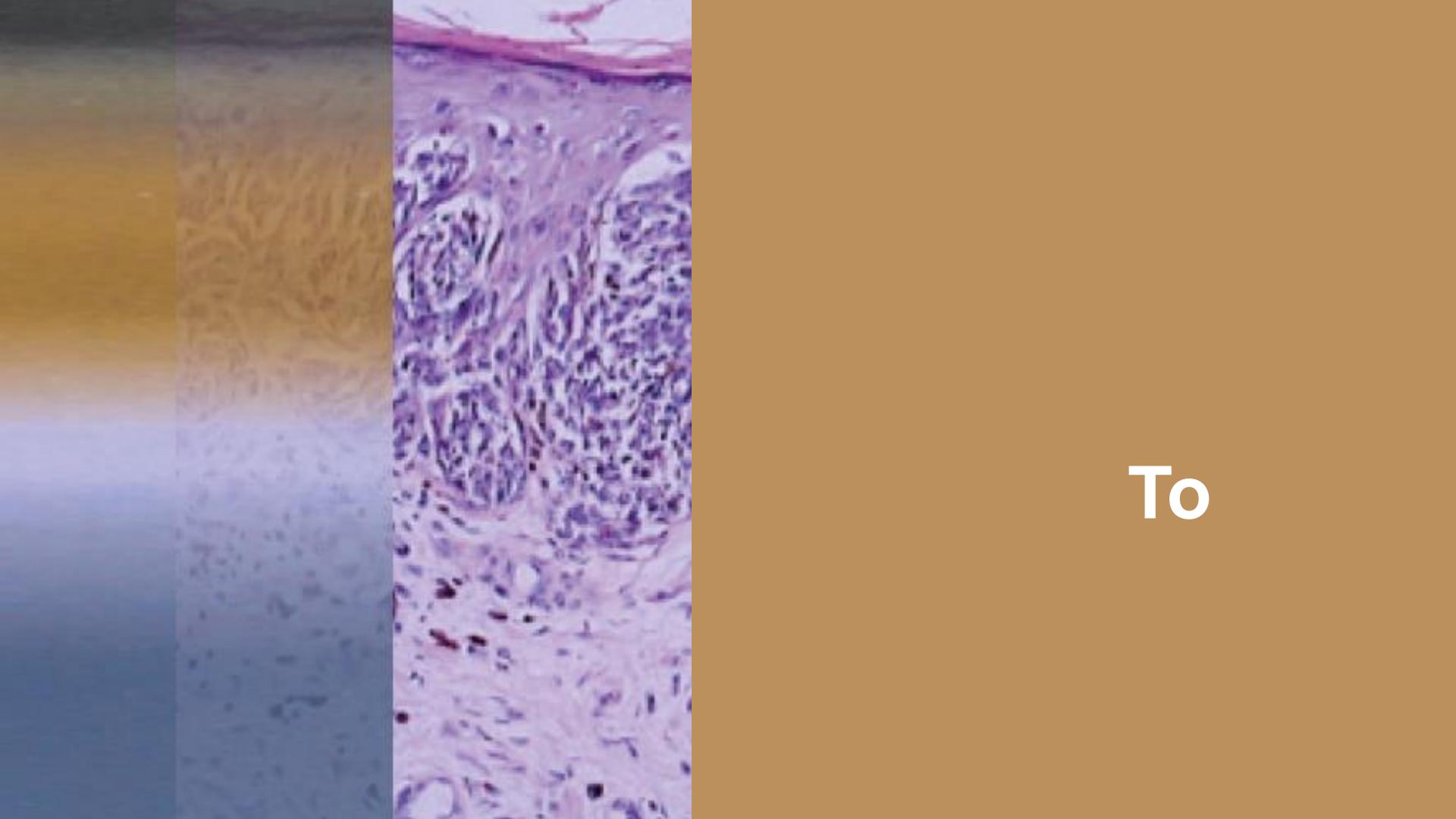
Nevus comú



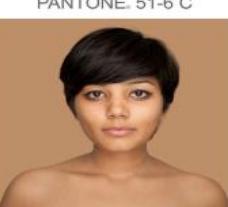
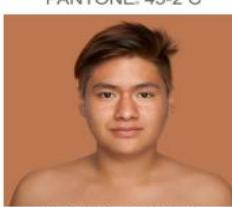
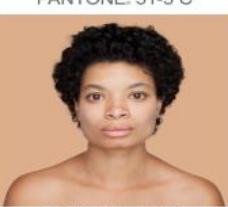
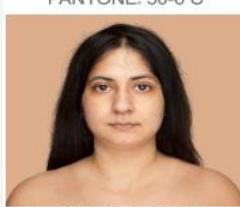
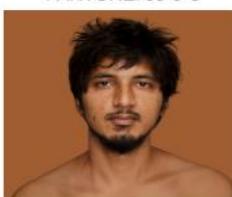
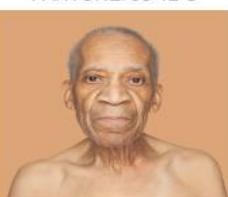
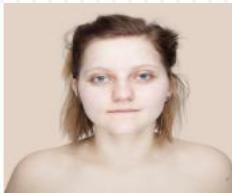
Nevus displàsic



Melanoma

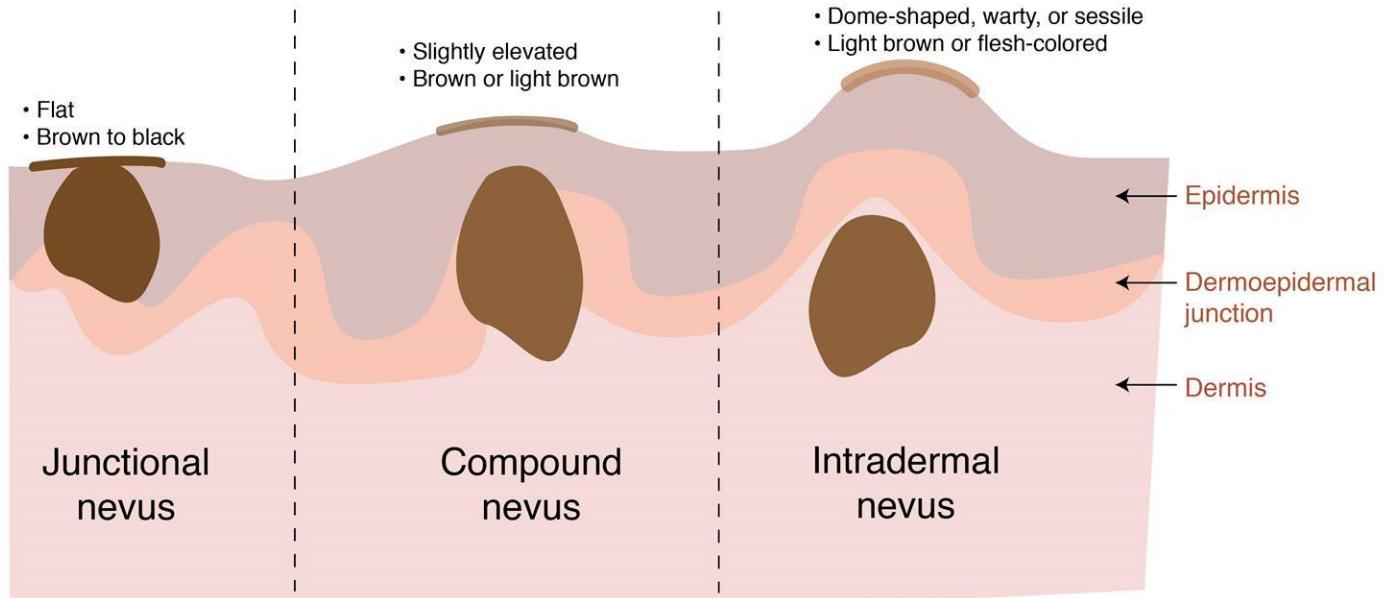


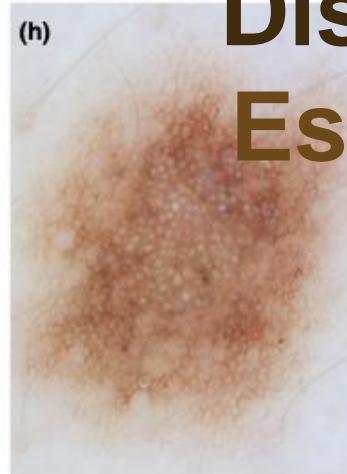
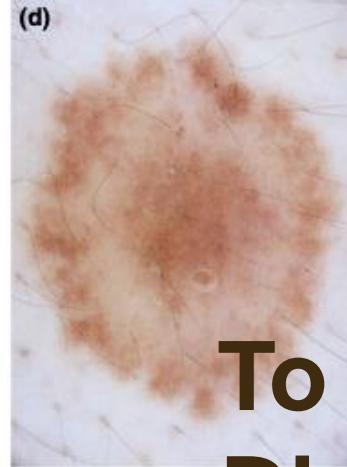
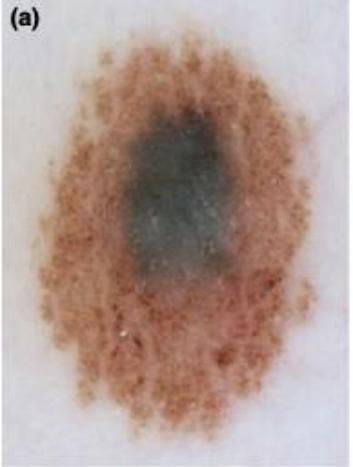
To



# PANTONE: guia del color identificats amb codis

# Melanocytic Nevi





To (color segons localització)  
Distribució  
Estructura

# TIEMPO

Growth

Stabilization

Involution



Adolescence

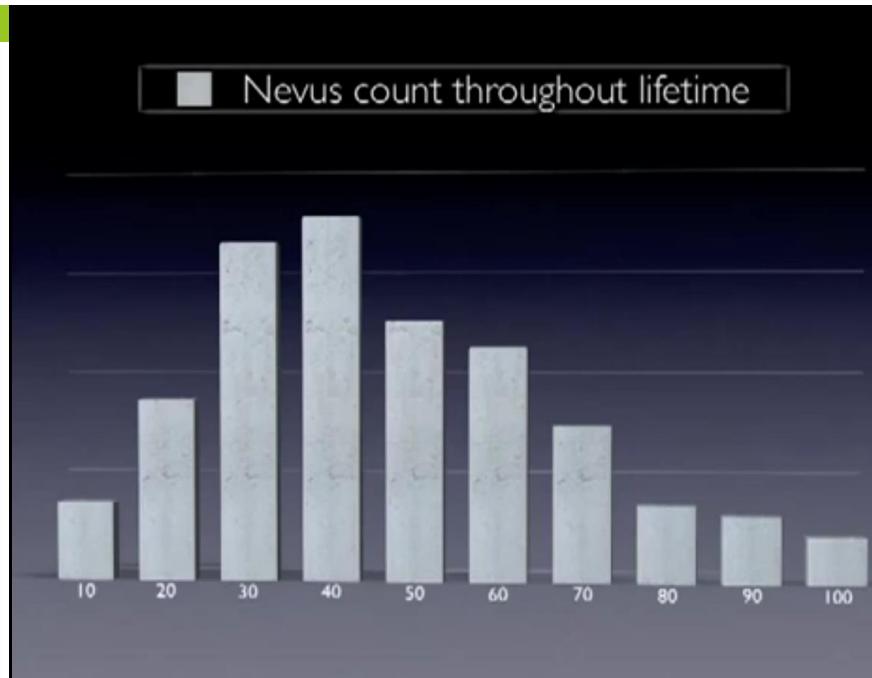
Adulthood

Elderly

Font: Dr Marc Sagristà



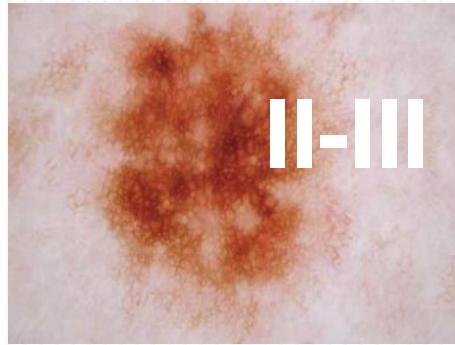
PASSATS ELS 50 ANYS UN “NEVUS” NOU o que CREIX-> SOSPITÒS  
(SOBRETODI SI MÈS DE 5 mm)



Desapareixen progressivament a partir dels 50 anys.  
**NO ESPERAREM Q CREIXIN NI APAREGUIN NEVUS PASSATS  
ELS 50 ANYS.**



To

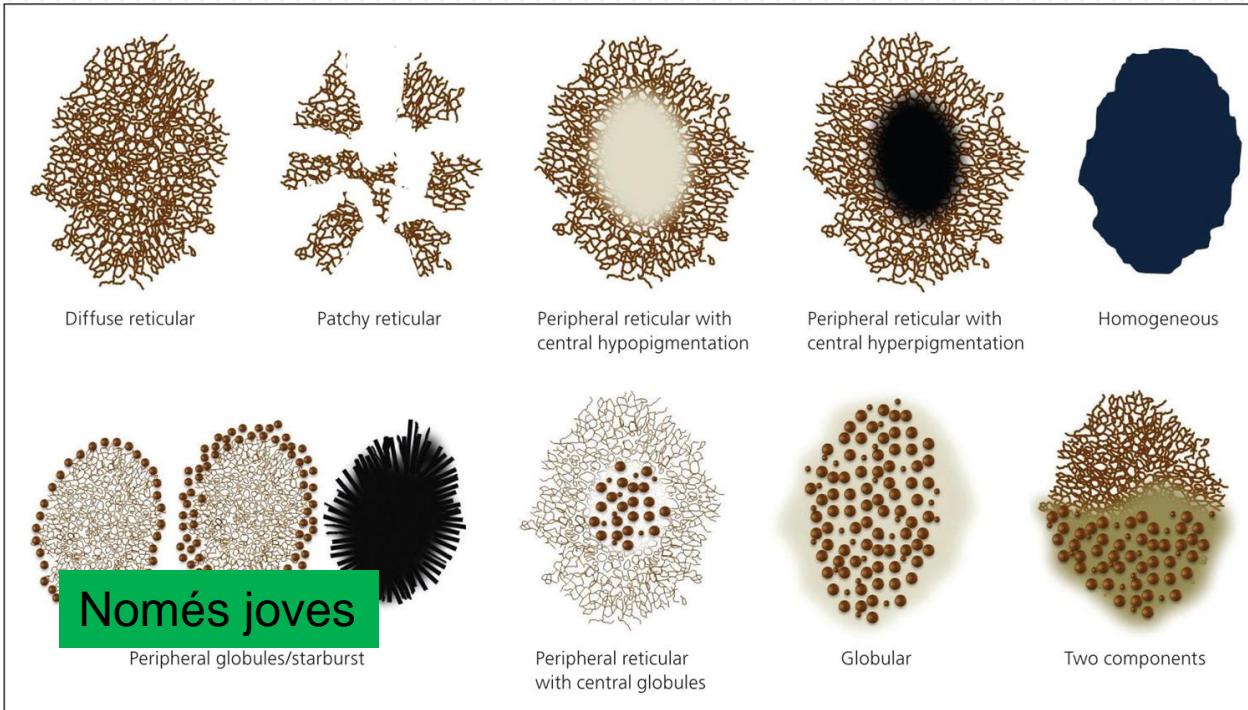


Fototip

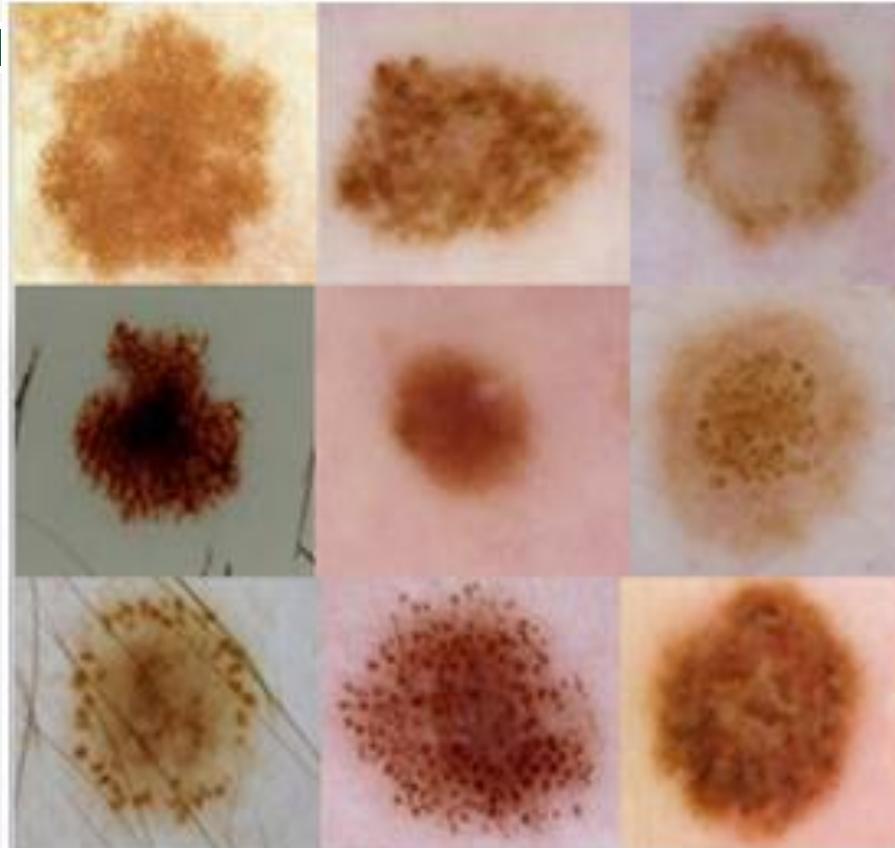
Zalaudek I et al. *Nevus Type in Dermoscopy Is Related to Skin Type in White Persons*. Archives of Dermatology, 143(3).

# Distribució

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



# Patrons de lesió melanocítica benigna



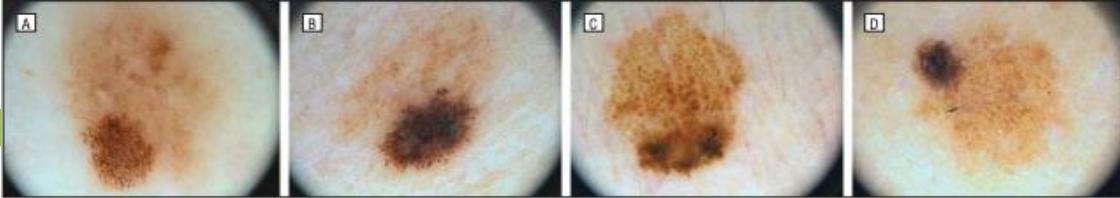
Patrón reticular difuso	Patrón reticular parcheado	Retículo periférico con hipopigmentación central
Retículo periférico con hiperpigmentación central	Patrón marrón homogéneo	Patrón reticular con globulos centrales
Patrón reticular con corona de globulos	Patrón globular	Patrón simétrico multicomponente

# BLOTCH O ILLA

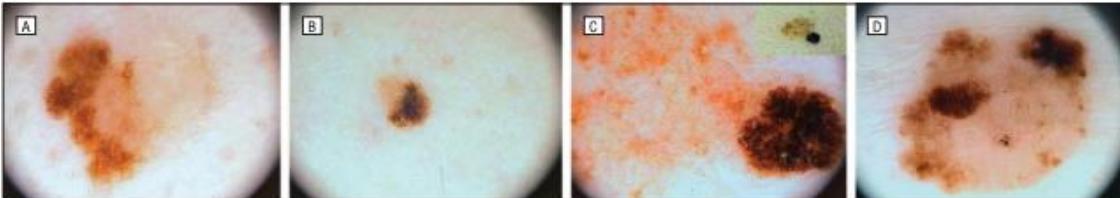


[www.dermnethz.org](http://www.dermnethz.org)

# 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.

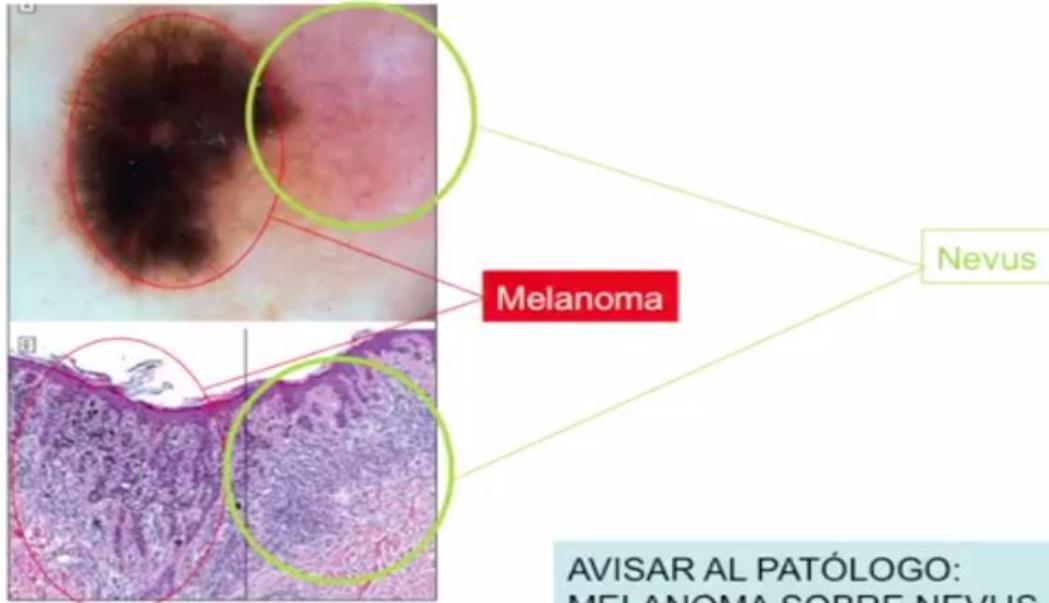


**Figure 3.** Dermoscopic images of in situ melanomas containing a dermoscopic island (original magnification  $\times 20$  for all). A-C, Reticular islands located on globular, homogeneous, and reticular backgrounds, respectively. In C, the clinical image is illustrated at the upper right-hand corner.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

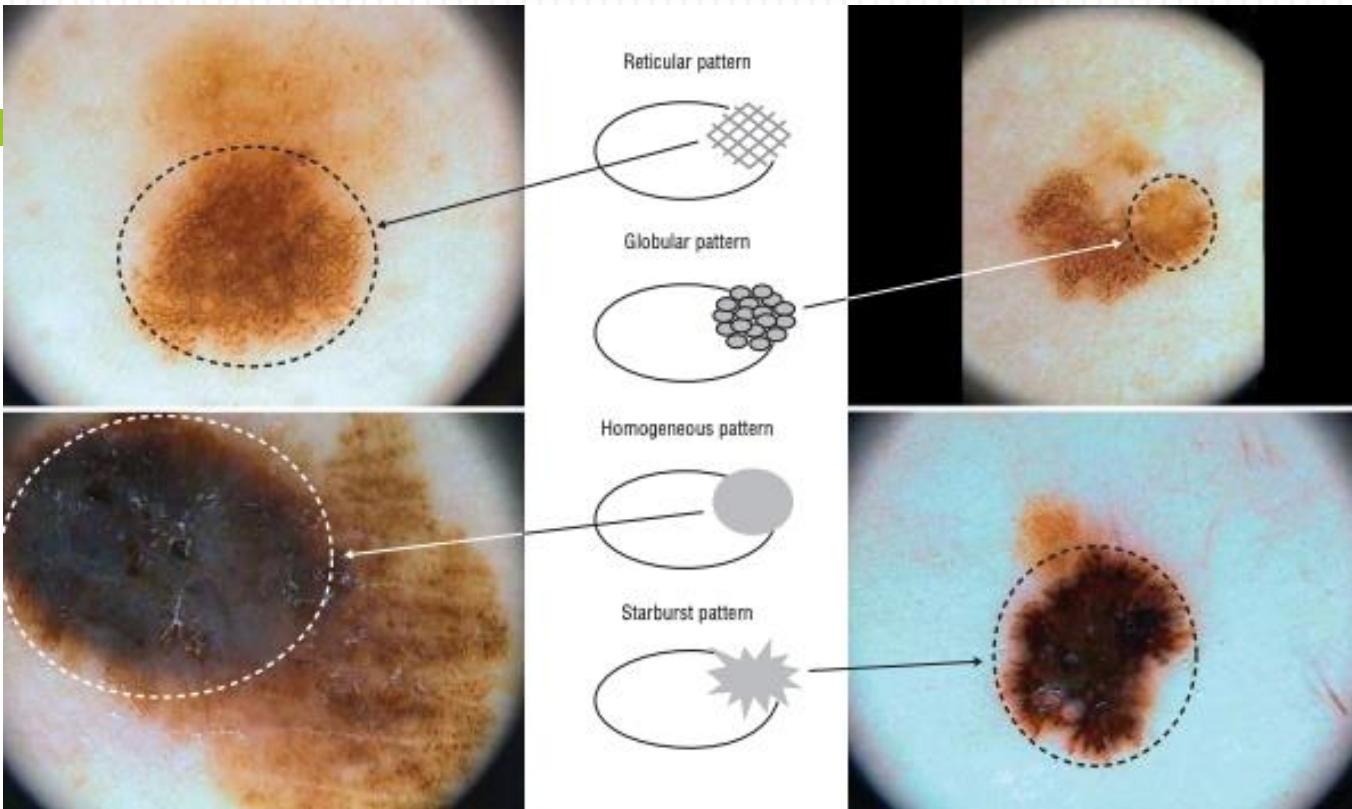
# Què vol dir una illa?



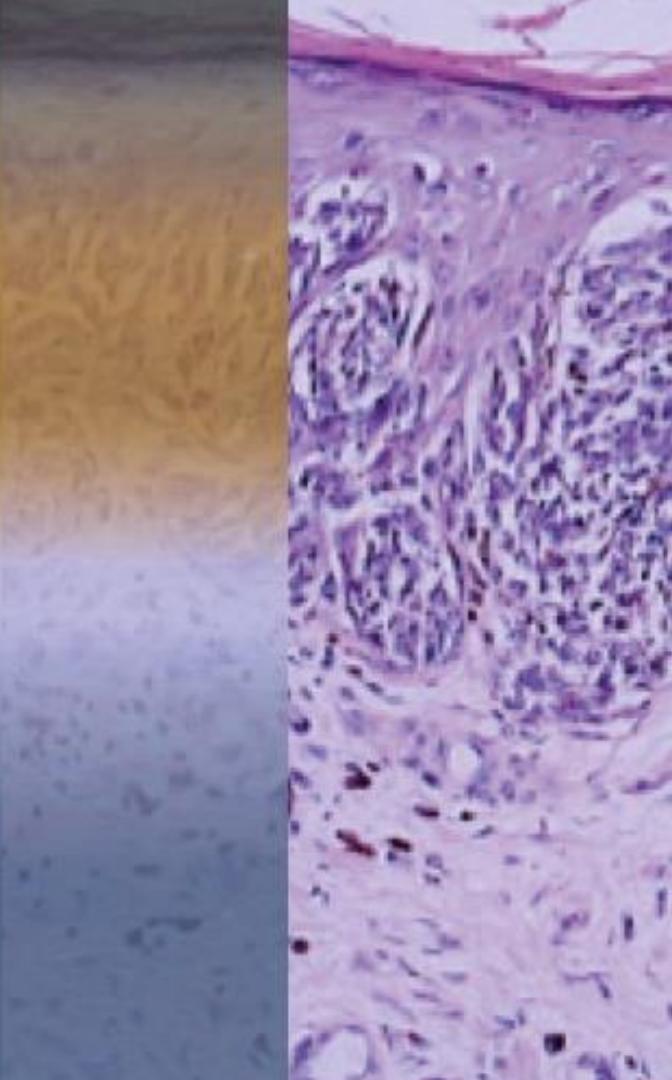
AVISAR AL PATÓLOGO:  
MELANOMA SOBRE NEVUS

Figure 5. An example of a dermoscopic island corresponding to a melanoma arising in a nevus. A. The dermoscopic image shows a stainburst island on a globular background (original magnification  $\times 30$ ). B. Histopathologic examination reveals a compound nevus left of the vertical line and atypical melanocytes along the dermoeplidermal junction right of the vertical line (hematoxylin-eosin,  $\times 50$ ).

# Distribució

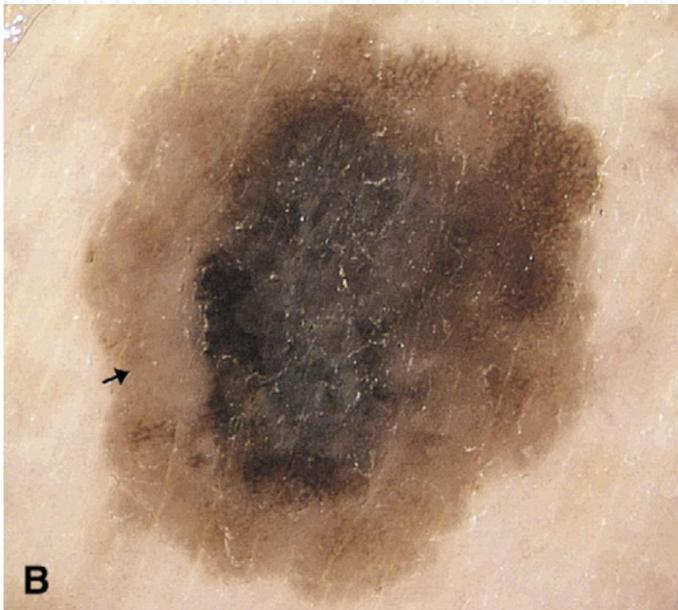


Borsari S. et al. *Dermoscopic Island. Archives of Dermatology, 146(11).*

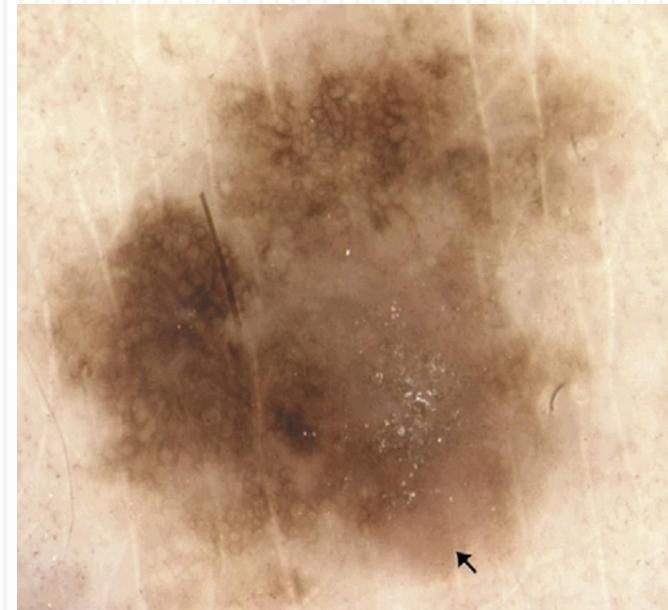


# Estructura

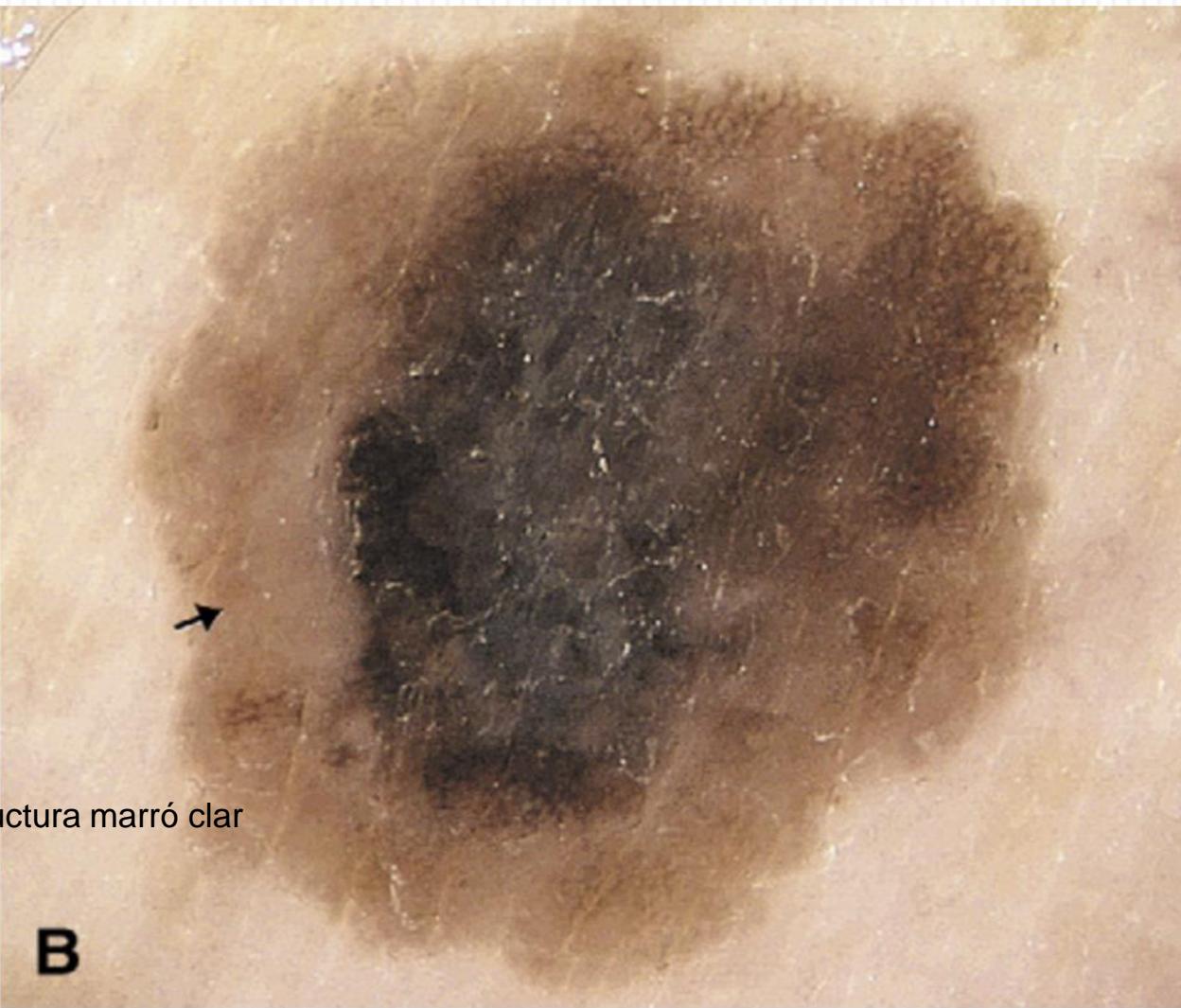
# Estructura



**B**

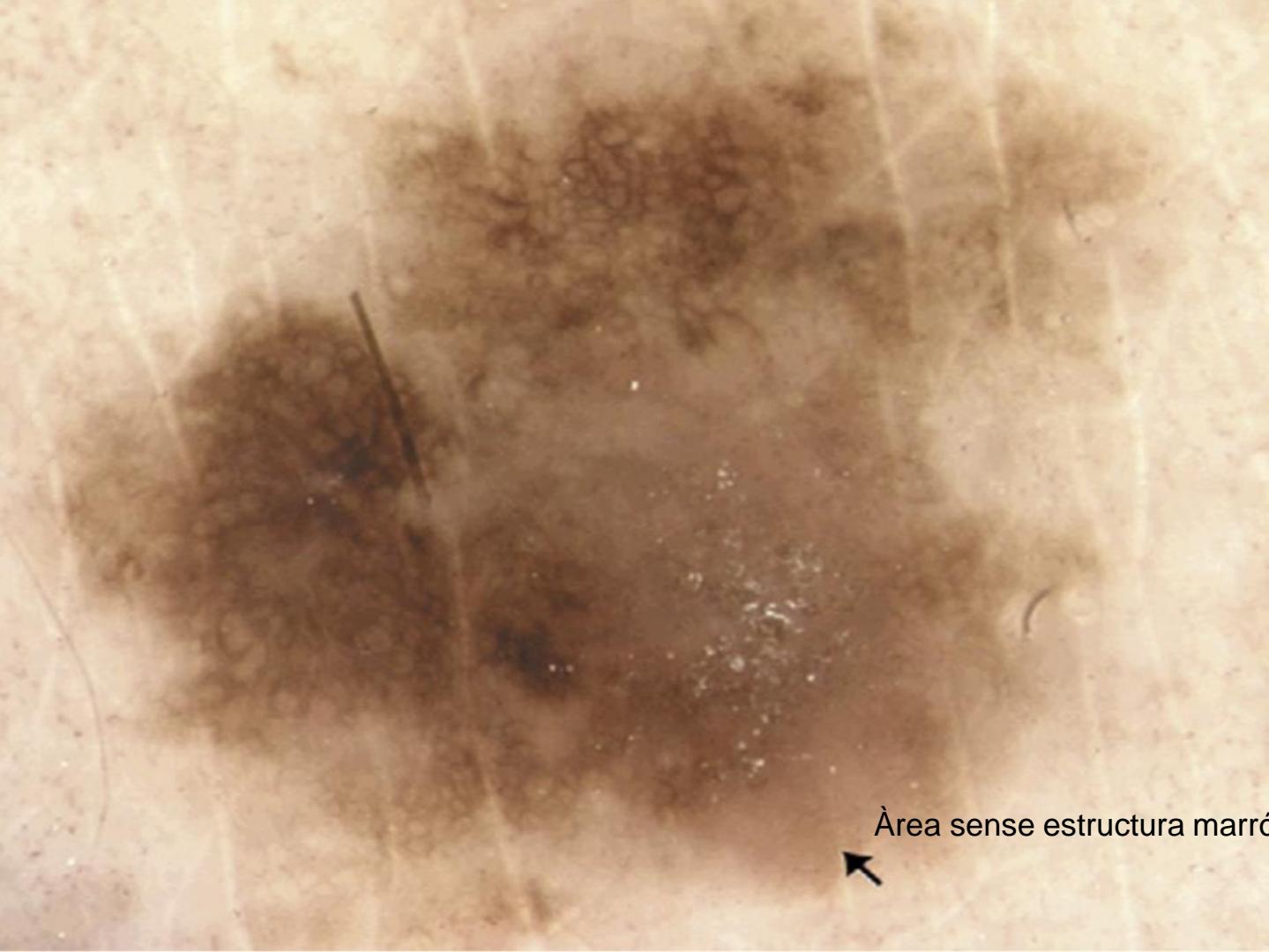


Annessi G, Bono R, Sampogna F, Faraggiana T, Abeni D. *Sensitivity, specificity, and diagnostic accuracy of three dermoscopic algorithmic methods in the diagnosis of doubtful melanocytic lesions.* Journal of the American Academy of Dermatology, 56(5), 759–767.



Àrea sense estructura marró clar

**B**



Àrea sense estructura marró clar

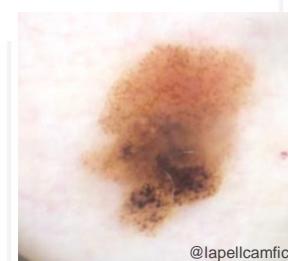




Nevus comú



Nevus displàsic



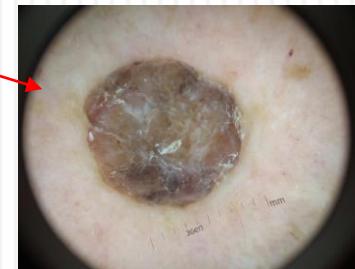
Melanoma

## Tipus de melanoma:

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



2.Nòduls marrons/negres: **MM nodular**



3.Lesions marrons i vermelles: **MM hipomelanòtics**



4.Nòduls nous damunt taca: **MM sobre nevus**

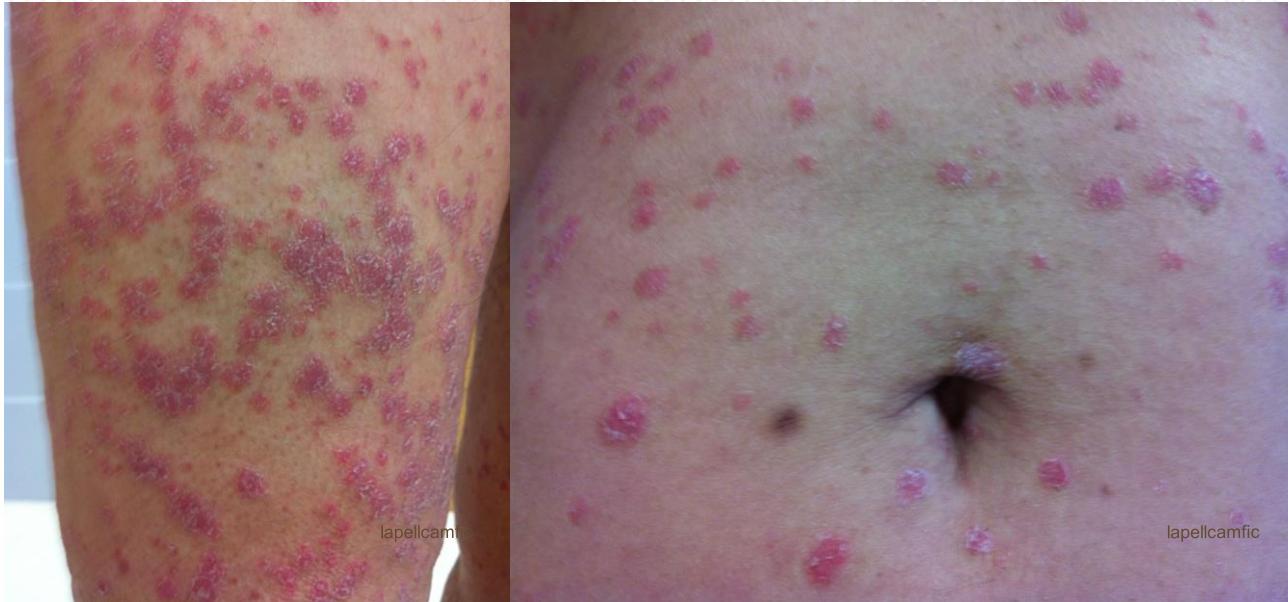


The background of the image is a dense, overlapping field of red poppies. Each flower has five petals and a dark, fuzzy center. The lighting creates highlights and shadows on the petals, giving them a three-dimensional appearance. The flowers are packed closely together across the entire frame.

**VERMELL (ROSA)**

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

# Context clínic

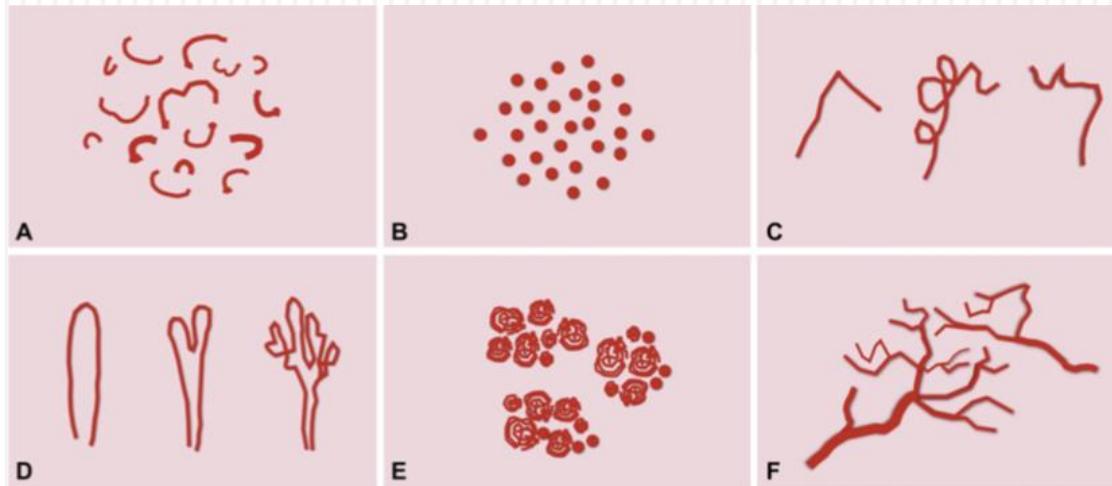


Sempre S'ha de despollar al pacient!

# Procés diagnòstic

## Morfologia vascular

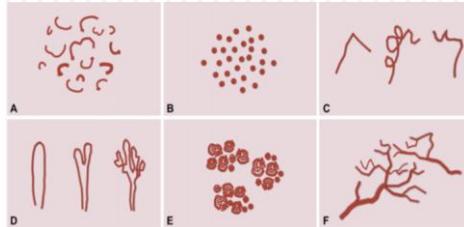
- Monomorfa
- Polimorfa



# Procés diagnòstic

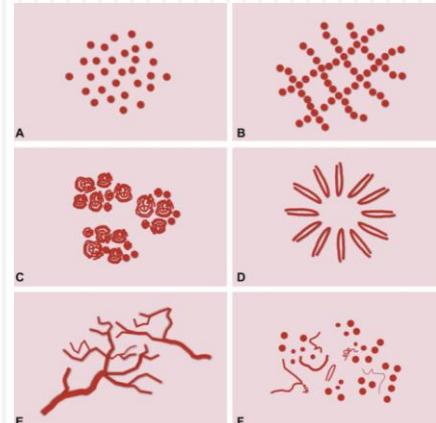
## Morfologia vascular

- Monomorfa
- Polimorfa



## Distribució dels vasos

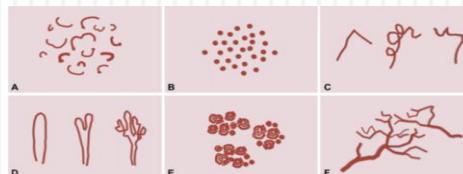
Zalaudek I, et al *How to diagnose nonpigmented skin tumors: A review of vascular structures seen with dermoscopy.* Journal of the American Academy of Dermatology, 63(3), 361-374.



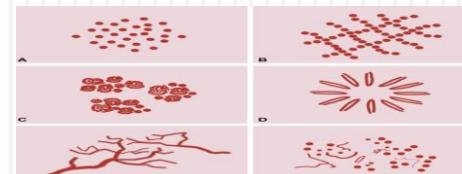
# Procés diagnòstic

Morfologia  
vascular

Monomorfa  
Polimorfa

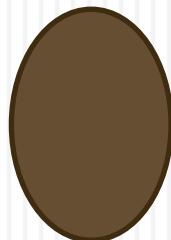


Distribució de vasos



## CLAUS ADICIONALS

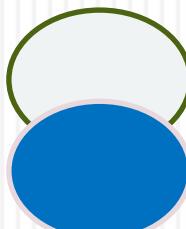
PIGMENT



ESCAMA/  
COLOR



VEL BLAU/BLANC



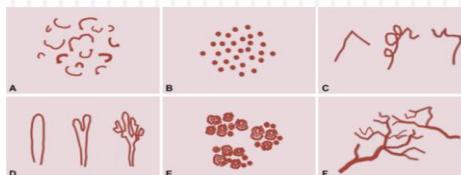
HALO BLANC



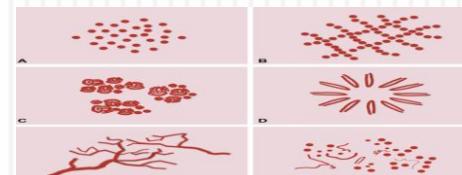
# Procés diagnòstic

Morfologia  
vascular

Monomorfa  
Polimorfa



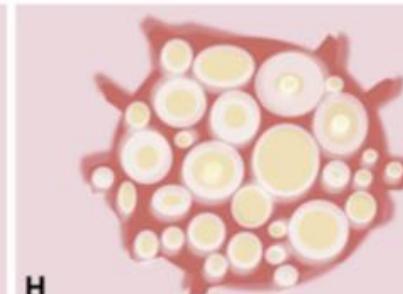
Distribució de vasos



## PATRONS ESPECIALS



G



H

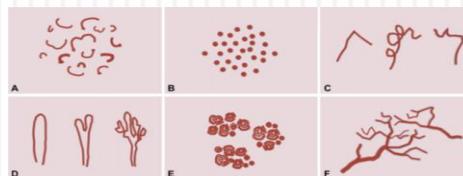


I

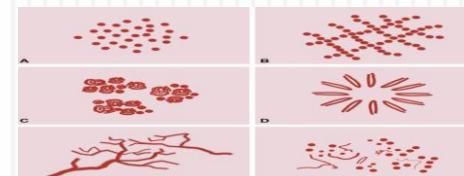
# Procés diagnòstic

Morfologia  
vascular

Monomorfa  
Polimorfa



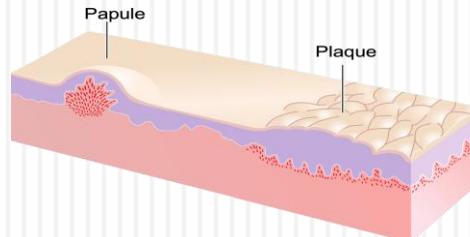
Distribució de vasos

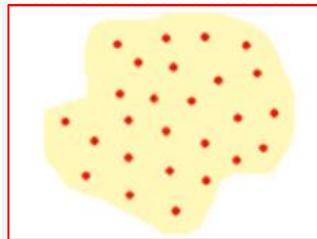


CLAUS ADICIONALS



PATRONS  
ESPECIALS

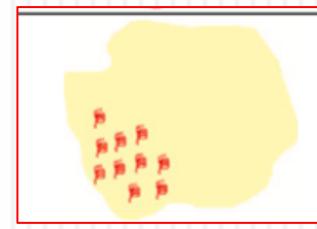




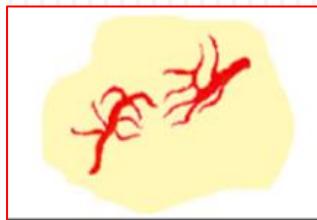
Vasos puntiformes



Vasos en forquilla



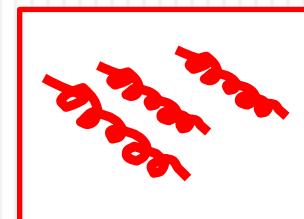
Vasos glomerulars



Vasos ramificados  
fins

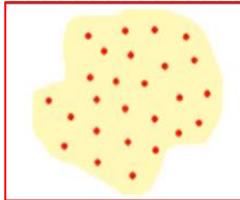


Vasos en coma



Vasos en  
“tirabuixó”

# VASOS PUNTIFORMES



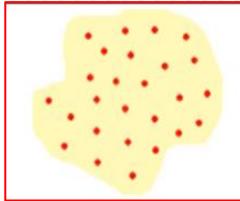
Vasos PUNTIFORMES

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



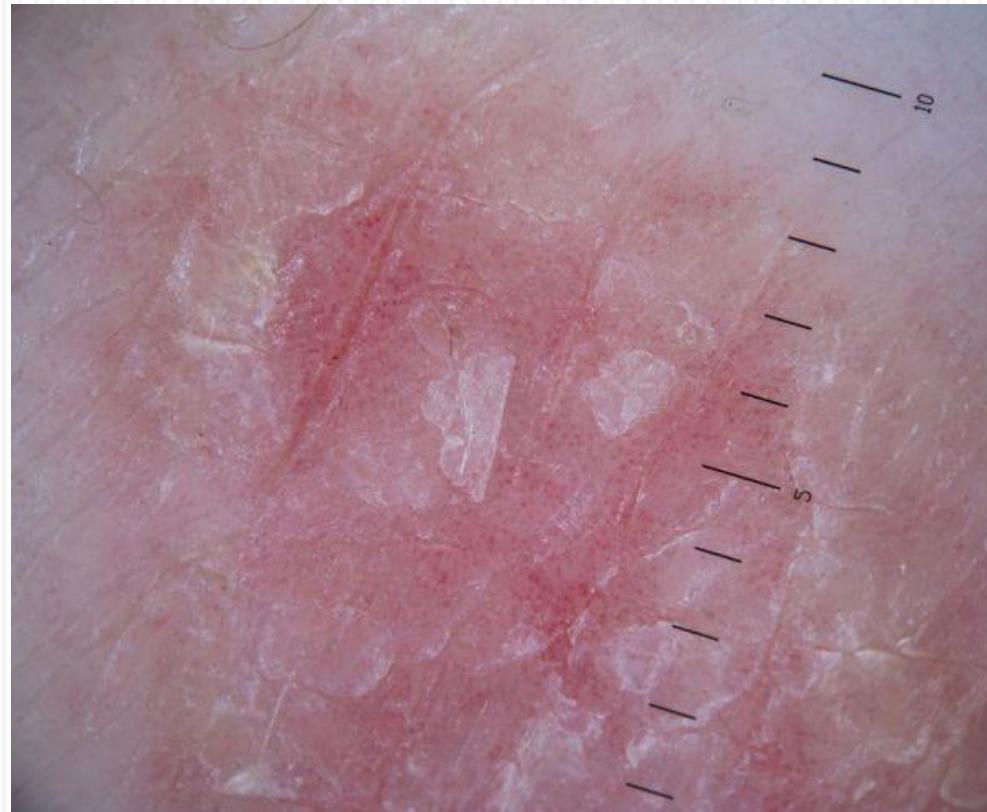
Zalaudek I, et al *How to diagnose nonpigmented skin tumors: A review of vascular structures seen with dermoscopy.*  
*Journal of the American Academy of Dermatology*, 63(3), 361–374.

# VASOS PUNTIFORMES

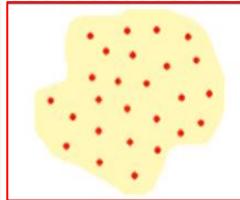


Vasos PUNTIFORMES

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



# VASOS PUNTIFORMES



Vasos PUNTIFORMES

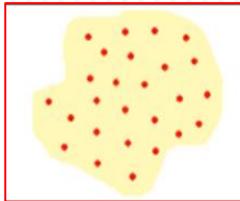
MELANOMA  
N. Spitz  
N. Atípic

Psoriasis/Dermatitis  
Berruges planes



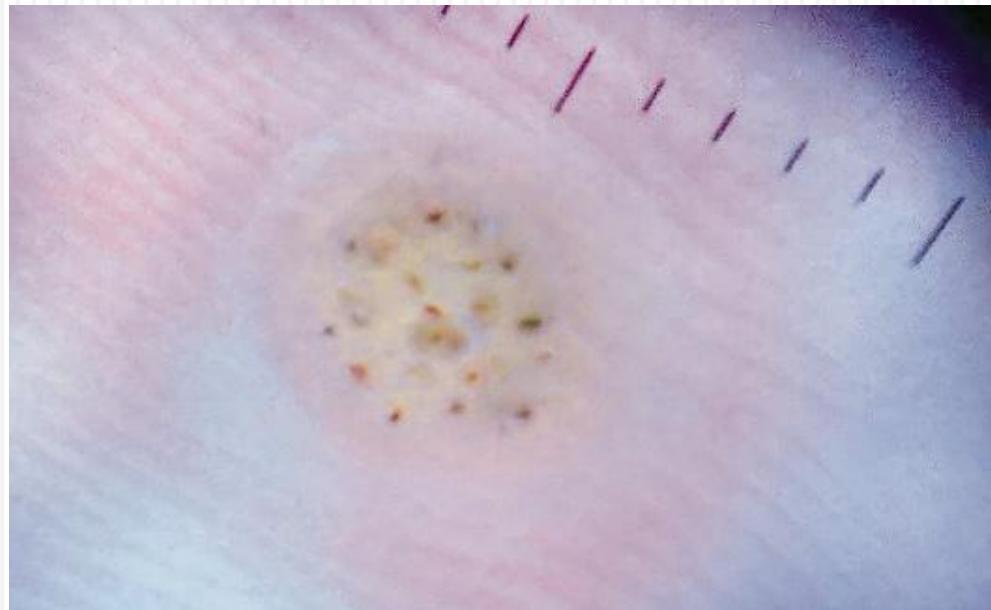
A diferència de la psoriasis, a les dermatitis les escates són groques i els vasos puntiformes no es distribueixen uniformement.

# VASOS PUNTIFORMES

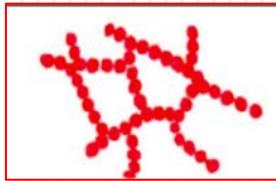


Vasos PUNTIFORMES

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



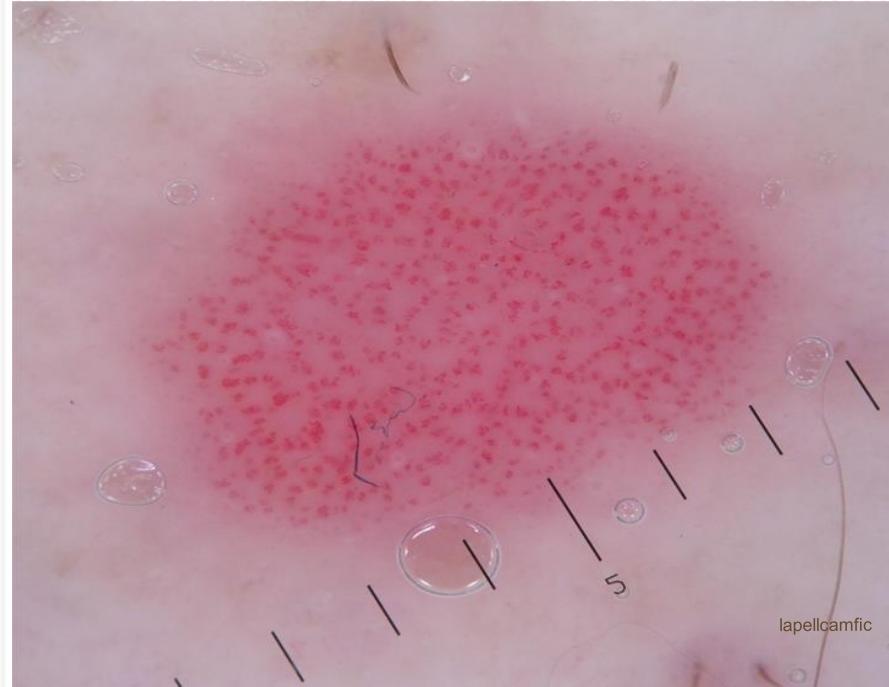
# VASOS PUNTIFORMES



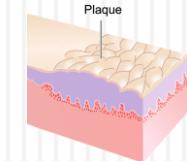
Vasos PUNTIFORMES

Acantoma de cel·lules clares

VASOS PUNTIFORMES O GLOMERULARS EN COLLAR DE PERLES



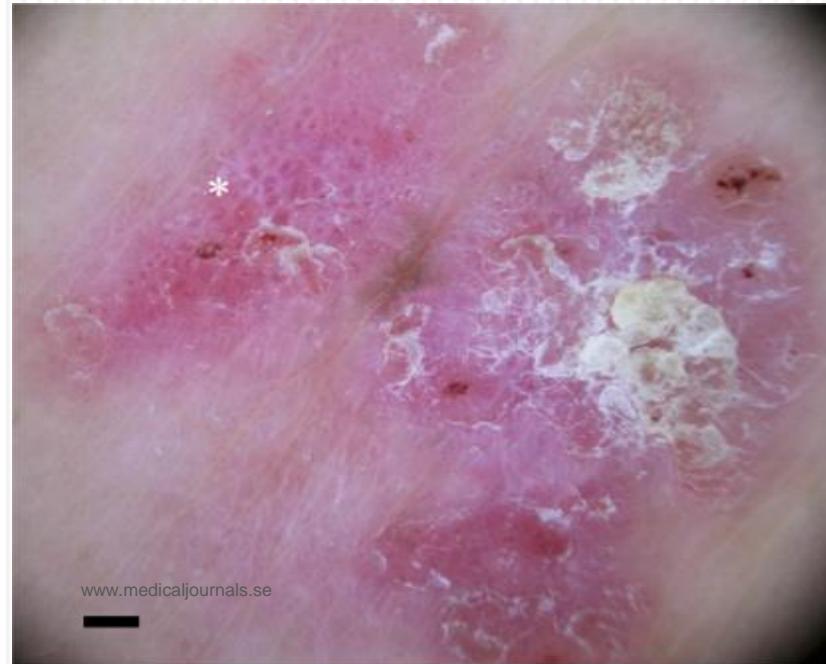
# VASOS GLOMERULARS



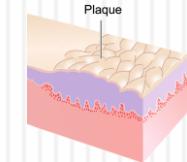
Vasos  
GLOMERULARS

BOWEN  
Dermatitis

VASOS GLOMERULARS EN “CLUSTERS” O AGRUPADES



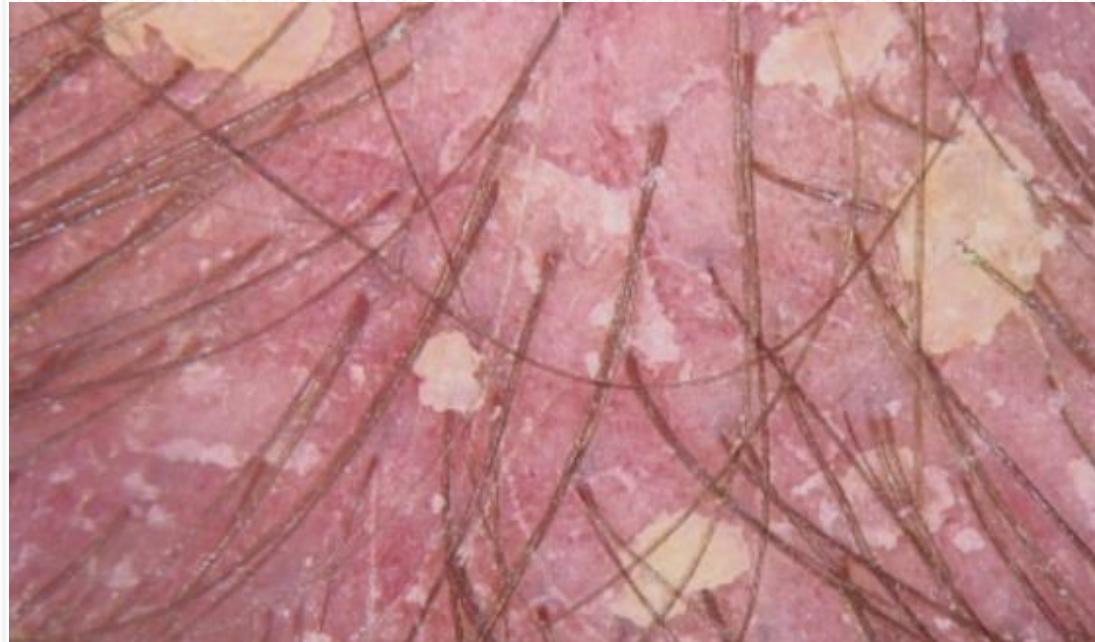
# VASOS GLOMERULARS



Vasos  
GLOMERULARS

BOWEN  
Dermatitis

VASOS GLOMERULARS EN “CLUSTERS” O AGRUPADES

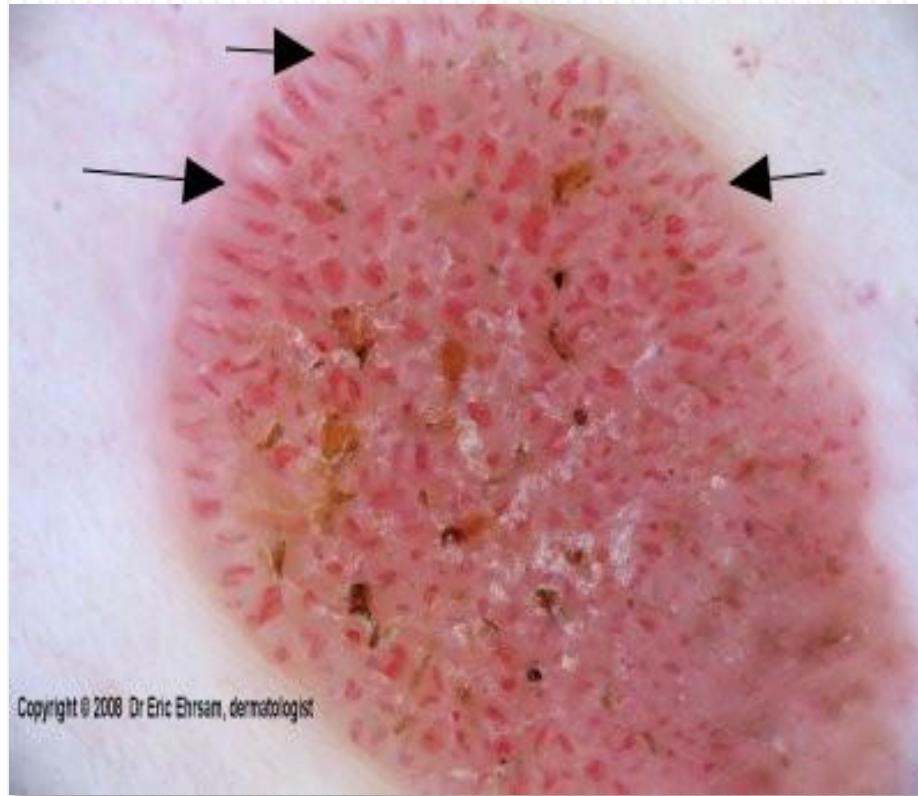


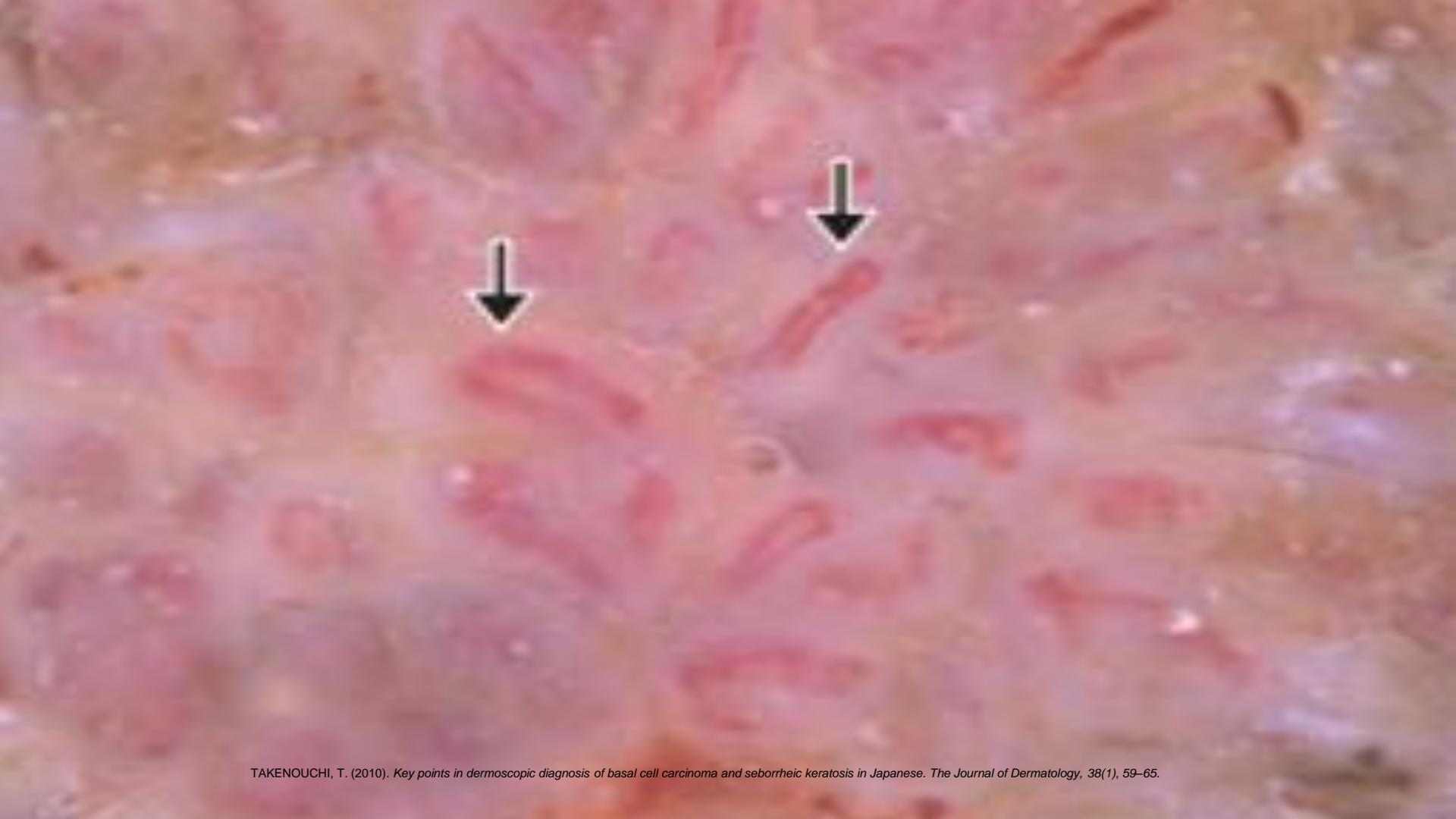
# VASOS EN FORQUILLA AMB HALO



Vasos  
EN FORQUILLA AMB  
HALO

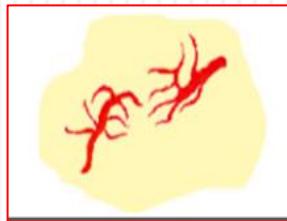
QS Irritada  
  
Tumors  
queratinizants



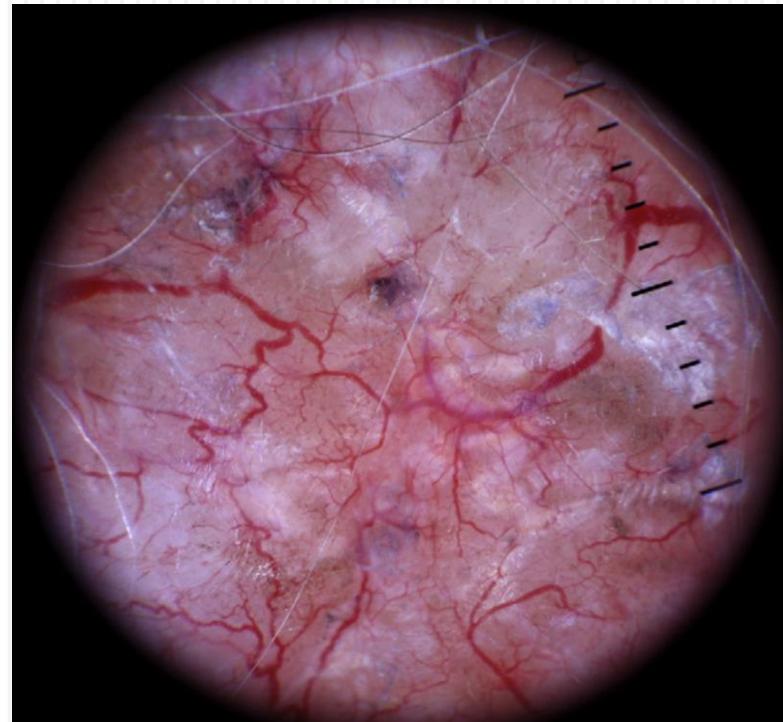


TAKENOUCHI, T. (2010). Key points in dermoscopic diagnosis of basal cell carcinoma and seborrheic keratosis in Japanese. *The Journal of Dermatology*, 38(1), 59–65.

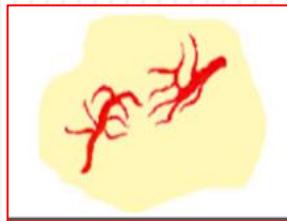
# VASOS RAMIFICATS



Vasos  
RAMIFICATS



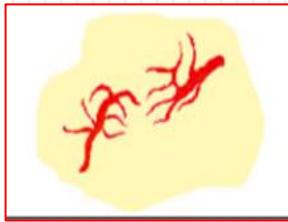
# VASOS RAMIFICATS



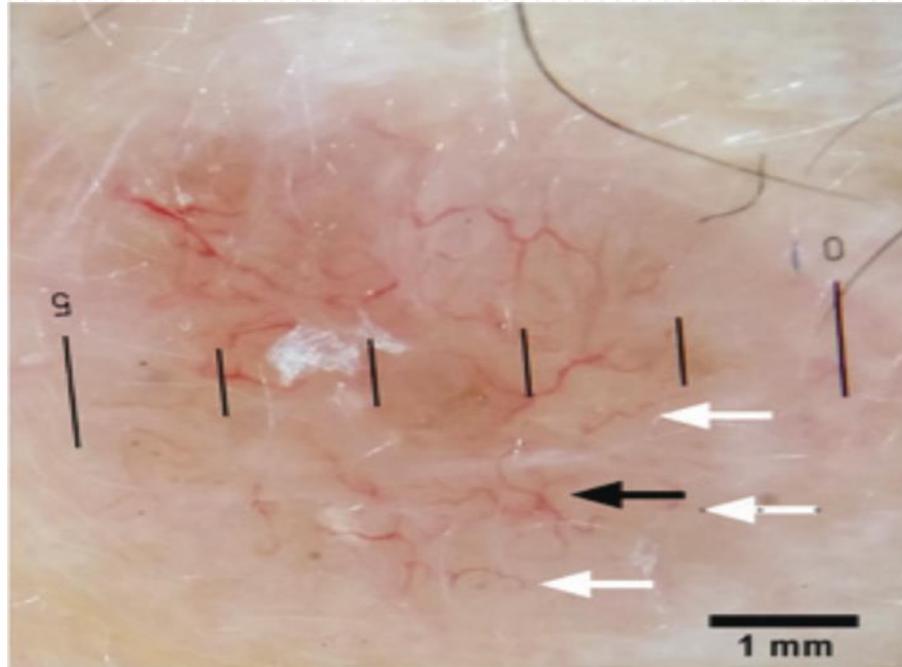
Vasos  
RAMIFICATS



# VASOS RAMIFICATS

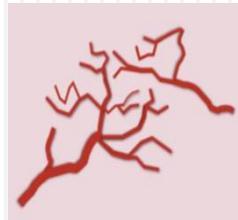
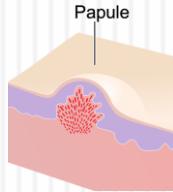


Múltiples vasos  
ramificats fins i més  
polimorfs en EEL



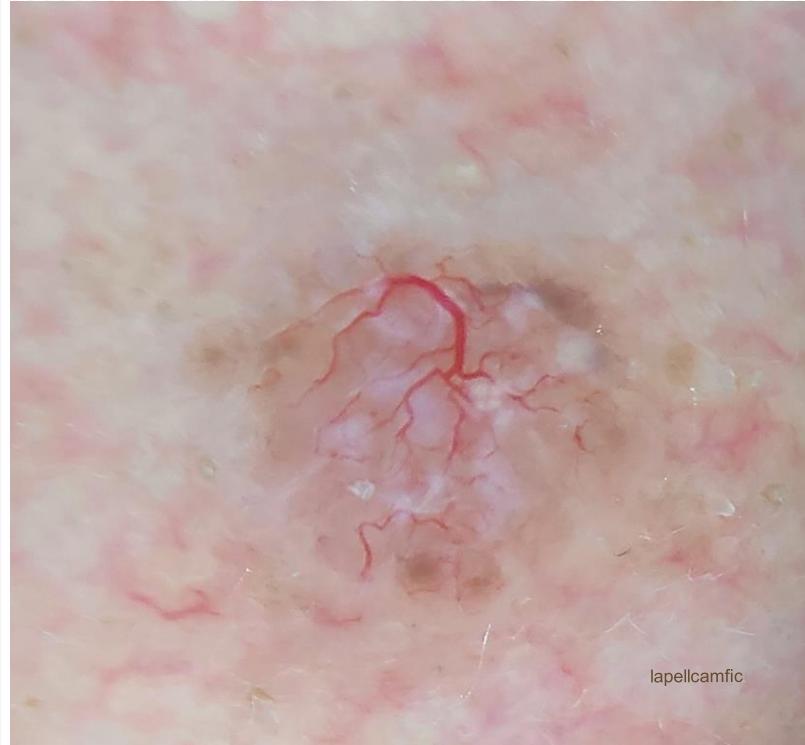
# VASOS RAMIFICATS

Papule

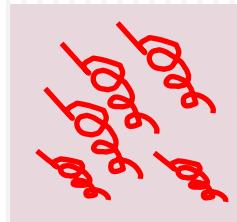
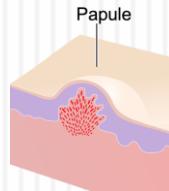


VASOS  
ARBORIFORMES

CBC



# VASOS EN TIRABUIXÓ

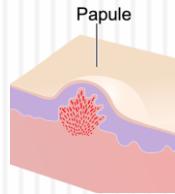


VASOS "TIRABUIXÓ"

METÀSTASI  
MELANOMA



# VASOS EN COMA

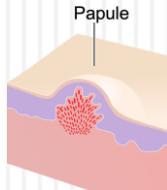


VASOS EN COMA

NEVUS  
DÈRMICS

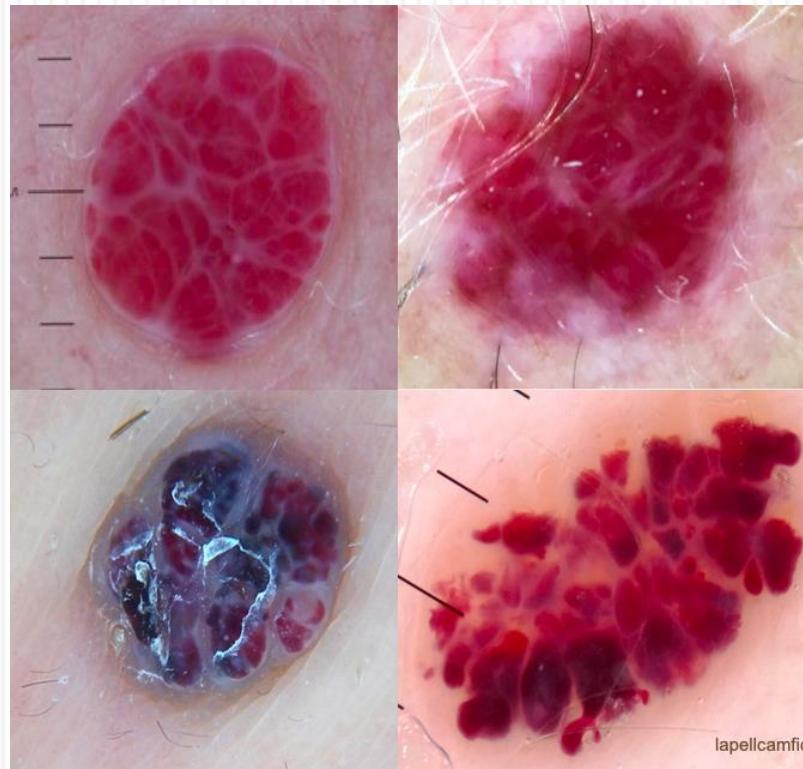


# LLACS VENOSOS

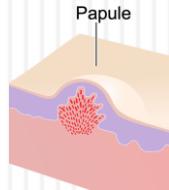


LLACS O "CLODS"  
VERMELL VINOSES

ANGIOMA  
ANGIOQUERATOM  
A



# LLACS VENOSOS



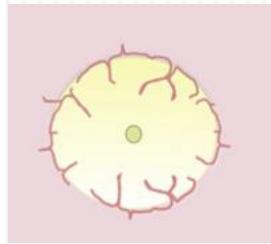
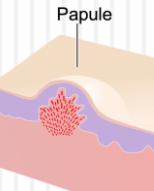
LLACS O "CLODS"  
VERMELL VINOSES

ANGIOMA  
ANGIOQUERATOMA



Absència de vasos o estructures  
pigmentades dins dels llacs

# PATRONS ESPECIALS: VASOS EN CORONA



VASOS EN CORONA

MOL·LÚSCUM  
HIPERPLÀSIA  
SEBÀCIA

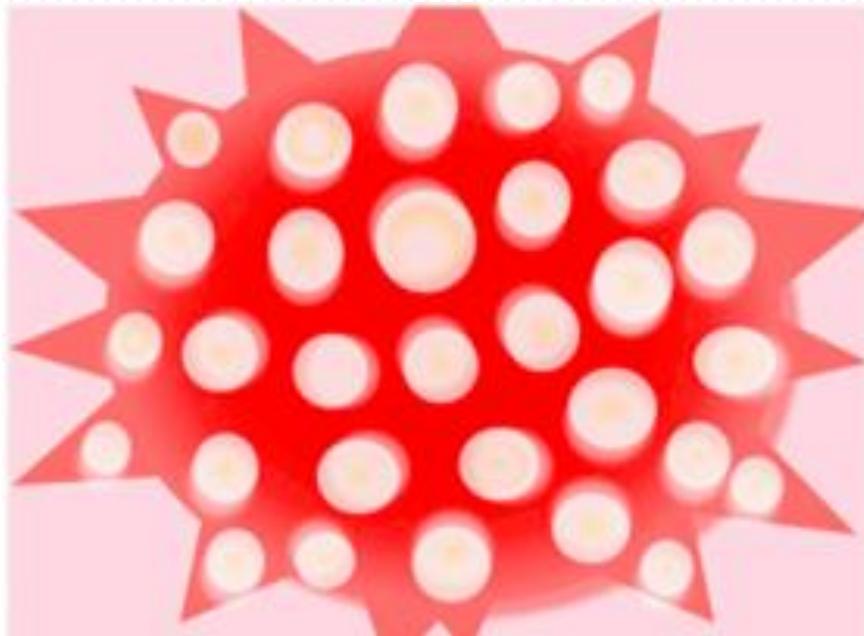


Fuente: Blanca Carlos Ortega: *Dermatoscopia. Utilidad y peculiaridades en piel pigmentada*: [www.accessmedicina.com](http://www.accessmedicina.com)  
Derechos © McGraw-Hill Education. Derechos Reservados.

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

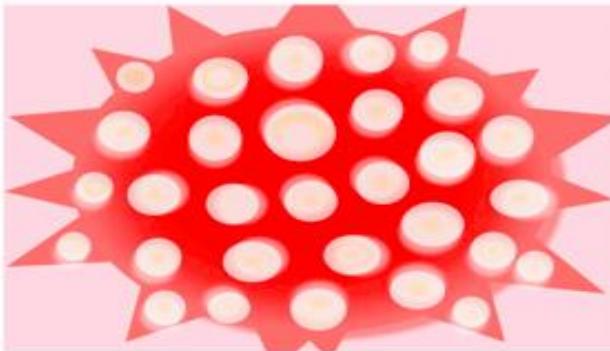
# PATRONS ESPECIALS: KA + CEC INVASOR

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



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.

**actinic keratosis**



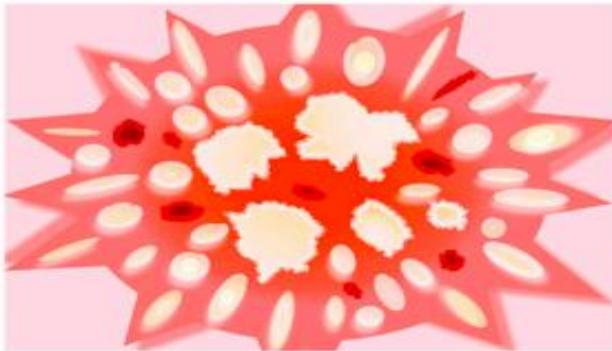
red pseudonetwork →

white structureless areas and dotted  
or hairpin vessels →



**intraepidermal carcinoma progressing  
into squamous cell carcinoma**

**actinic keratosis progressing into  
intraepidermal carcinoma**



red starburstpattern →

central mass of keratin and  
hairpin vessels →



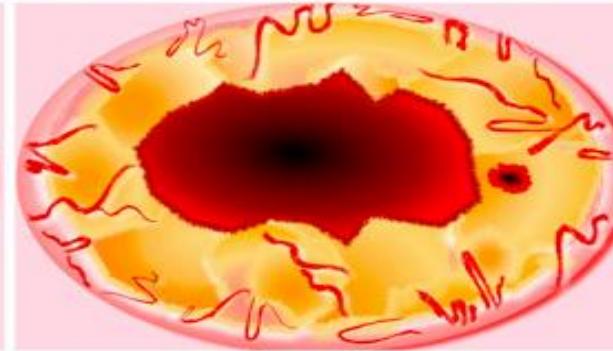
**minimal invasive squamous cell  
carcinoma**

**intraepidermal carcinoma**



yellow opaque structures and dotted  
vessels →

central mass of keratin, ulceration and  
linear-irregular vessels

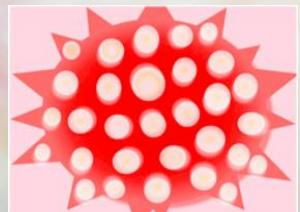


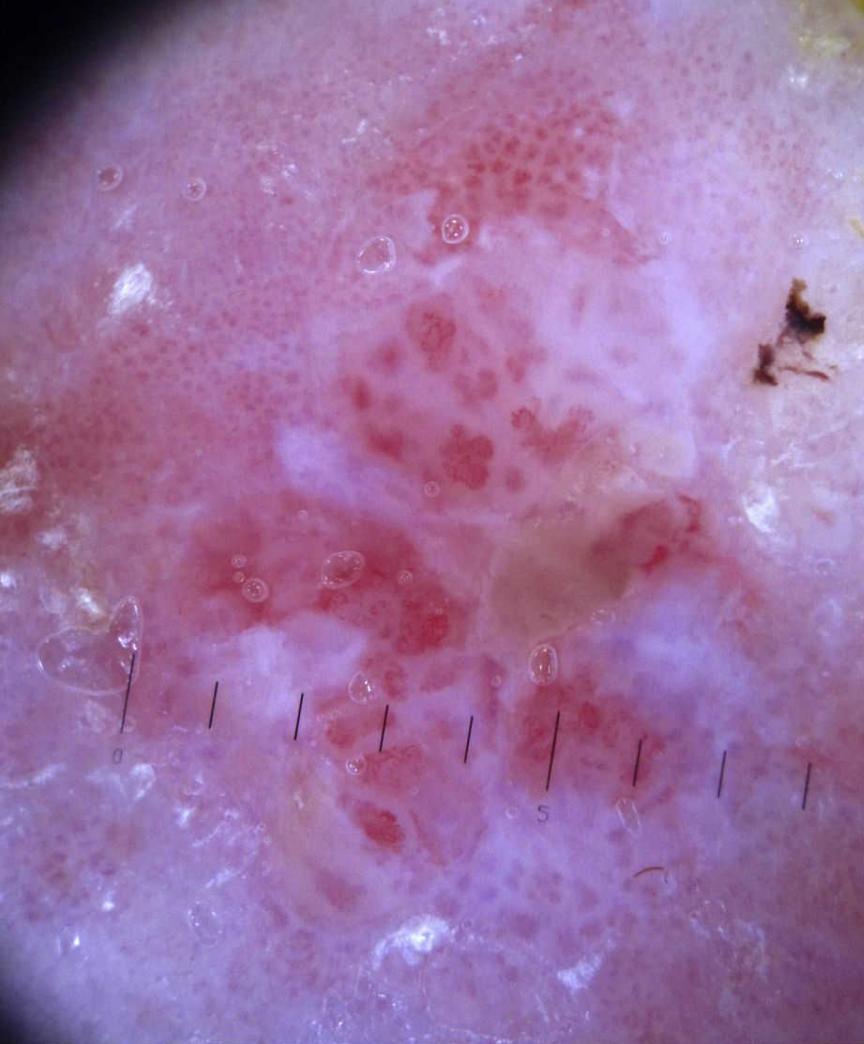
**invasive squamous cell carcinoma**

# PATRONS ESPECIALS: KA + CEC INVASOR



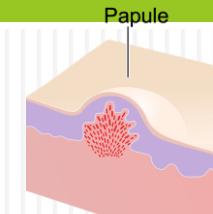
Zalaudek I, et al. Dermatoscopy of facial actinic keratosis, intraepidermal carcinoma, and invasive squamous cell carcinoma: A progression model. *Journal of the American Academy of Dermatology*, 66(4), 589–597.





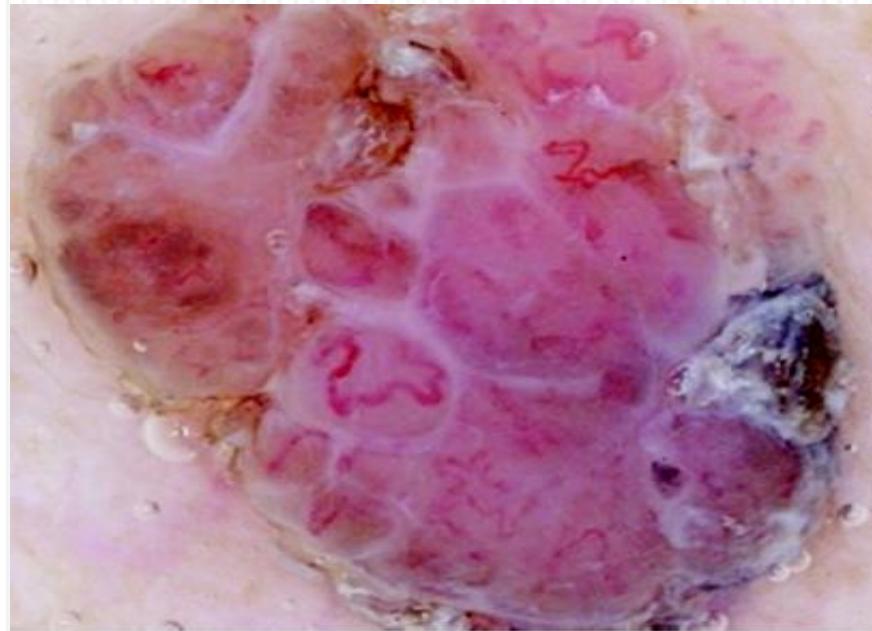
The dermoscopic features described herein may aid in the differentiation of benign vs. malignant lesions, with keratinizing pearls appearing to be unique to SCC/KAs.

# PATRONS ESPECIALS: LLACS

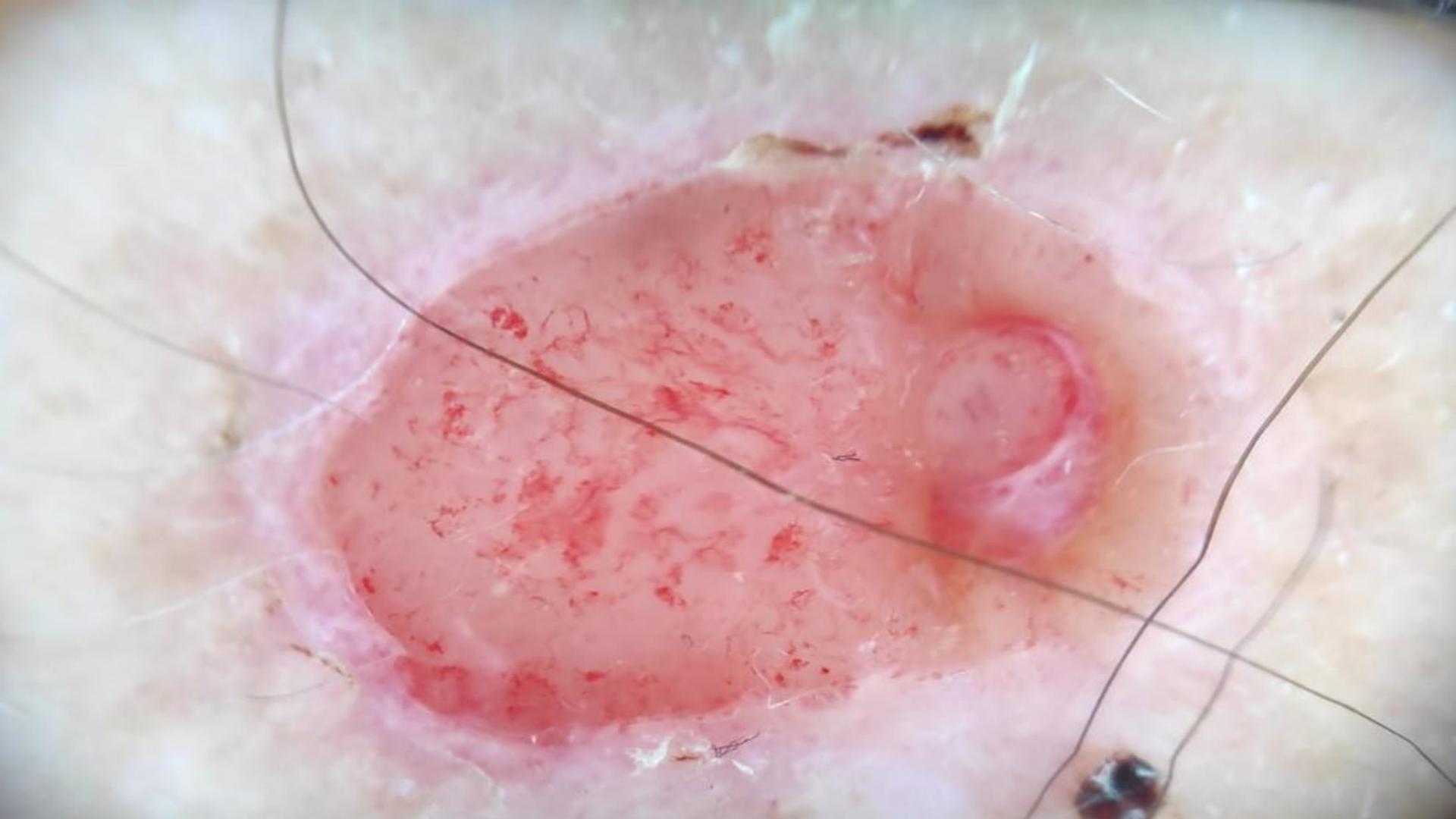


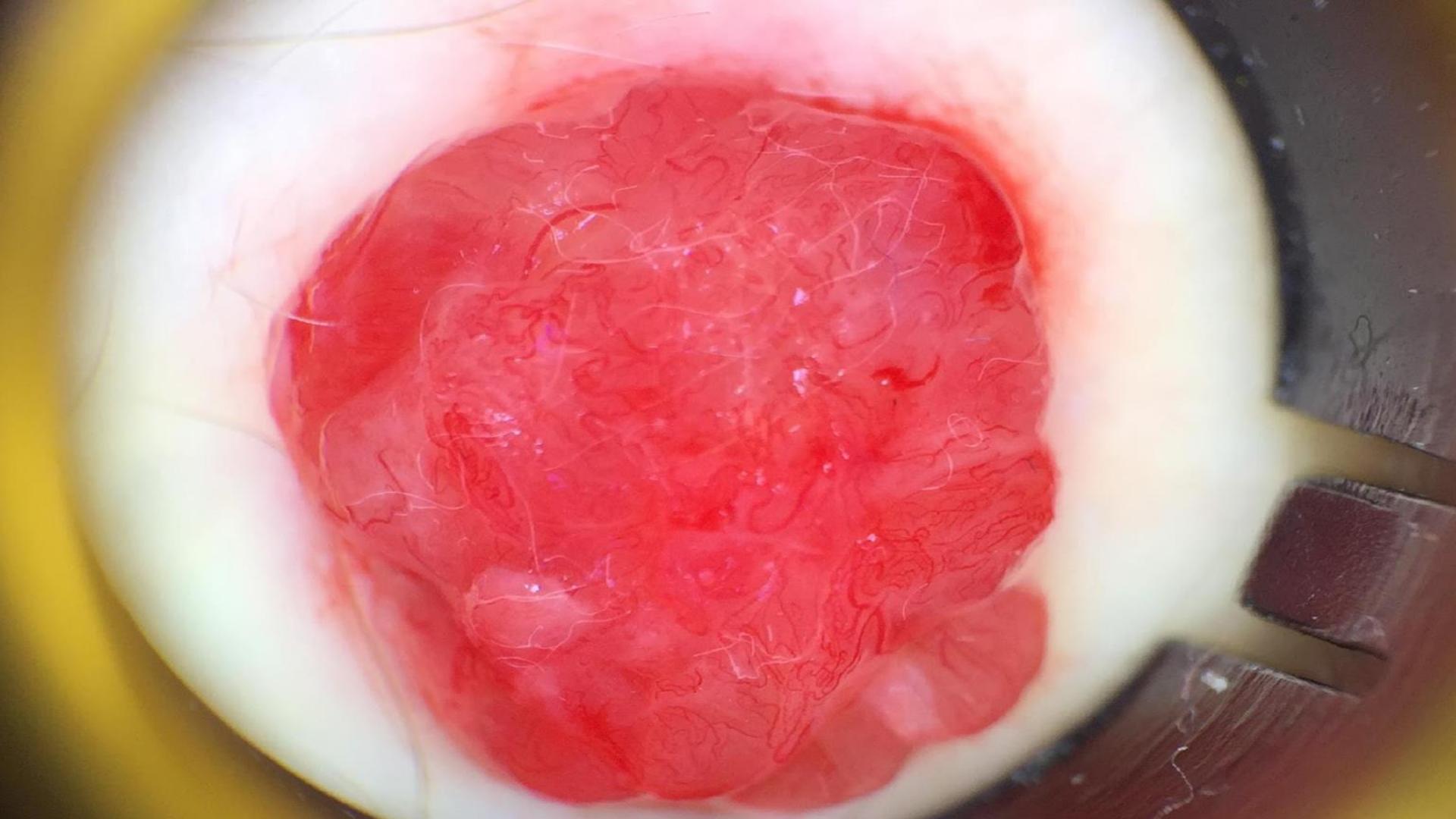
LLACS O "CLODS"

MELANOMA  
METÀSTASIS  
TUMOR SPITZOÏDES  
Granuloma piogènic



vasos o estructures pigmentades dins de les llacs  
"CLODS" Vermell vinosos





# CLAU ADDICIONAL: HALO BLANC

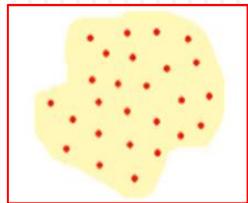


LLACS O "CLODS"

MELANOMA  
METÀSTASIS  
TUMOR SPITZOIDES  
Granuloma piogènic



# CLAU ADDICIONAL: PIGMENT I CRISÀLIDES



VASOS  
PUNTIFORMES

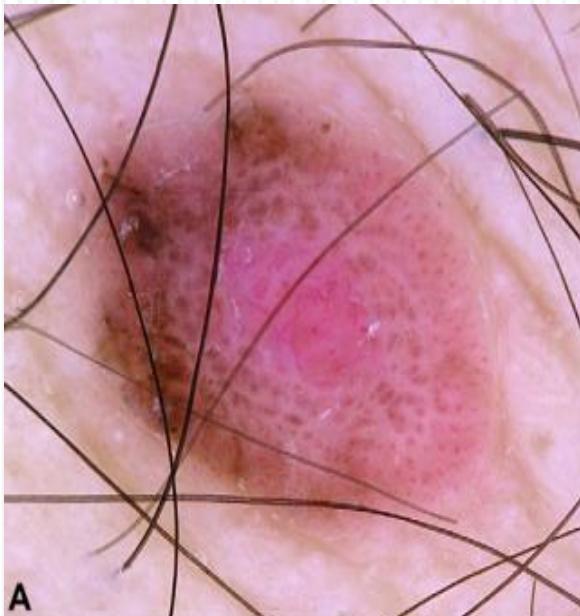
MELANOMA

N. Spitz

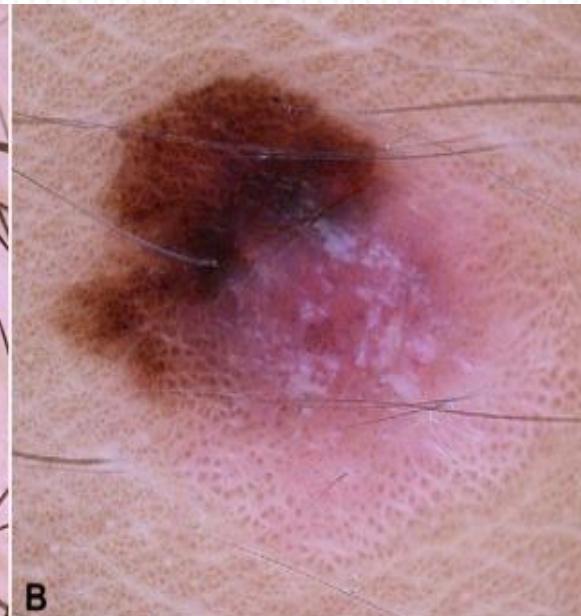
N. Atípic

Psoriasis/Dermatitis

Berrugues planes



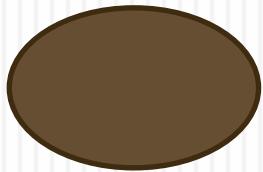
A



B

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.

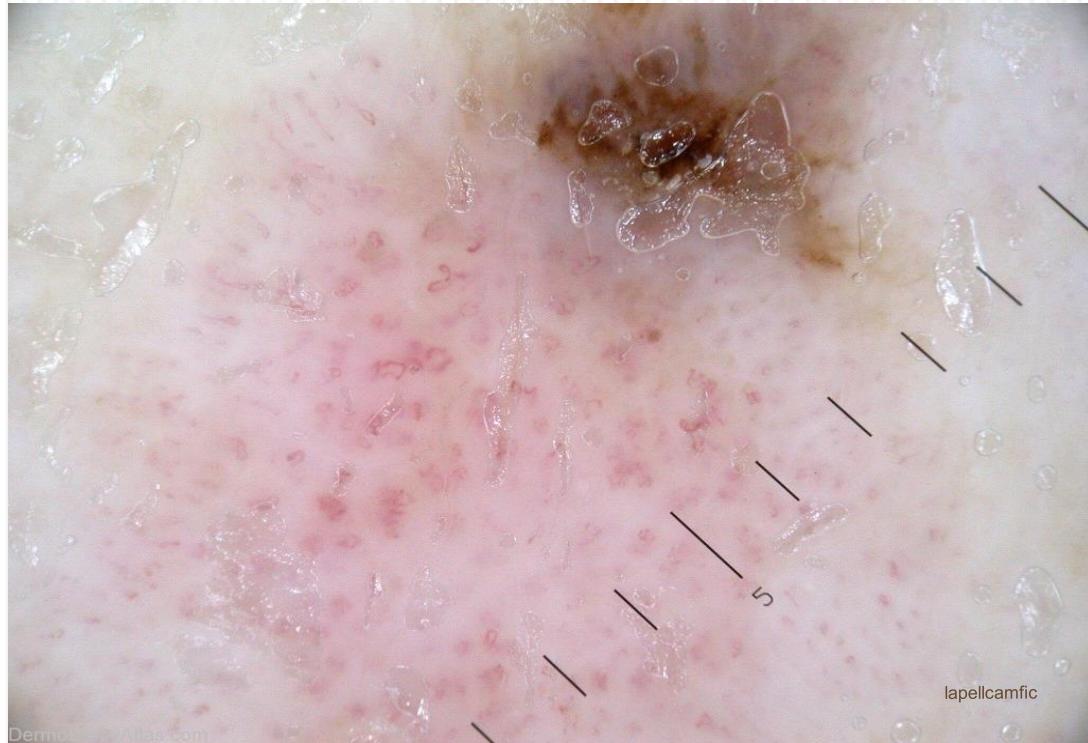
# CLAU ADDICIONAL: PIGMENT



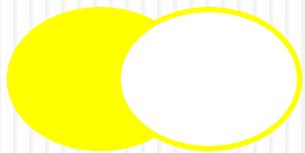
VASOS  
POLIMORFS:

PUNTIFORMES  
+  
QUALSEVOL  
TIPUS DE VAS  
CORB

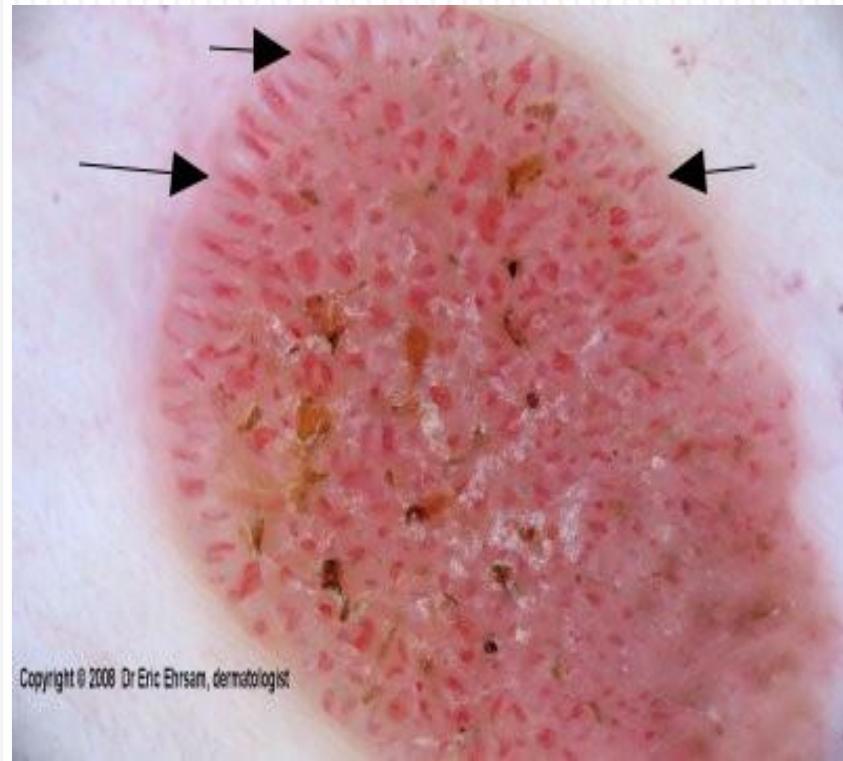
MELANOMA



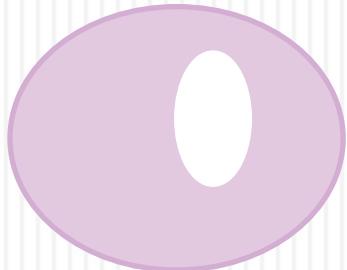
# CLAU ADDICIONAL: ESCATES I COLOR



QUERATOSI  
SEBORREICA



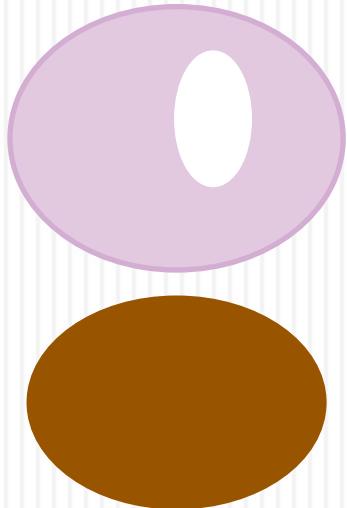
# CLAU ADDICIONAL: ÀREES V/LL + BB



MELANOMA  
INVASOR



# CLAU ADDICIONAL: ÀREES V/LL + BB



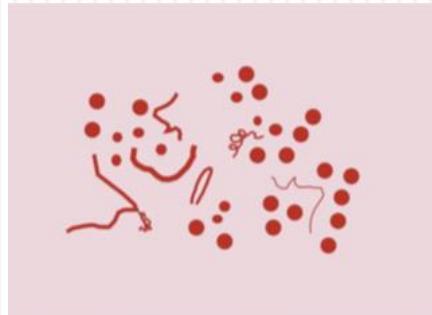
MELANOMA  
INVASOR



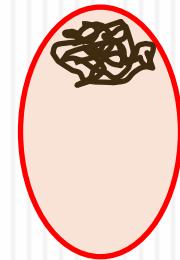
Zalaudek I, et al *How to diagnose nonpigmented skin tumors: A review of vascular structures seen with dermoscopy*. *Journal of the American Academy of Dermatology*, 63(3), 361–374.

# CLAUS PER SOSPISTAR MELANOMA

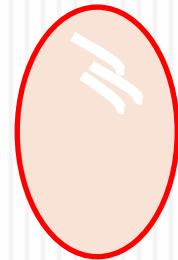
En lesió plana de patró inespecífic



Vasos polimorfos



Restes de pigment



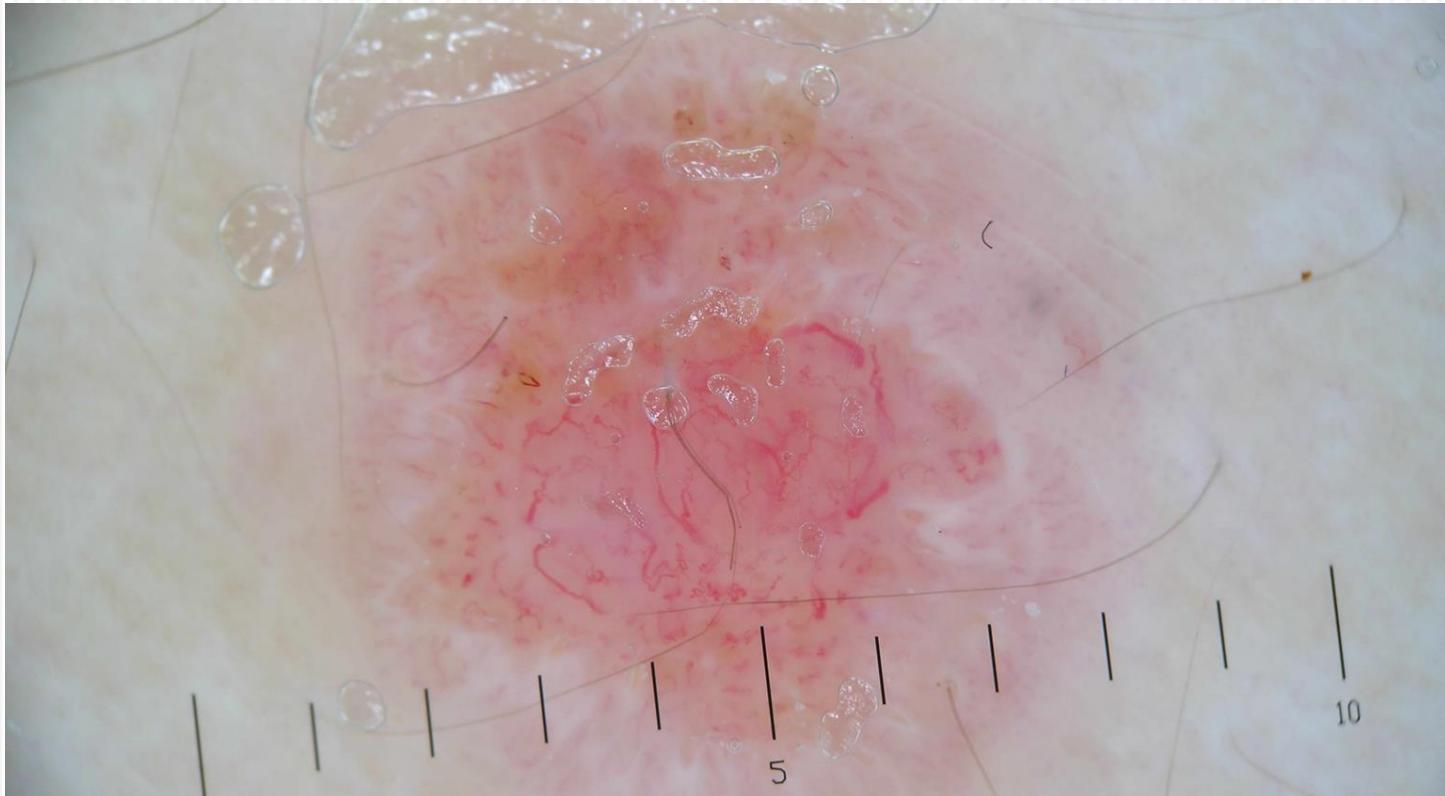
Crisàlides

# CLAUS PER SOSPITAR MELANOMA

Vasos polimorfs

Restes de  
pigment

línies BB

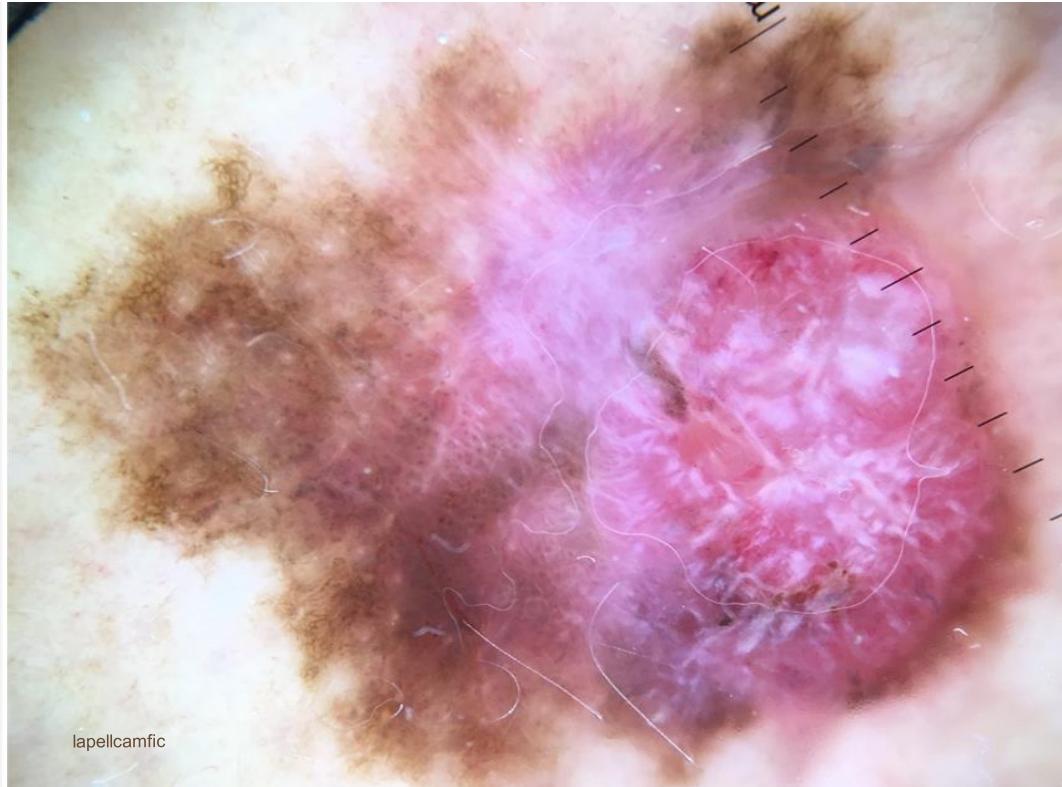


# CLAUS PER SOSPISTAR MELANOMA

Vasos polimorfs

Restes de pigment

línies BB



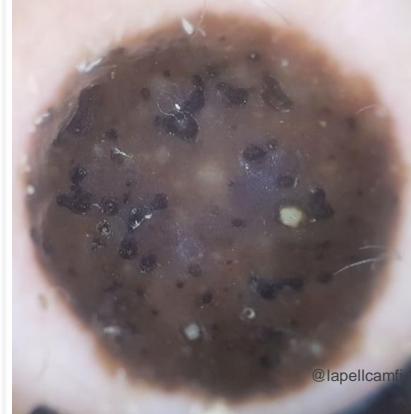


**BLANC**

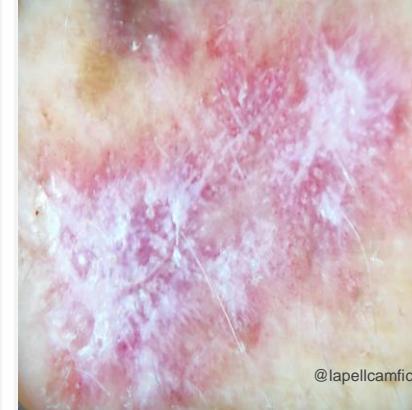
## Correspondència del color blanc en dermatoscòpia



Fibrosi



Queratina



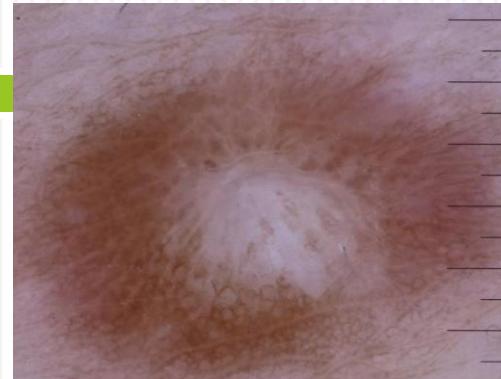
Hiperplàsia epidérmica

# El color blanc és FIBROSI



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

Nevus



@lapellcamfic

Dermatofibroma

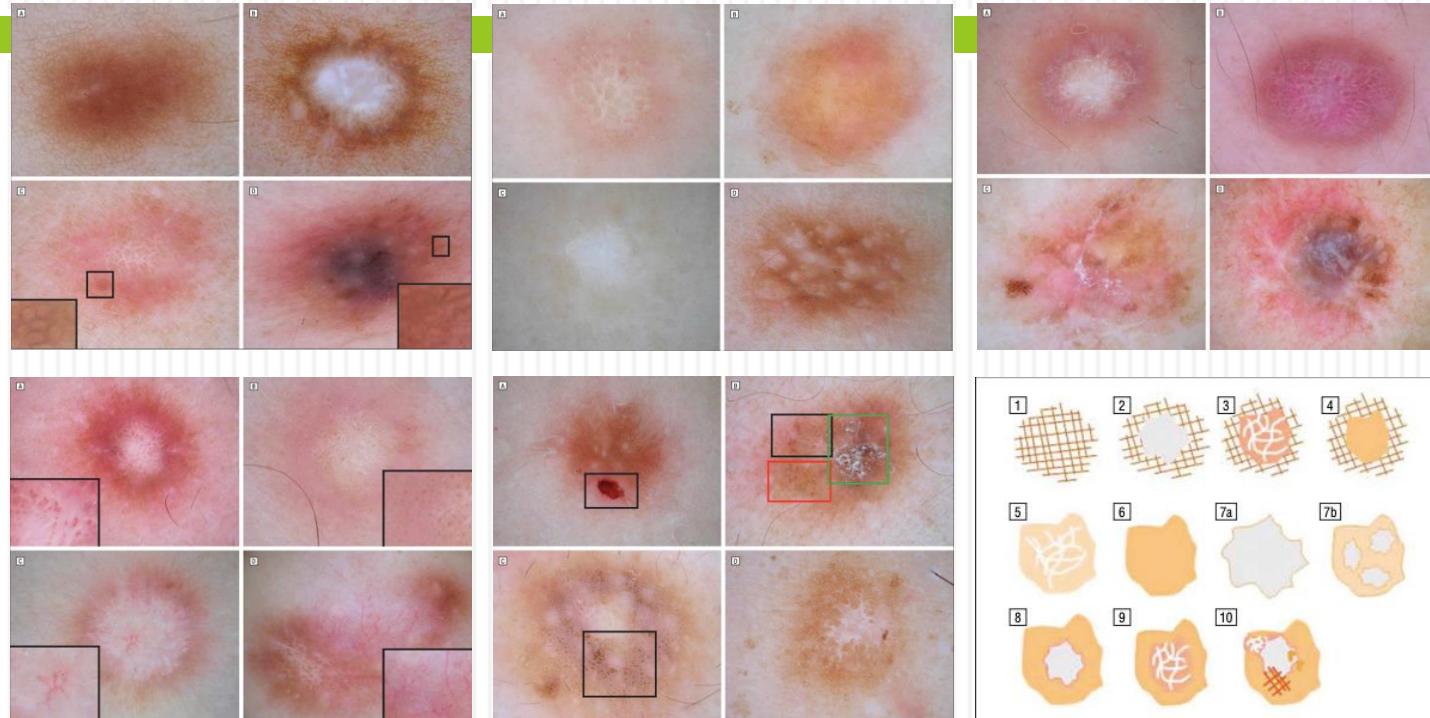


Yoo MG, Kim IH. Keloids and Hypertrophic Scars: Characteristic Vascular Structures Visualized by Using Dermoscopy Ann Dermatol Vol. 26, No. 5, 2014

Cicatriu

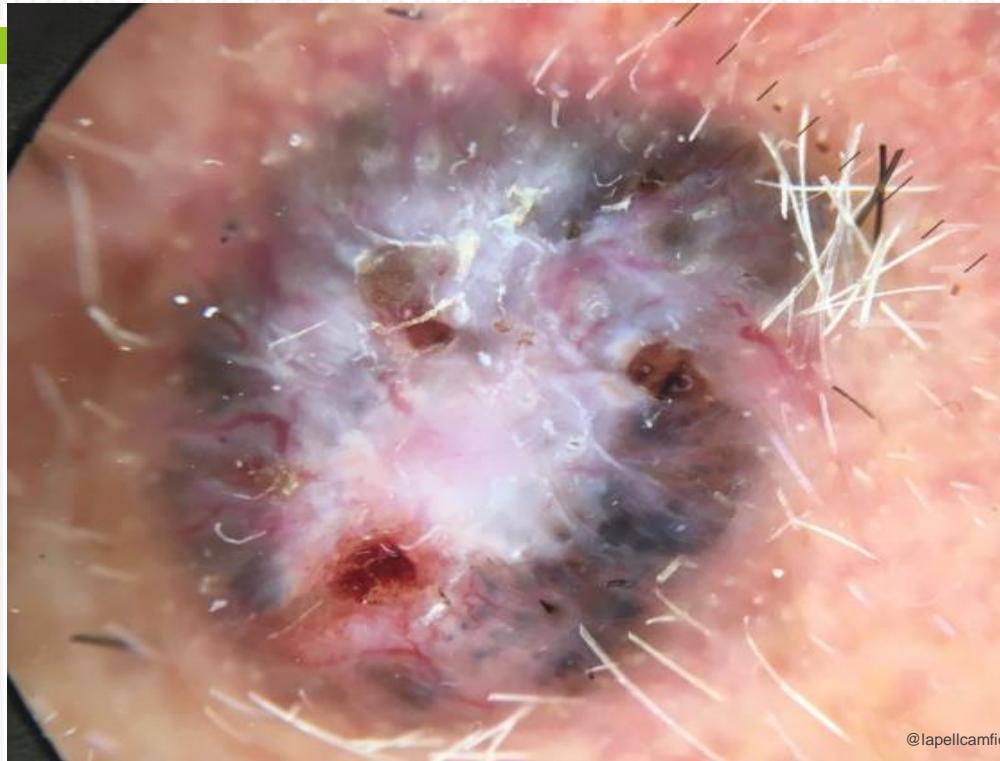


# DERMATOFIBROMA



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

CBC



@lapellcamfic

# MELANOMA



@lapellcamfic

# MELANOMA

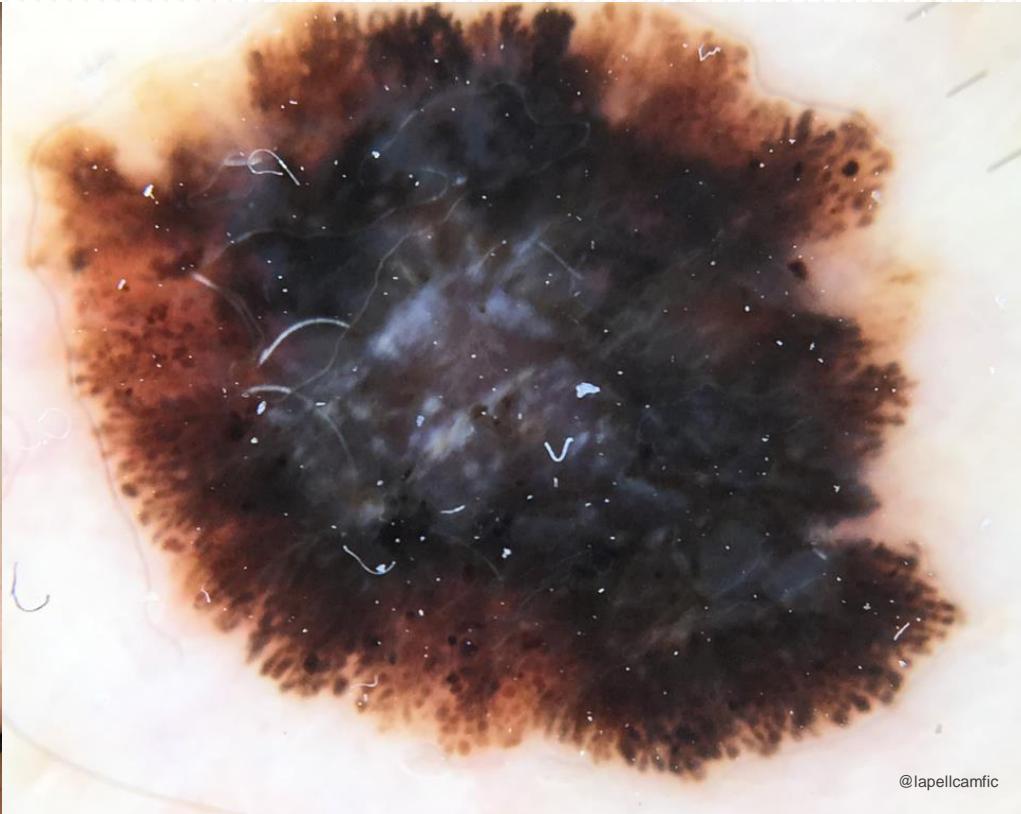


# MELANOMA



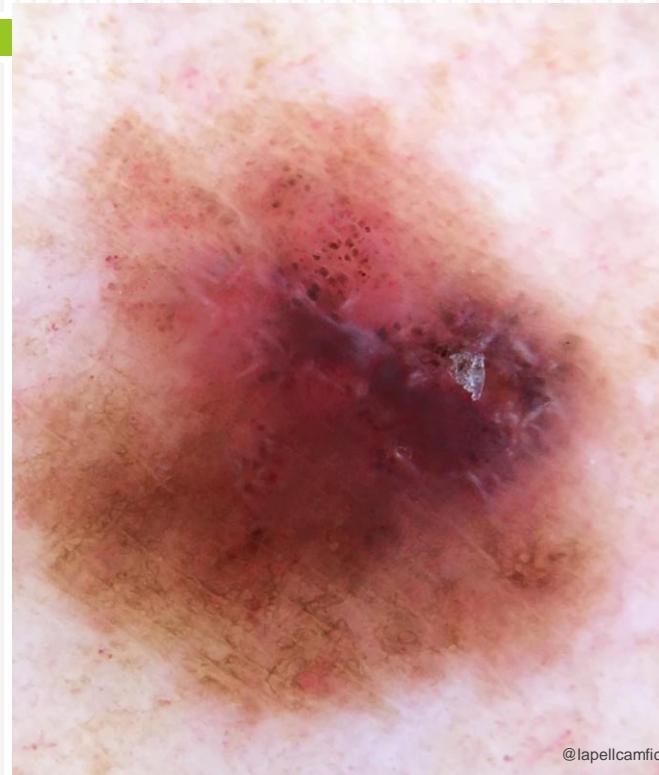
@lapellicamfic

# MELANOMA

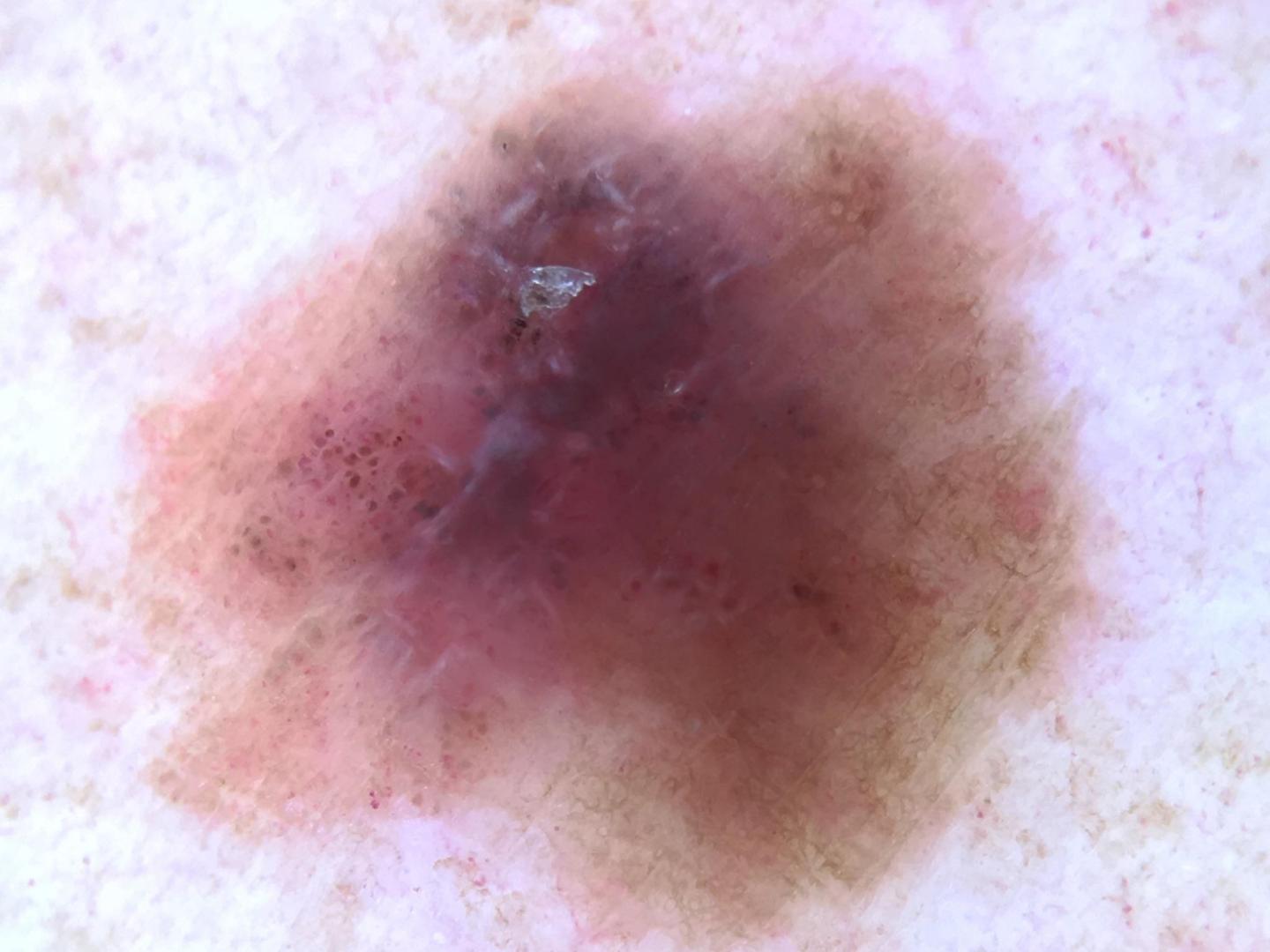


@lapellcamfic

# MELANOMA



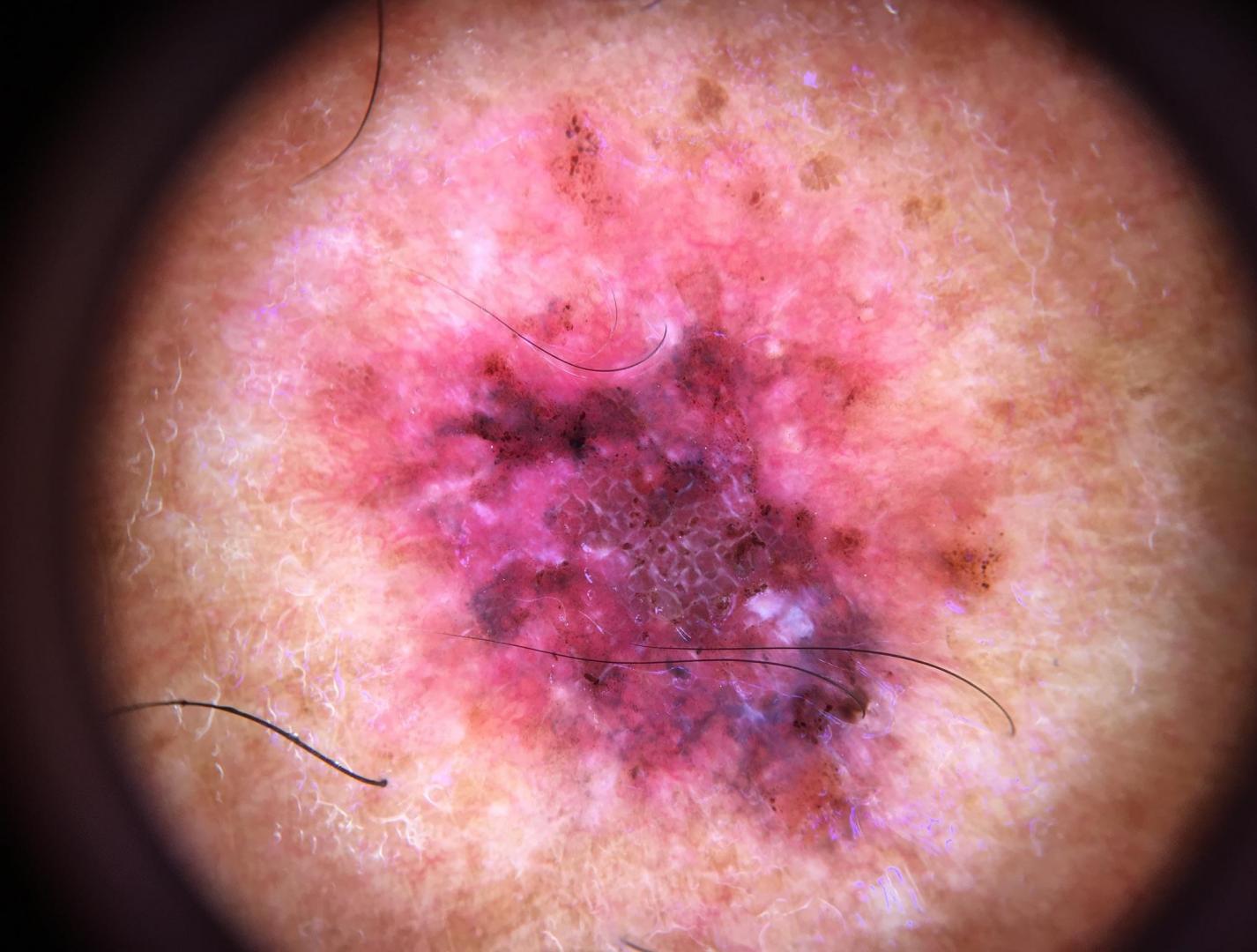
@lapellcamfic

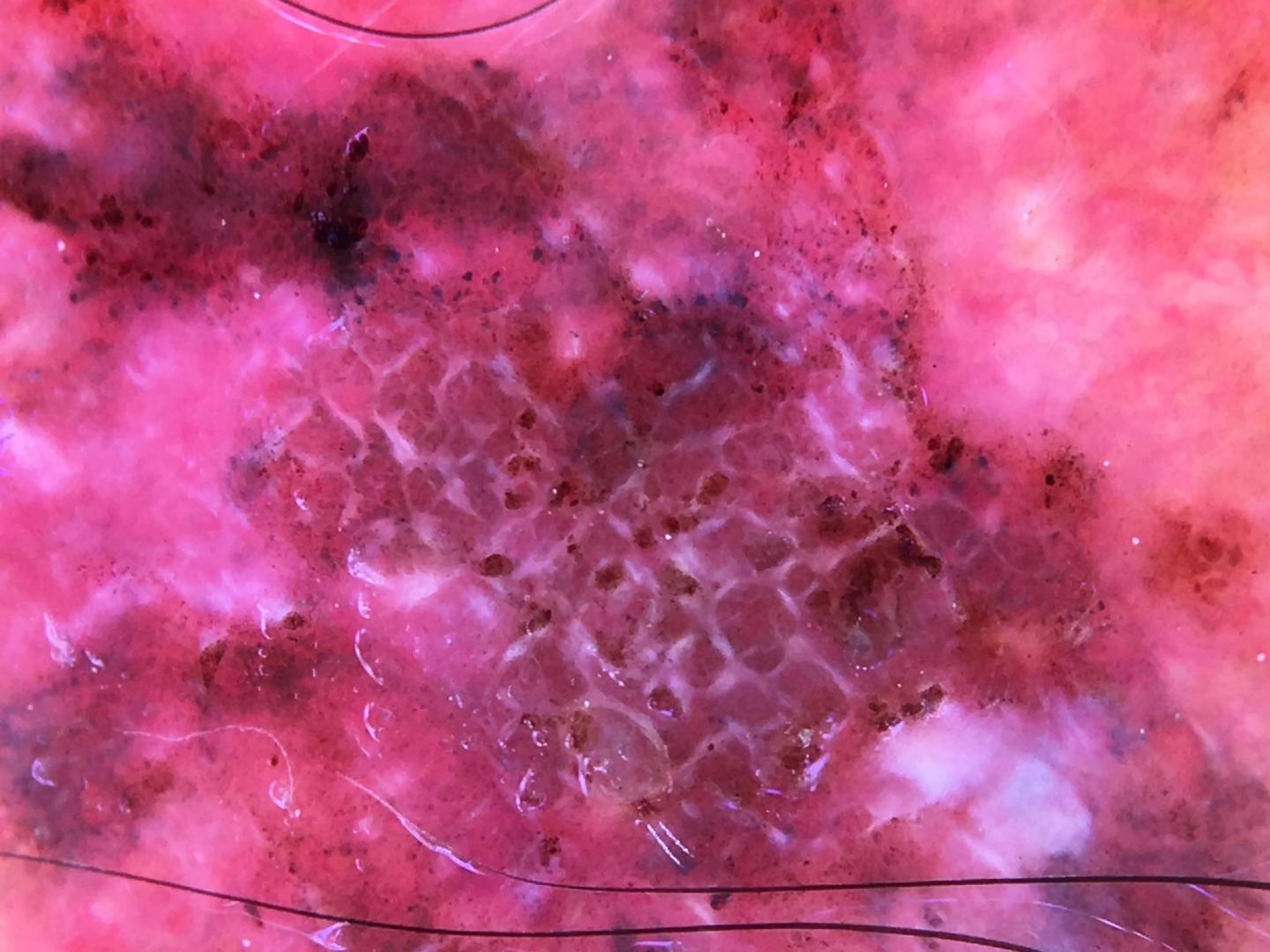


# MELANOMA



@lapellcamfic



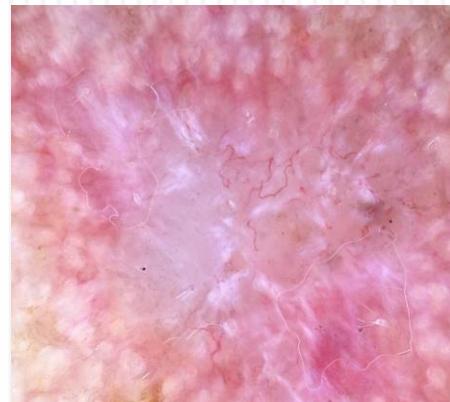


# Crisàlides

MM



CBC



DF



NOMÉS ES VEUEN AMB LLUM POLARITZADA

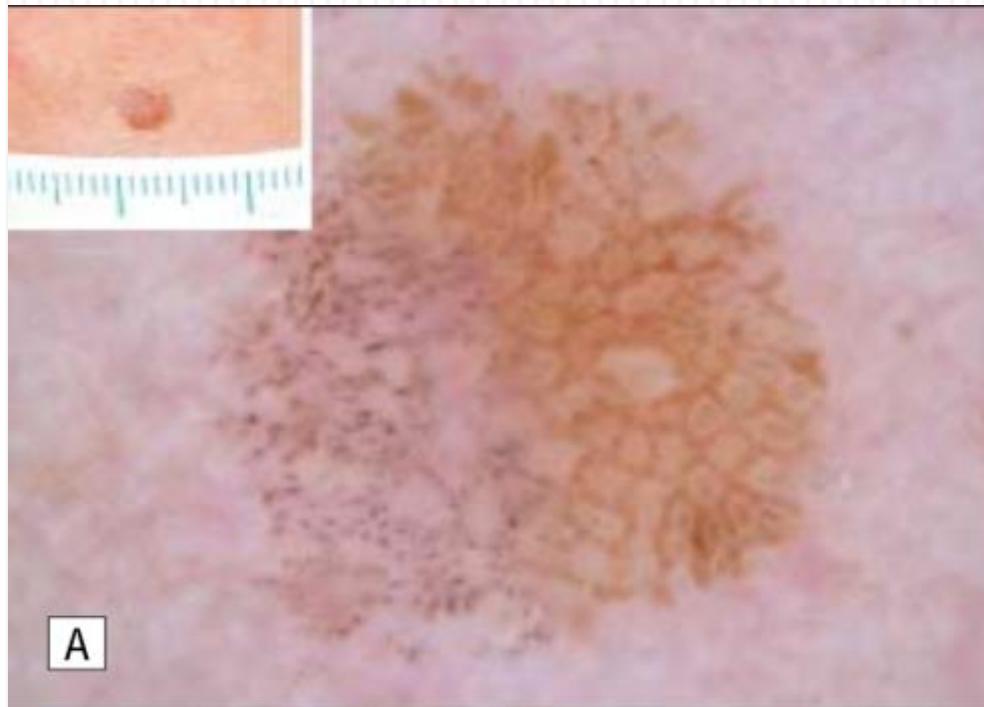
# B ABANS QUE FIBROSI...HI HA REGRESSIÓ

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

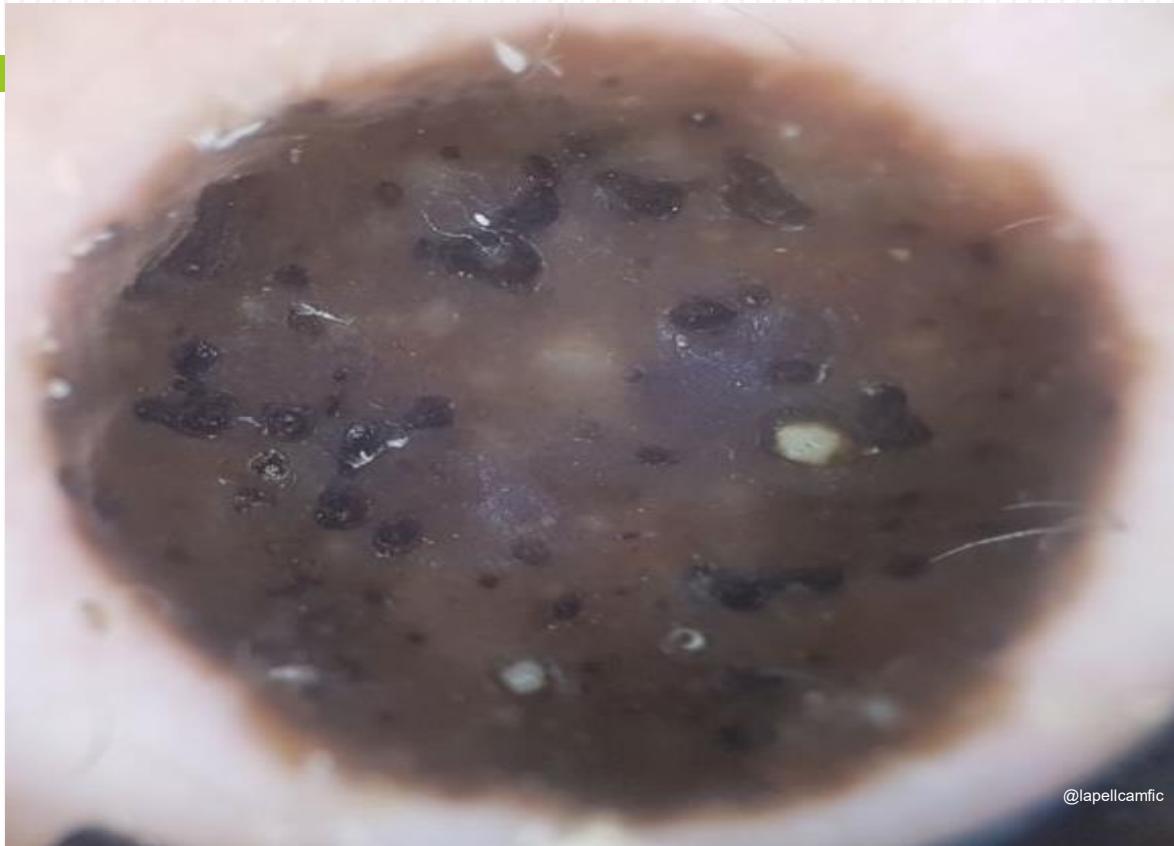


# Però la REGRESIÓ no sempre dona com a resultat FIBROSI

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



# Color blanc és Queratina – Queratosis seborreica



@lapellcamfic

# Color blanc és Queratina - Angloqueratoma

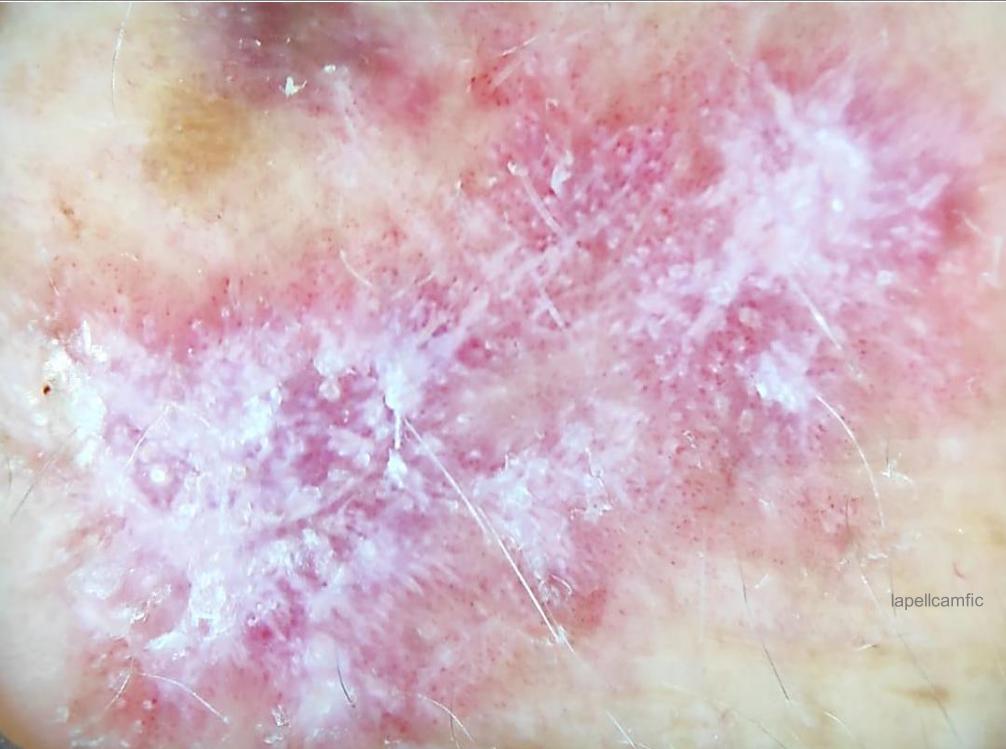


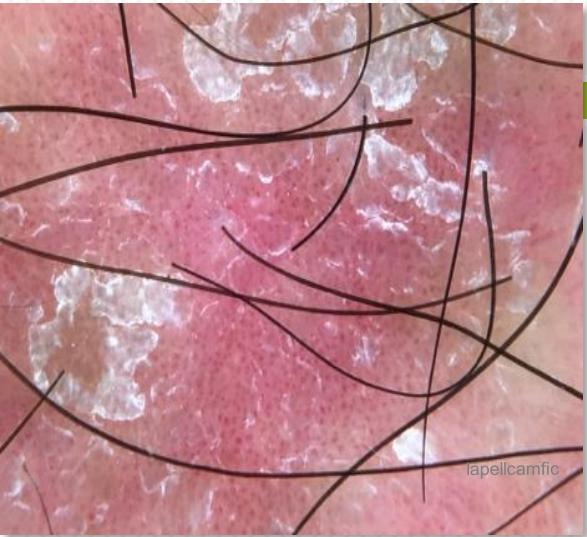
@lapellcampeche

## Color blanc és Queratina - Inflamatòries



## El color blanc és hiperplàsia epidèrmica





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

Liquen: estries de Wickhan

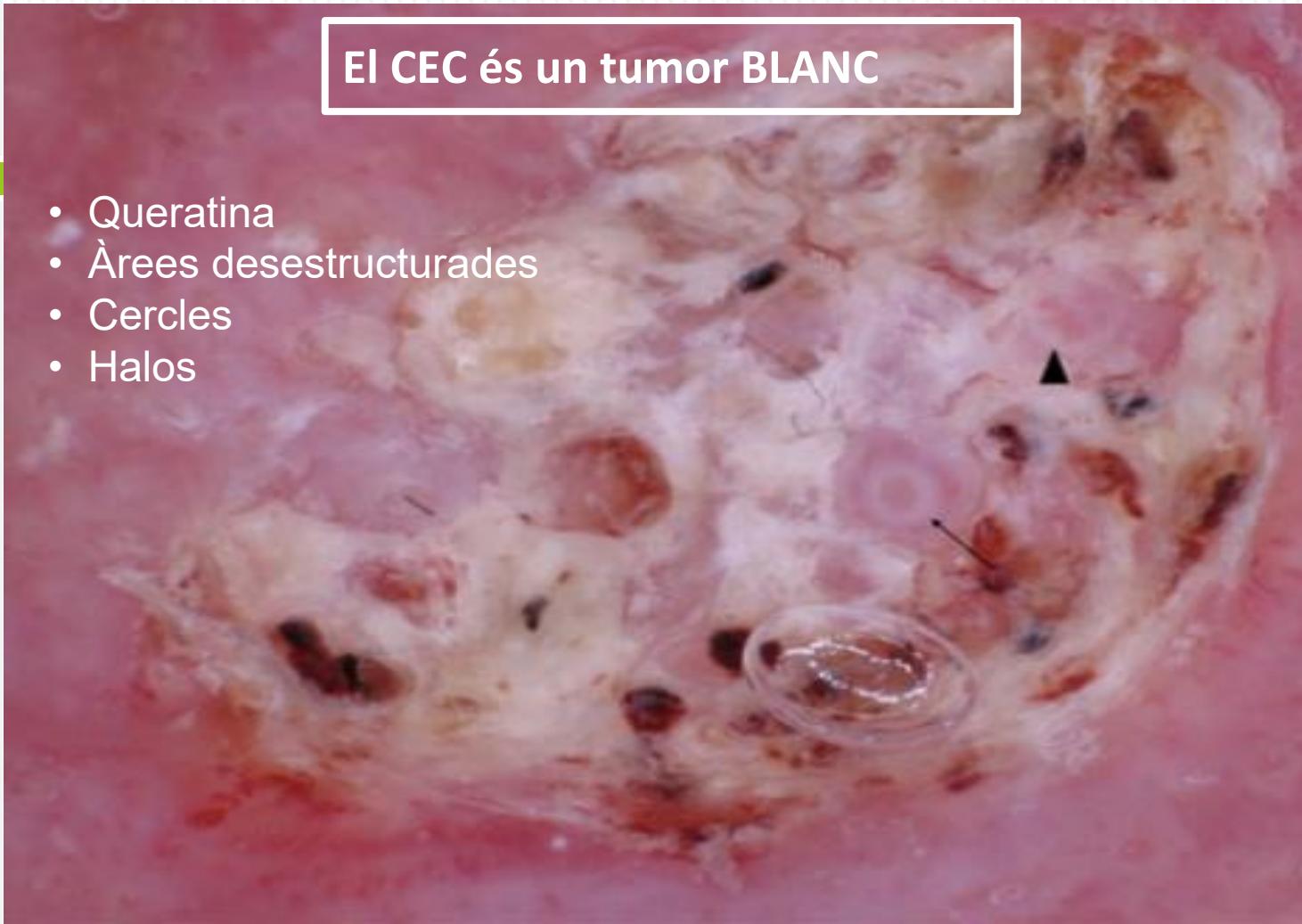
**Patologies inflamatòries: psoriasis i liquen**

## Color blanc Hiperplàsia de l'estrat espinós



## El CEC és un tumor BLANC

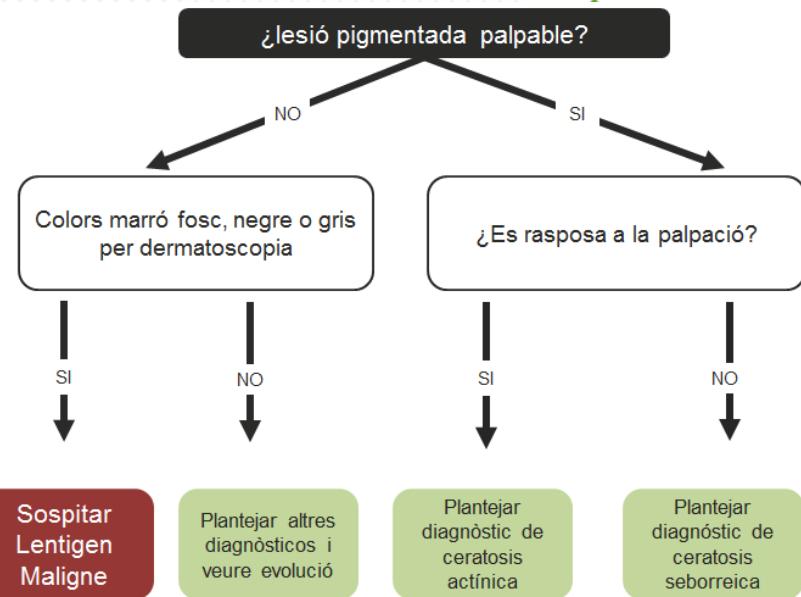
- Queratina
- Àrees desestructurades
- Cercles
- Halos



## 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

# 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.

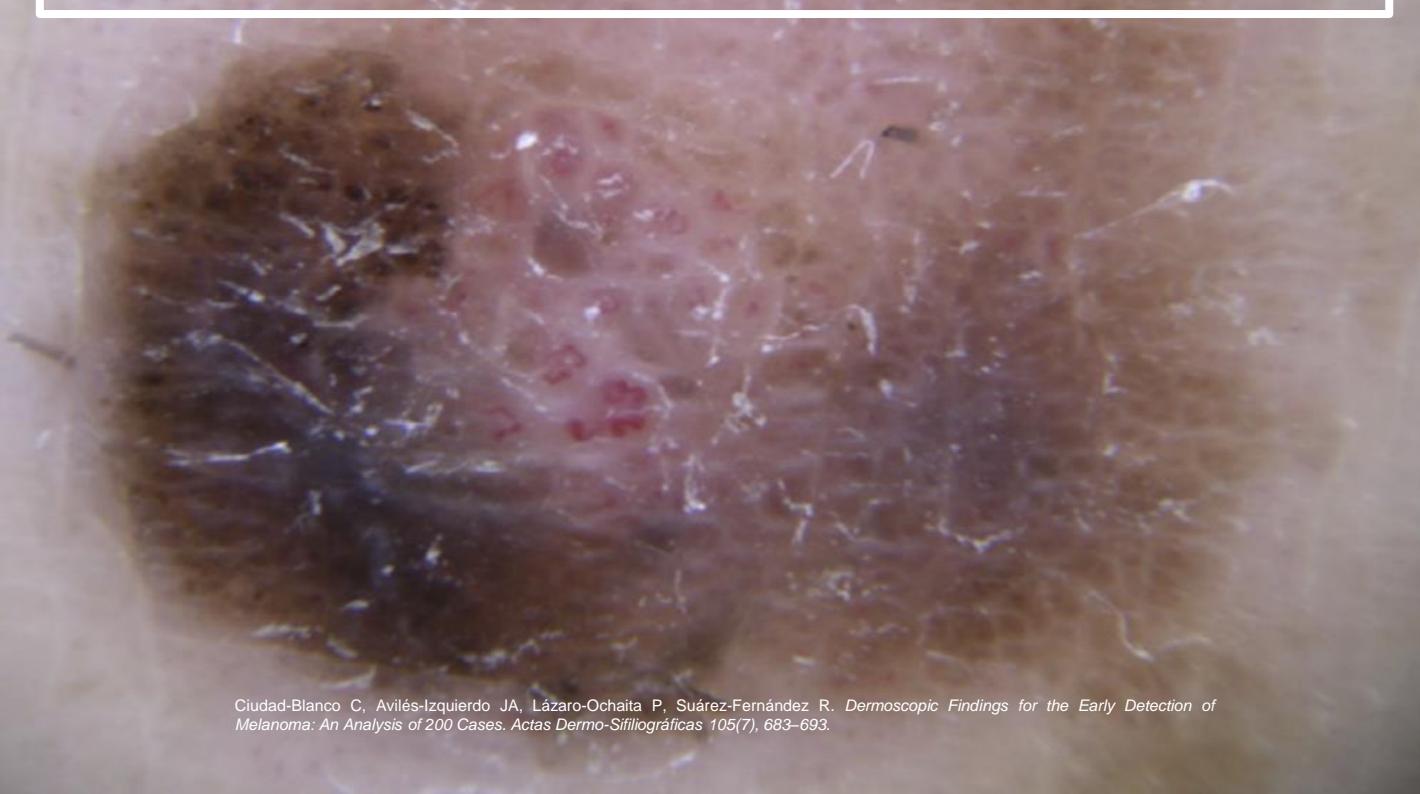
# REGRESSIÓ

## El color blanc que mai passa desapercebut



# RETICLE INVERTIT

famosa estructura blanca que en realitat no ho és



Ciudad-Blanco C, Avilés-Izquierdo JA, Lázaro-Ochaiza 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

## Fibrosi

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

## Crisàlides

Melanoma, CBC, DF

## Estries de Wickham

Liquen Pla

## Queratina

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

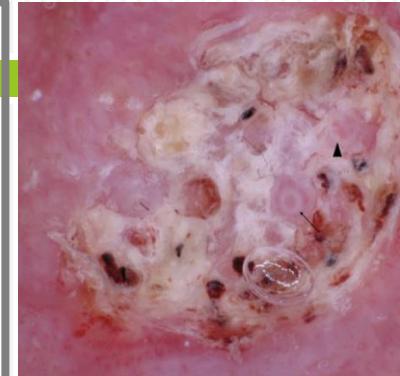
## Rosetes

KA (No patognomòniques)

# MISSATGES CLAU - Color blanc en dermatoscòpia

**CEC és un  
tumor BLANC**

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

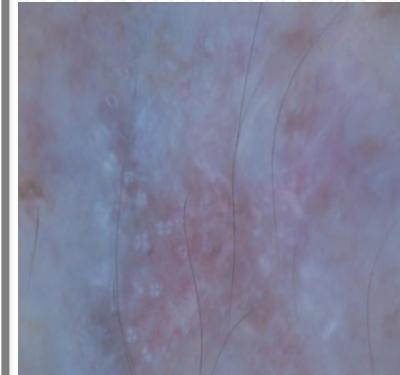


**ROSETES**

Típiques de tumors queratinizants:

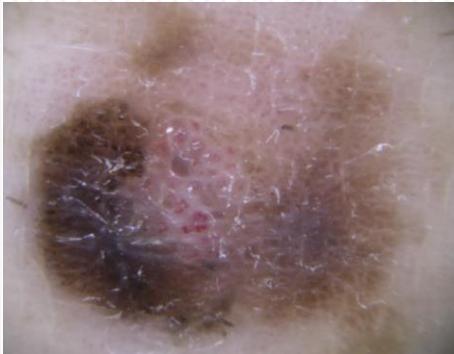
- KA
- CEC

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



# MISSATGES CLAU - Color blanc en dermatoscòpia

## Derivar una lesió melanocítica



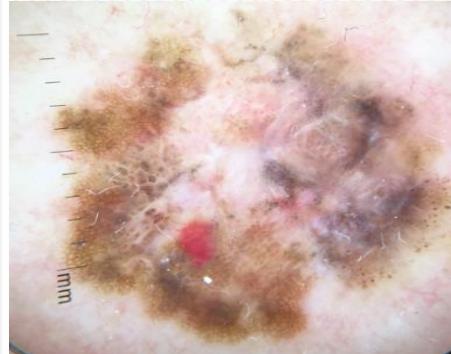
**Reticle invertit**

Melanomas amb breslow alts



**Crisàlides**

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 cicatrizial)

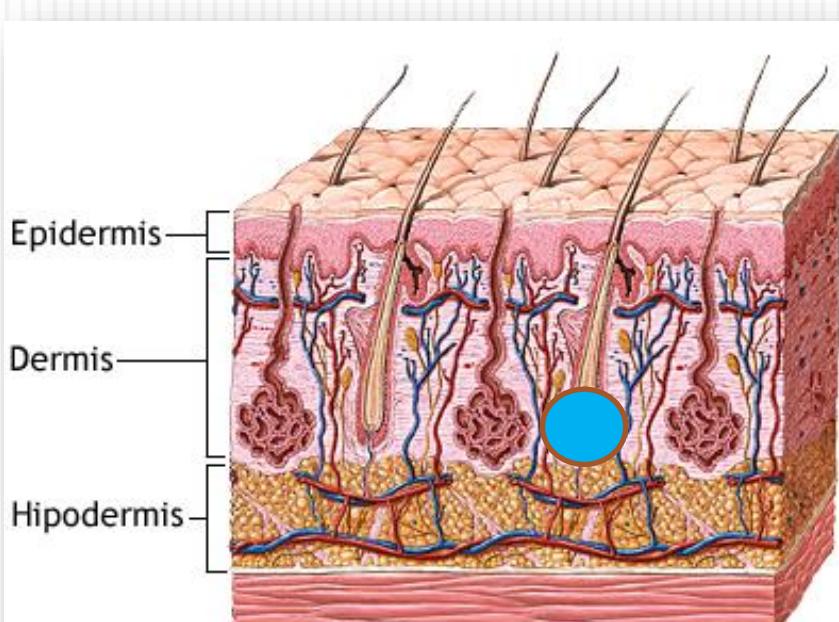


Única lesió del pacient marró-vermell i brilla amb el flash-> melanoma.

The background of the image is a dark, almost black, space filled with numerous glowing blue jellyfish. The jellyfish are translucent, allowing a view of their internal structures like the bell and tentacles. They are scattered throughout the frame, creating a sense of depth and movement.

**BLAU**

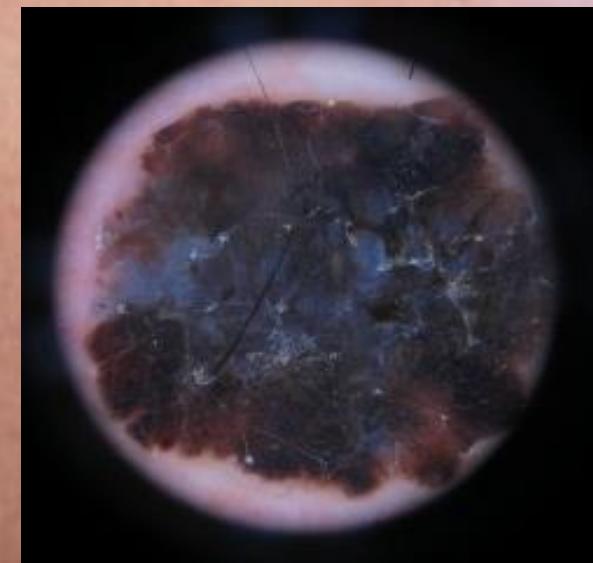
# BLAU→ MELANINA EN PROFUNDITAT



ADAM.

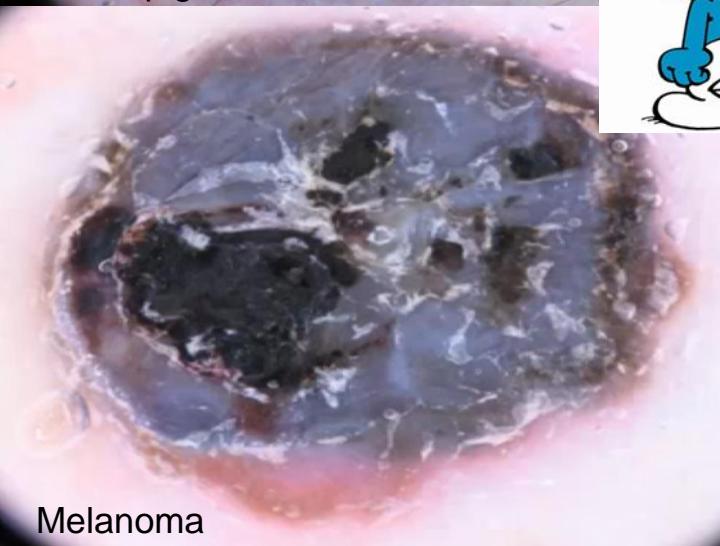
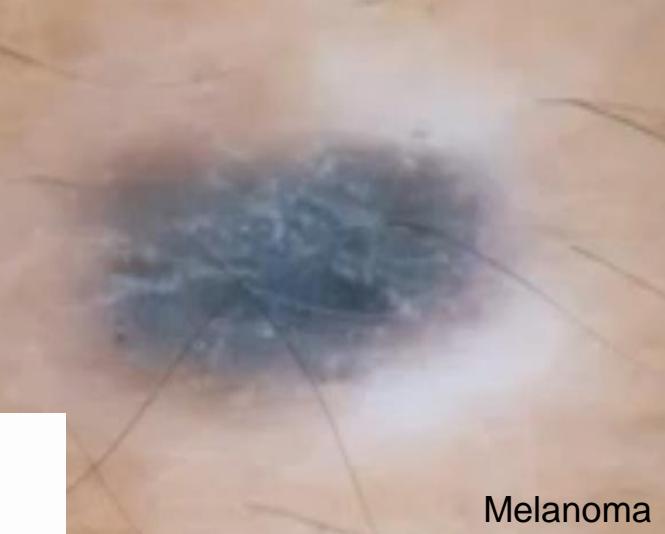
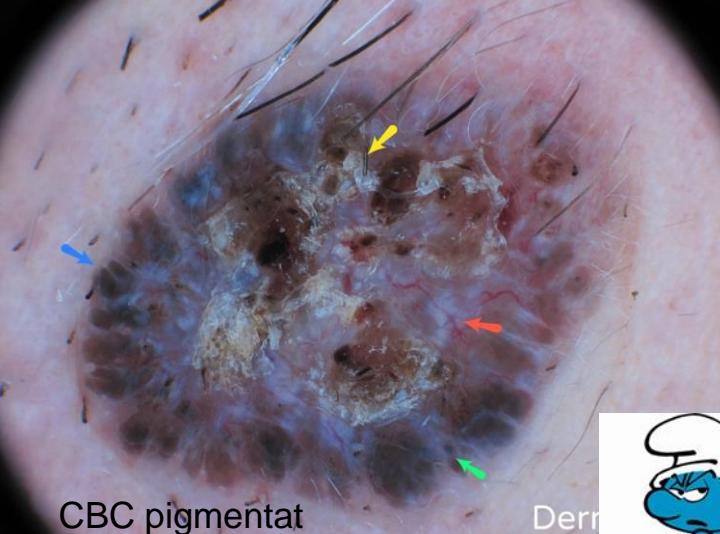


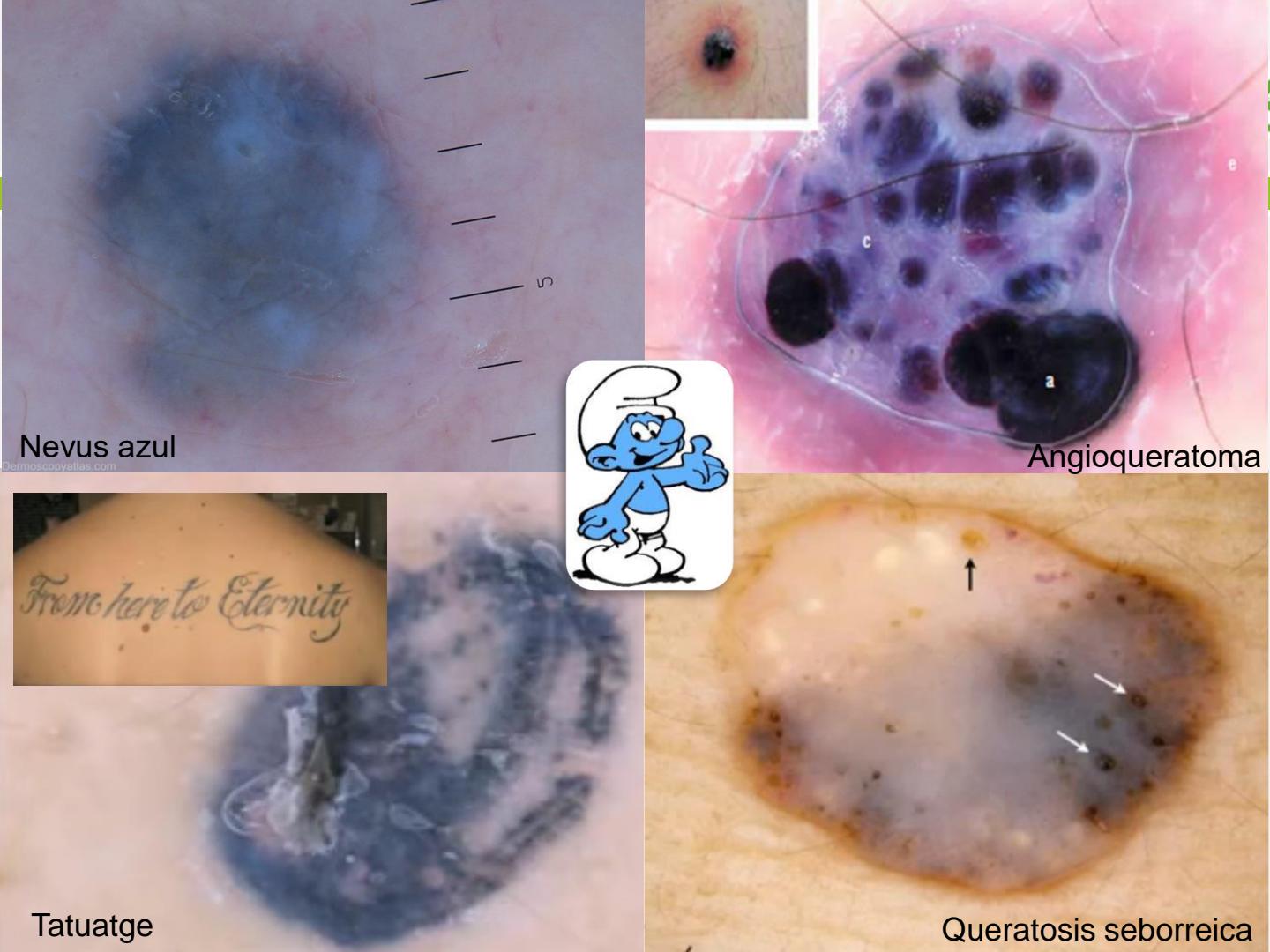
# Per veure el blau necessitaré el dermatoscopi





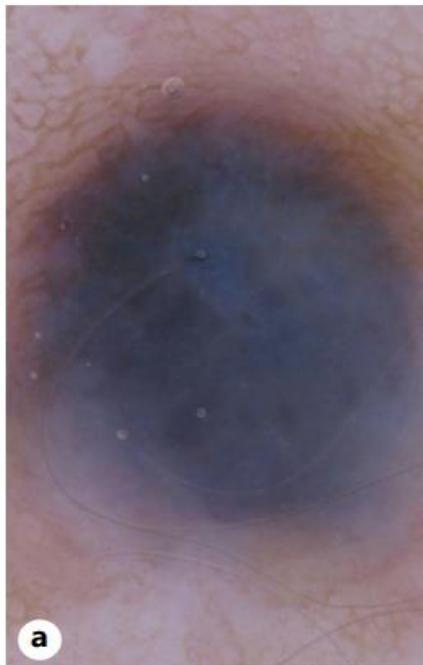
**EL COLOR BLAU ÉS  
ALTAMENT  
INESPECÍFIC:  
NECESSITO MIRAR QUE  
HI HA AL VOLTANT**



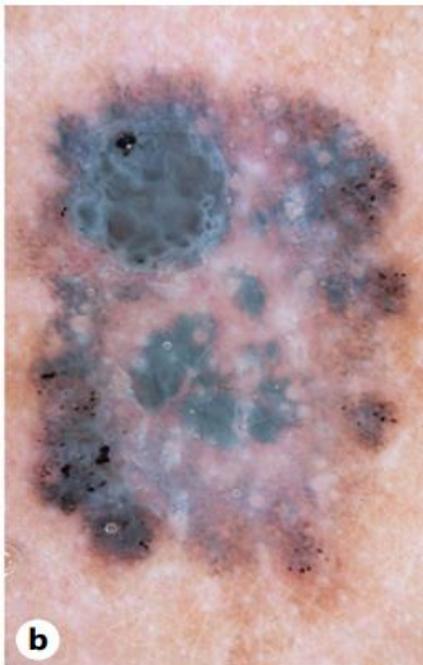


# Predictors de benignitat o malignitat en lesions blaves:

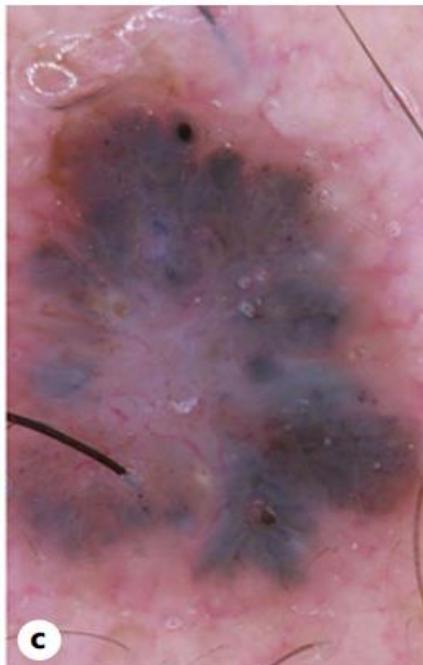
- **Prediuen benignitat:**
  - >75% de la superfície amb color blau (x2,3)
  - Distribució difusa del color (x5,6)
  - Absència de vasos (x6,7)
- **Prediuen malignitat:**
  - Distribució asimètrica (x8,9)
  - Glòbuls blaus (x2,8)
  - Color gris (x13,5)
  - Vasos lineals (x10,4)



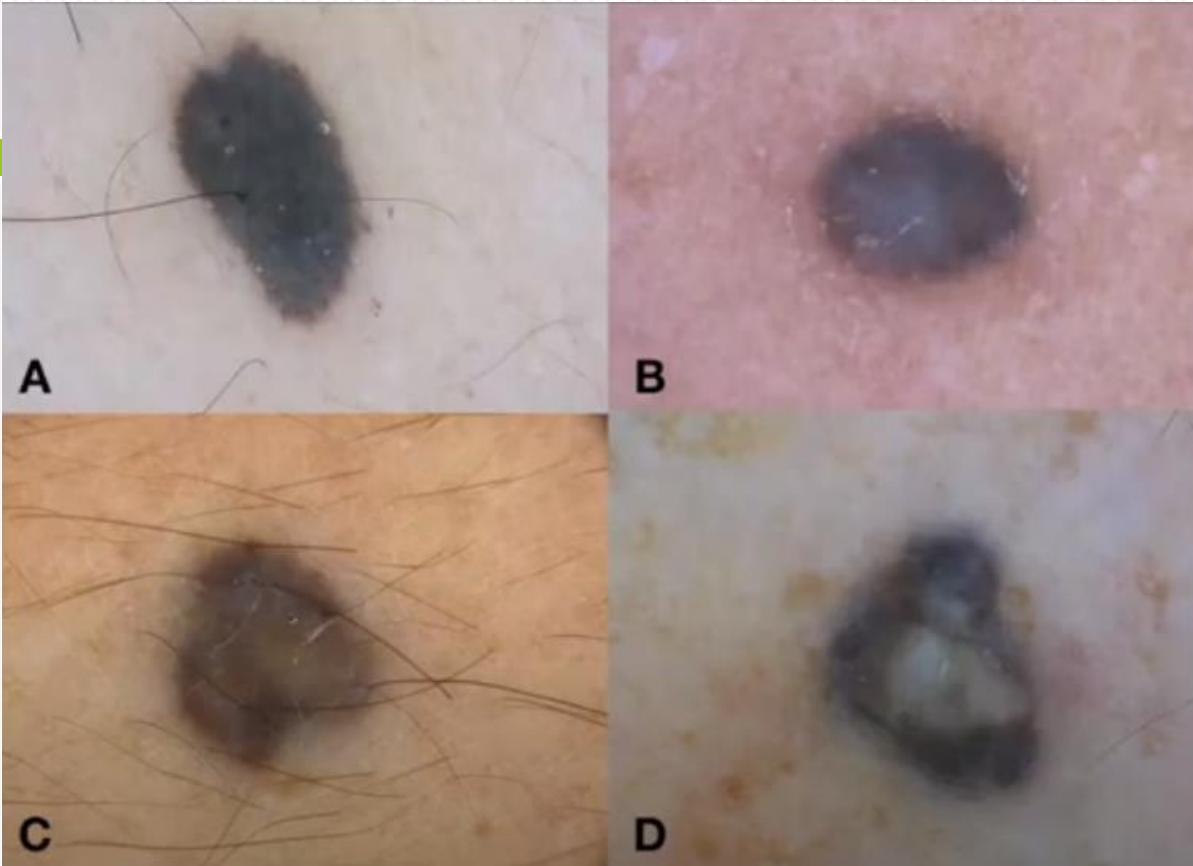
Nevus blau



Melanoma



CBC



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

lapellcamfic



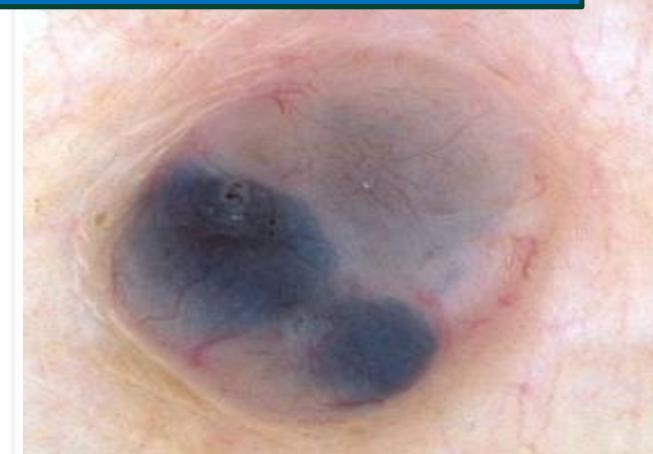
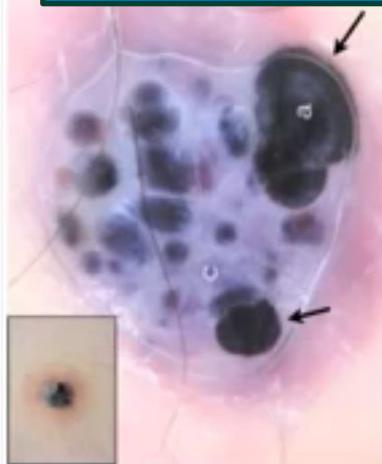
**MELANOMA PREVI? (i cercar més iguals)**

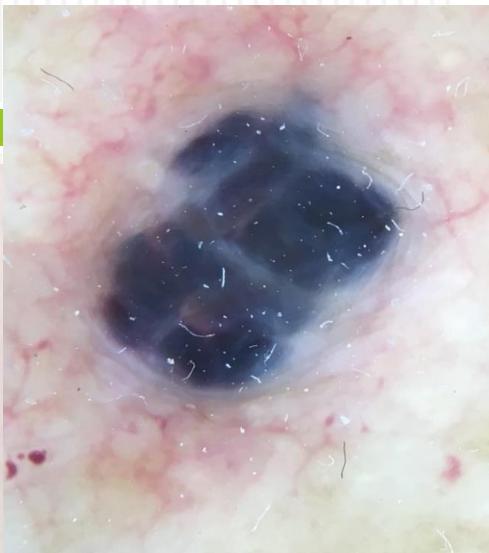


**BLAU HOMOGENI – Edat? velocitat?**

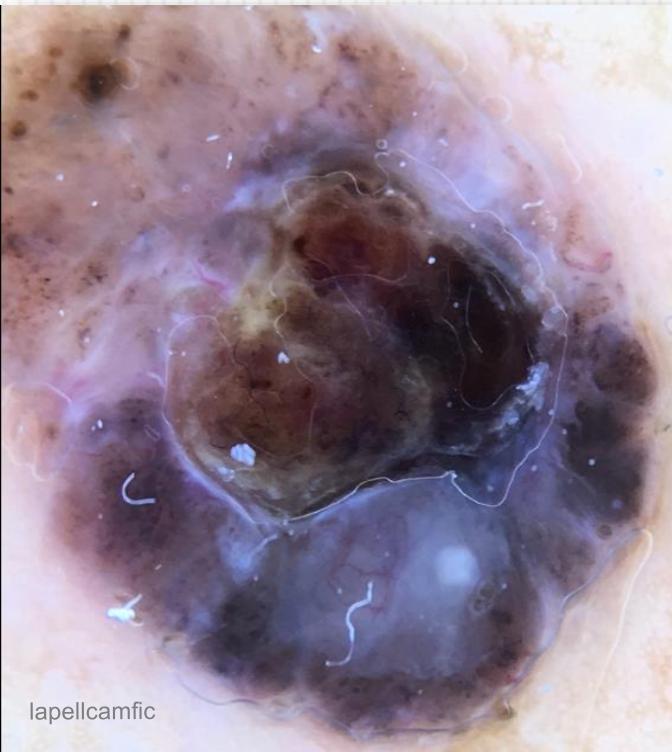


**BLAU NO HOMOGENI - Identifico estructures?**

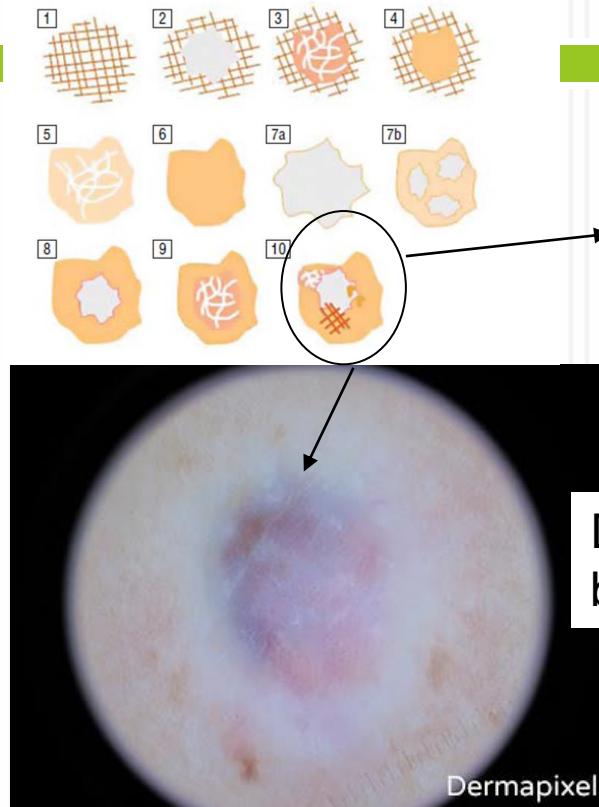




**BLAU NO HOMOGENI - Identifico estructures?**

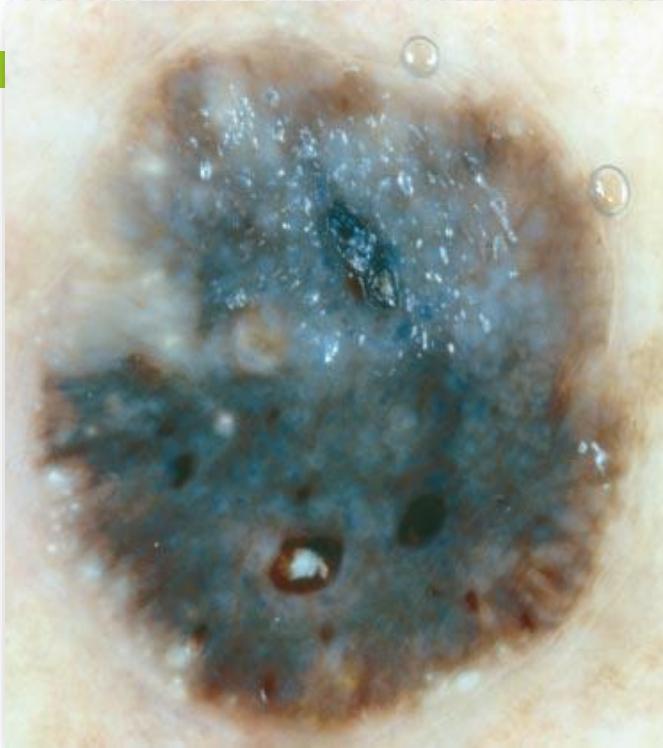


**BLAU NO HOMOGENI - Identifico estructures?**

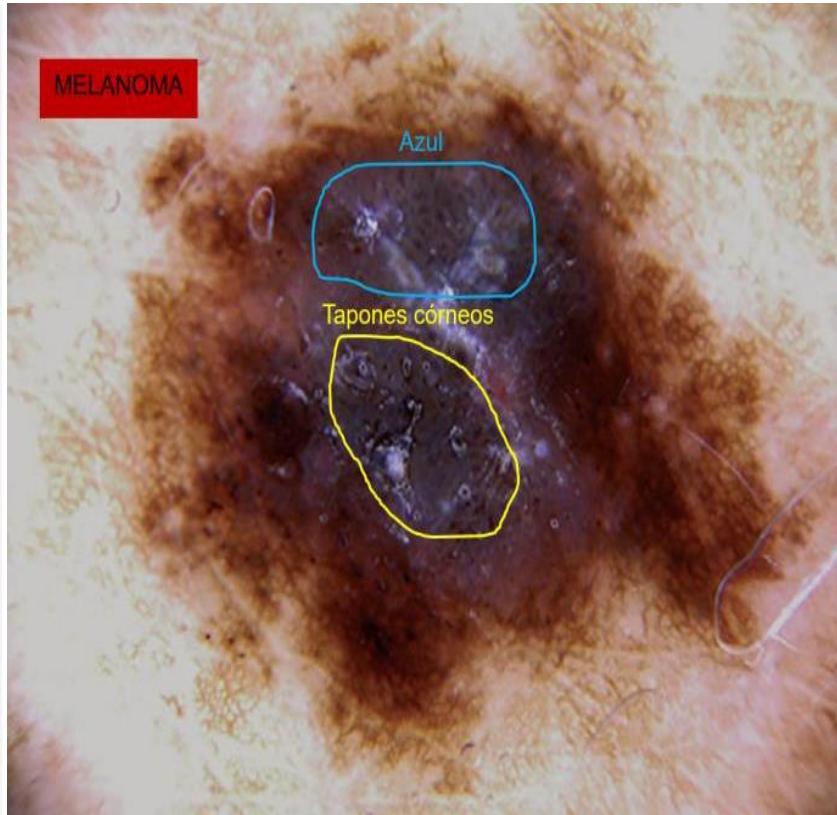


Dermatofibroma aneurismàtic (si un DF té blau, confirmació histològica)

**BLAU NO HOMOGENI - Identifico estructures?**

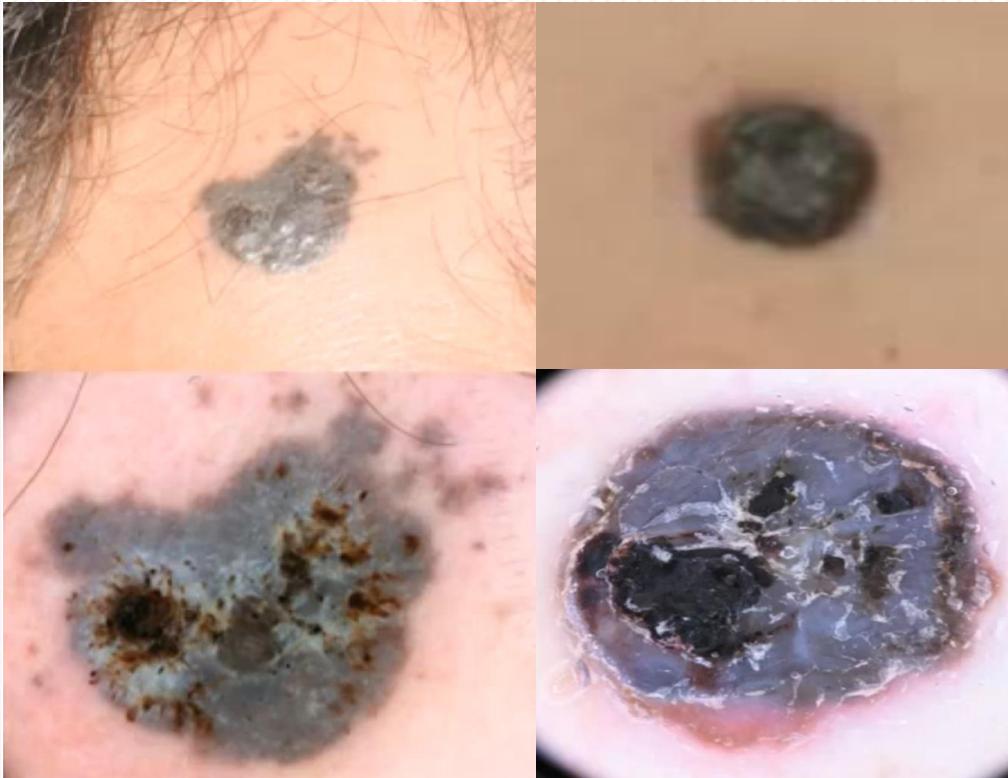


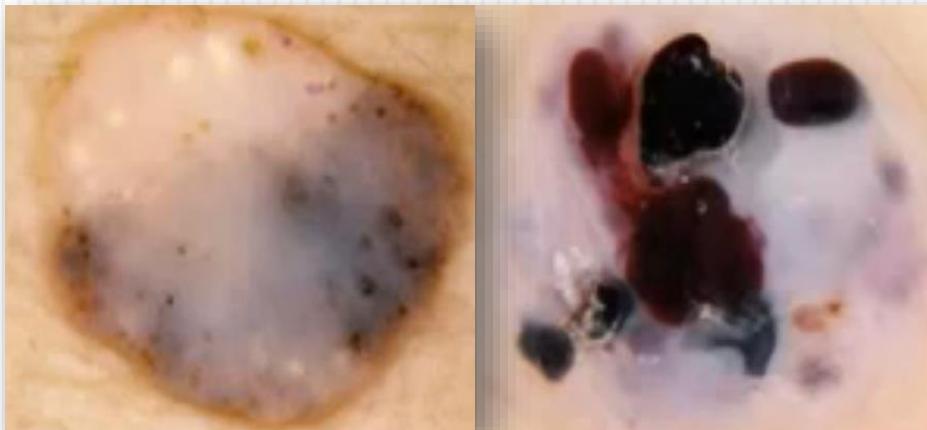
**BLAU NO HOMOGENI - Identifico estructures?**



MELANOMA QS  
LIKE  
Els melanomes  
també poden tenir  
taps cornis

# BLUE BLACK RULE





# 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 demostri 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/Ceratosis seborreica/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 espitzoides
  - Nevus dèrmic
  - Melanoma

Barbs

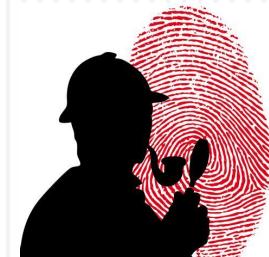


## MELANINA

- Black nevus
- Nevus
- espitzoides
- Nevus
- dèrmic
- Melanoma

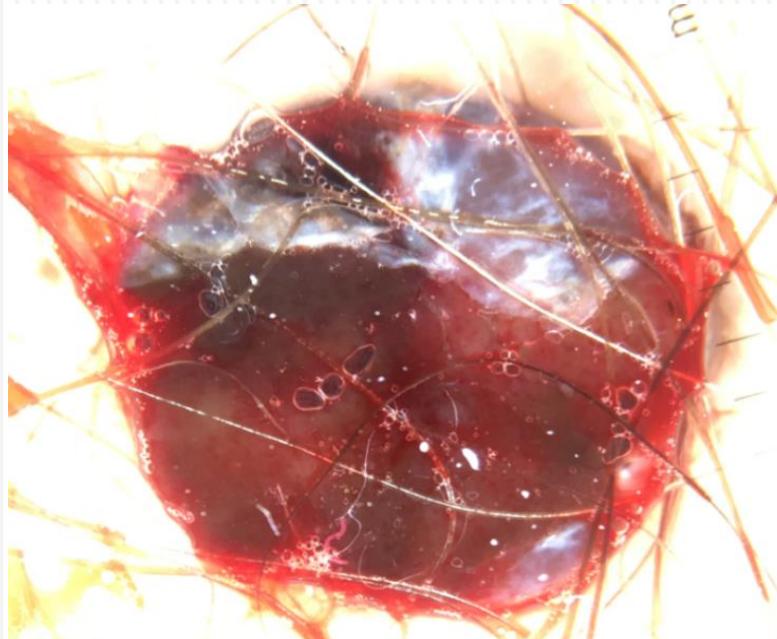
# A QUÈ CORRESPON EL NEGRE?

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



# A QUÈ CORRESPON EL NEGRE?

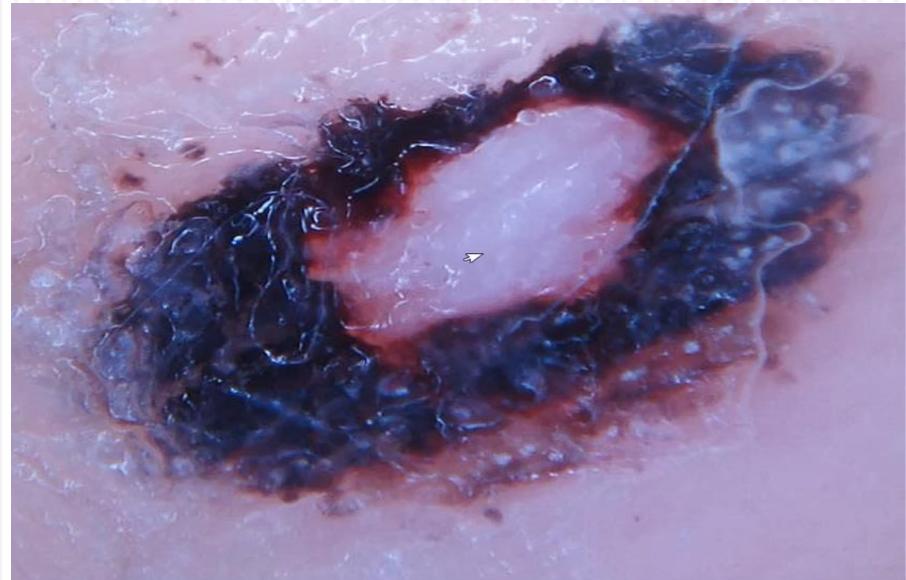
## PIGMENT + SANG: SOSPITÓS SI NO ÉS PER TRAUMATISME



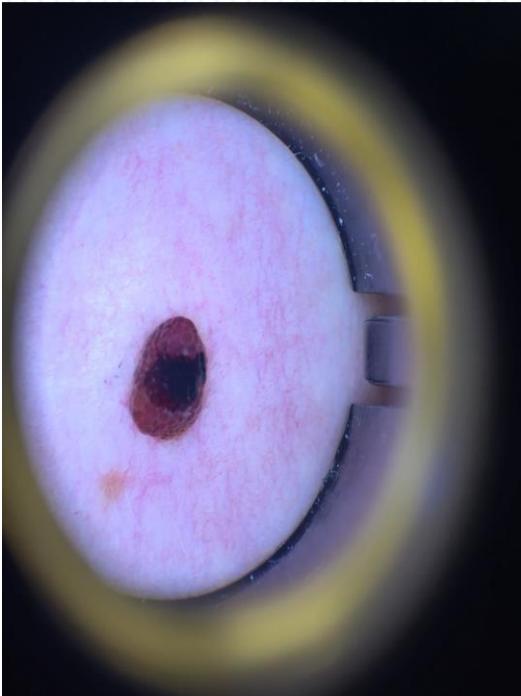
# LESIONS VASCULARS I SANG

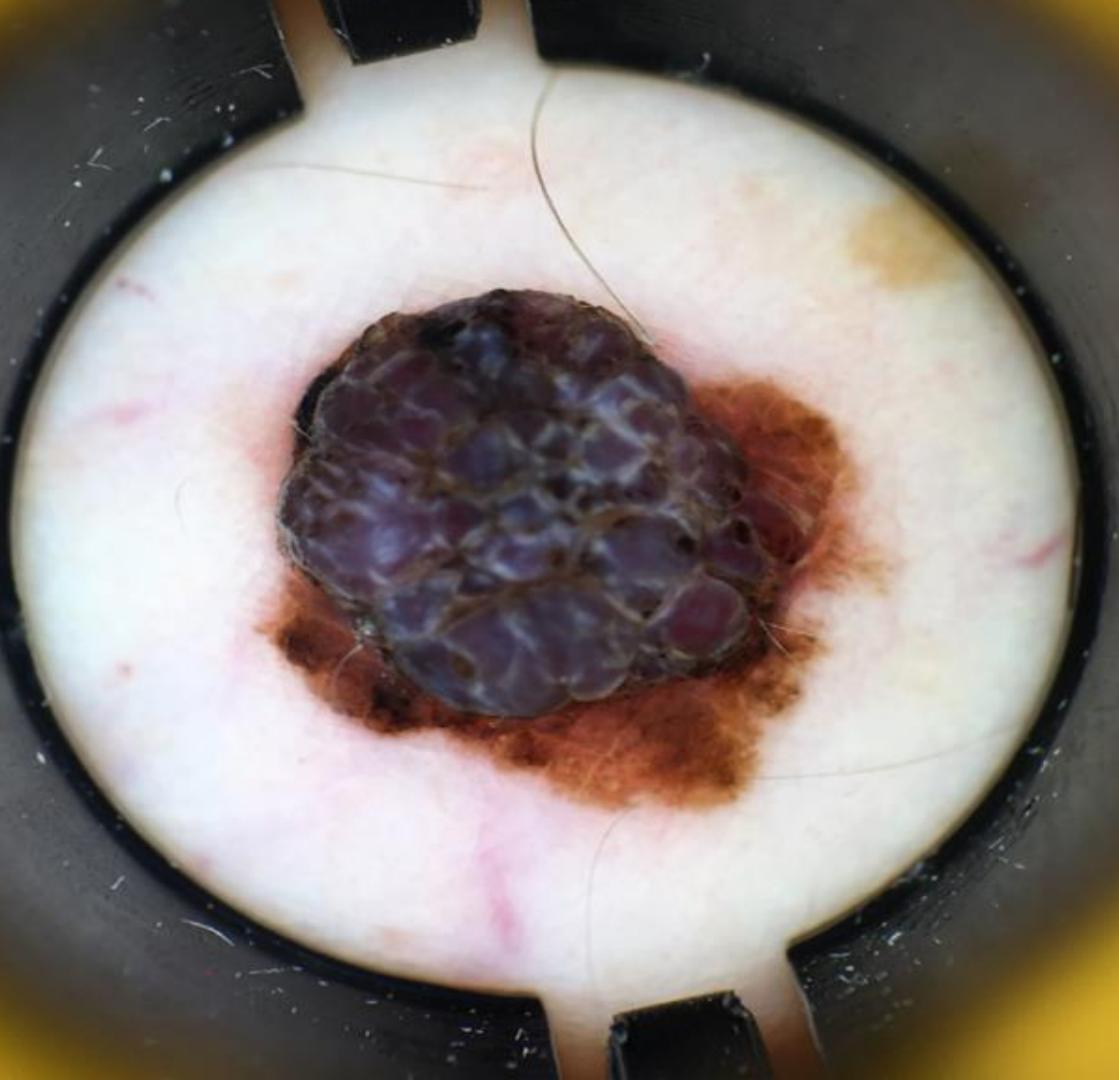


# MELANOMA O HEMATOMA?

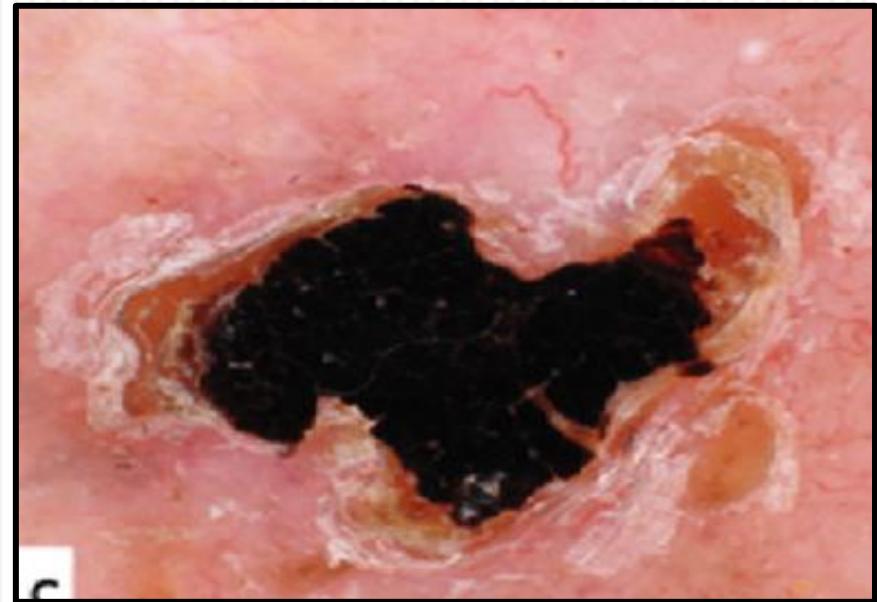


# MELANOMA SOBRE NEVUS ?





# LESIONS VASCULARS I SANG



# LESIONS VASCULARS I SANG



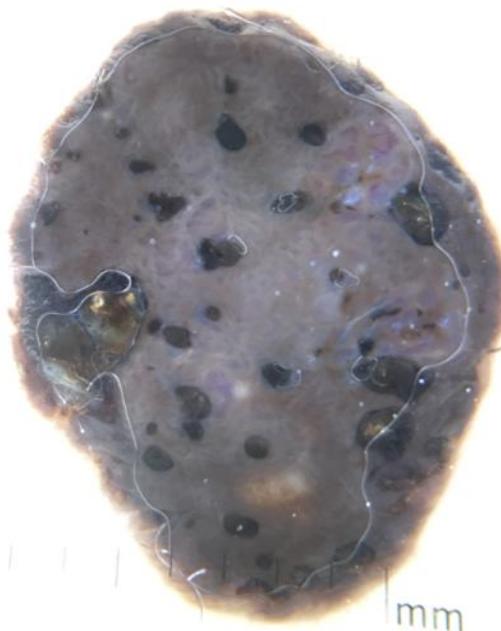
# QUERATINA: BARBS



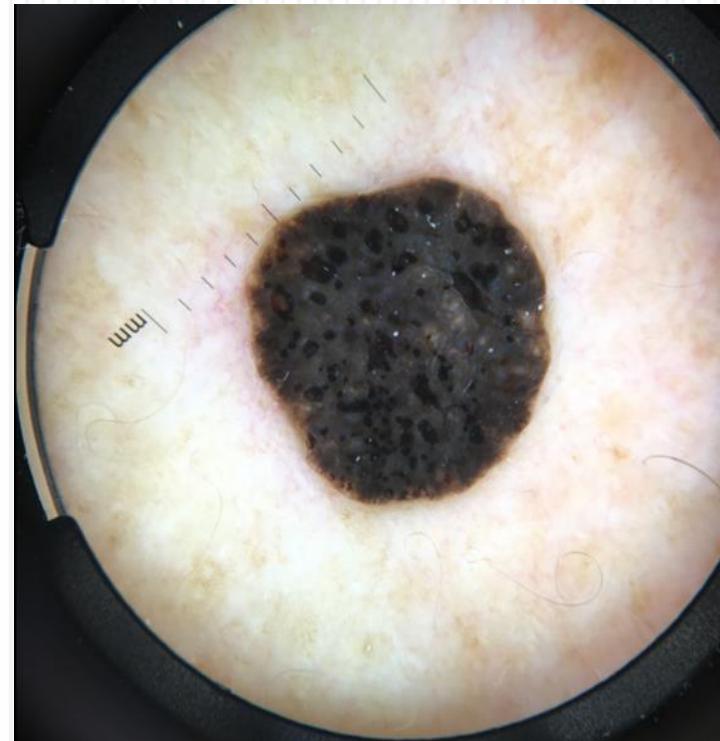
# PODEM VEURE COLOR NEGRE EN QS?



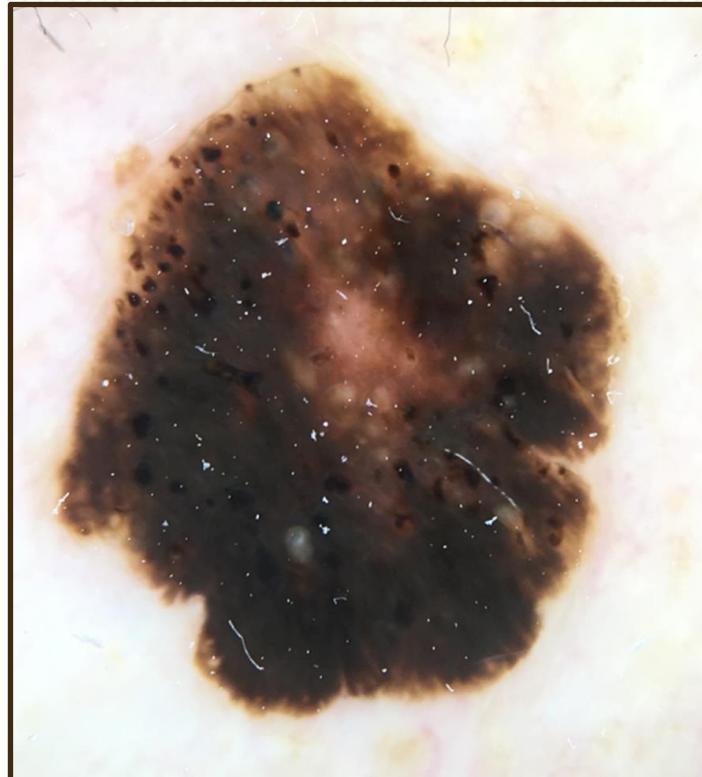
# PODEM VEURE COLOR NEGRE EN QS?



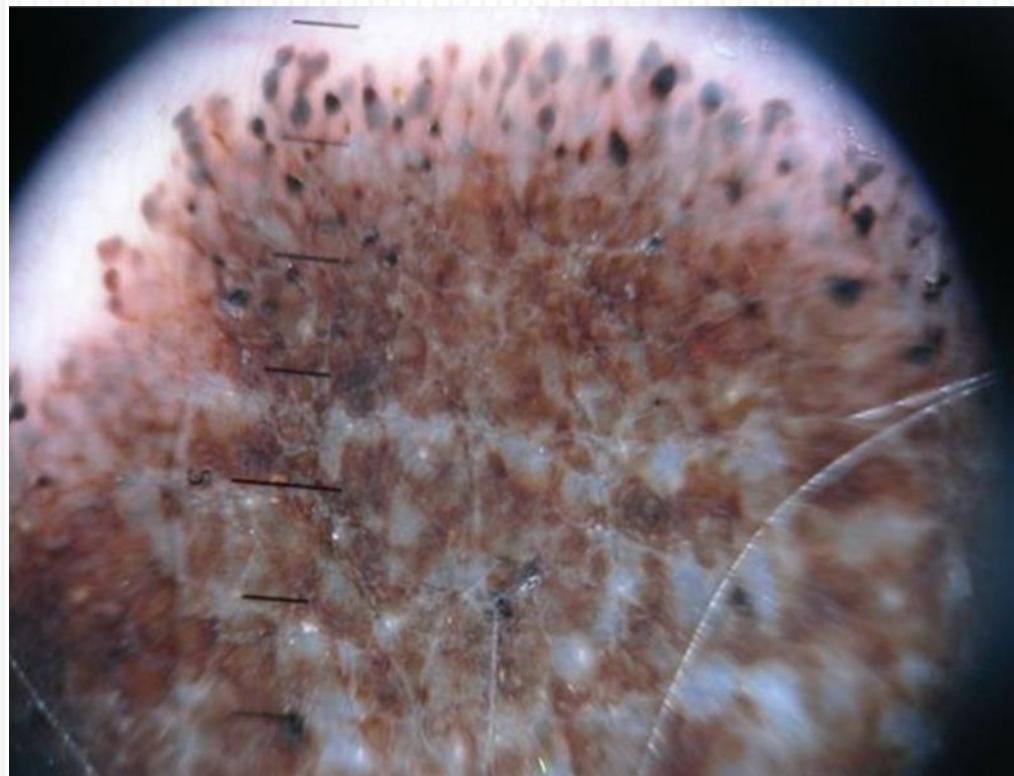
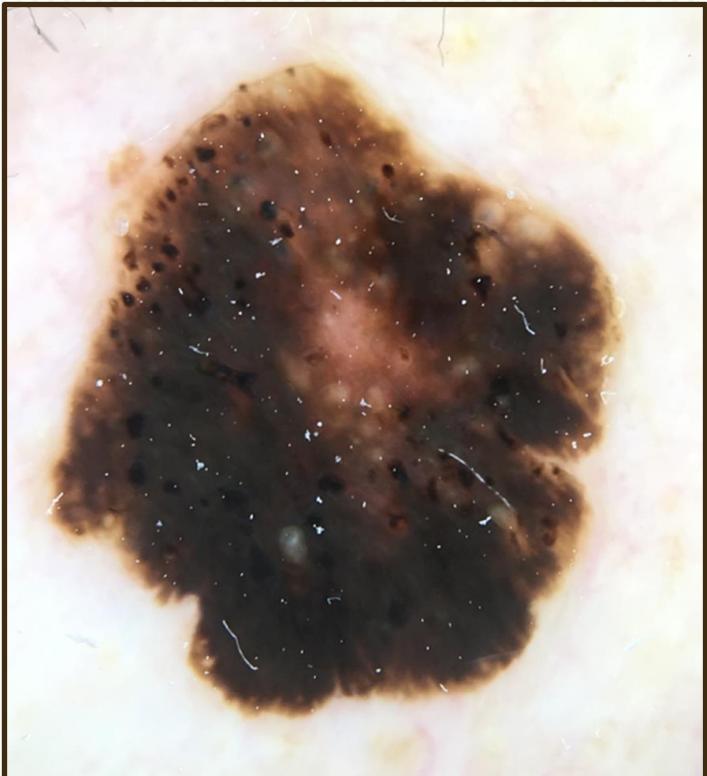
# TAPS CORNIS? QS?



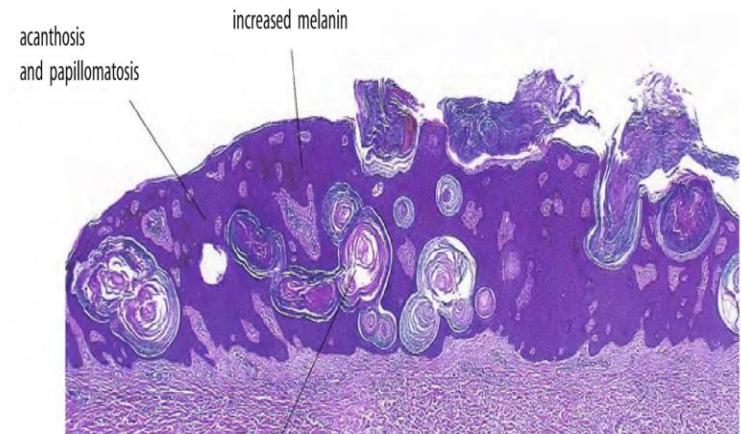
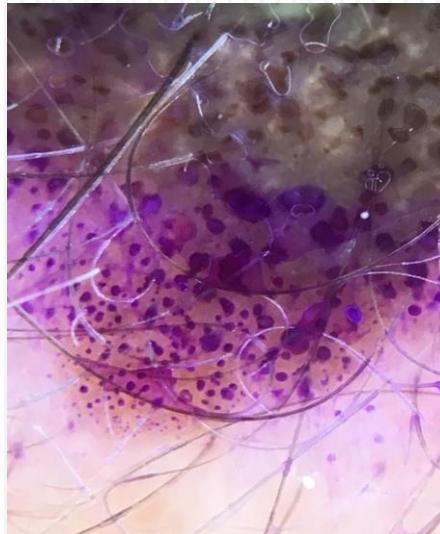
# TAPS CORNIS O GLÒBULS?



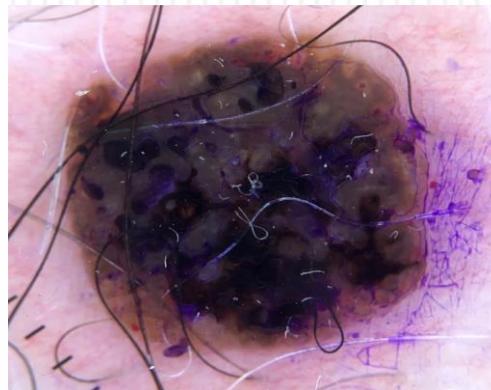
# TAPS CORNIS O GLÒBULS?



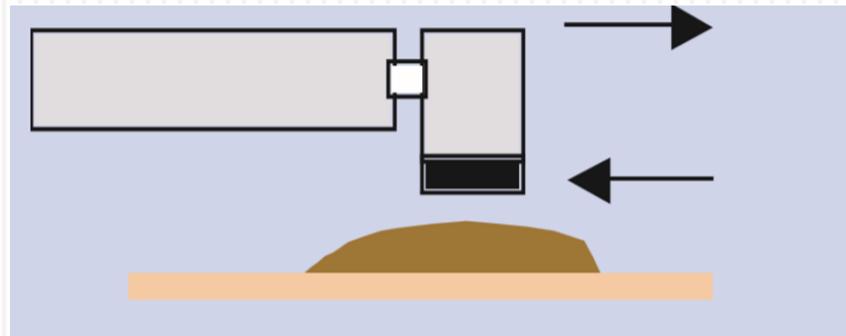
# INK TEST (TEST DE LA TINTA)



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



# SIGNO DEL BAMBOLEIG

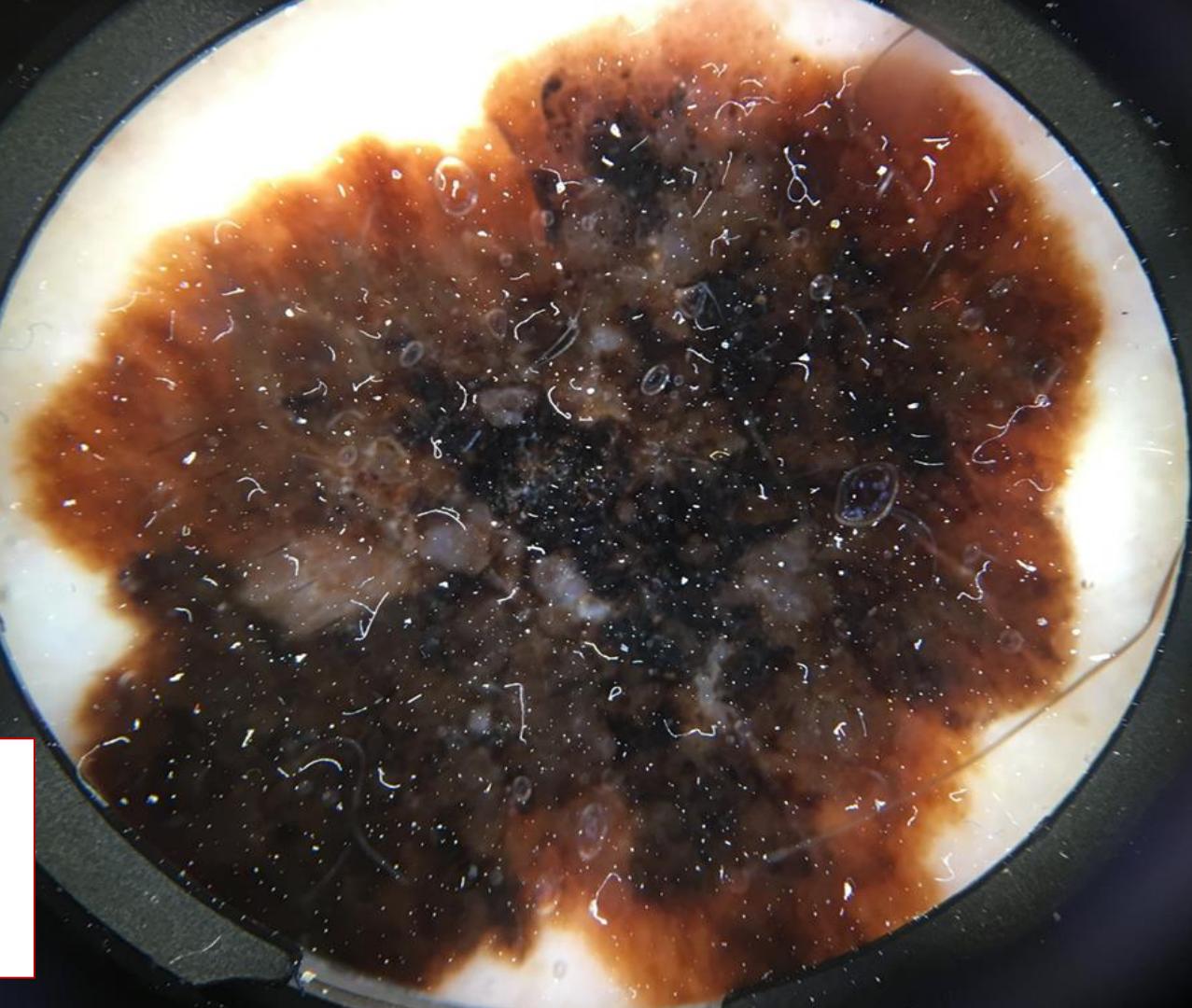




**3. Parece una queratosis seborreica (QS) pero:**

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





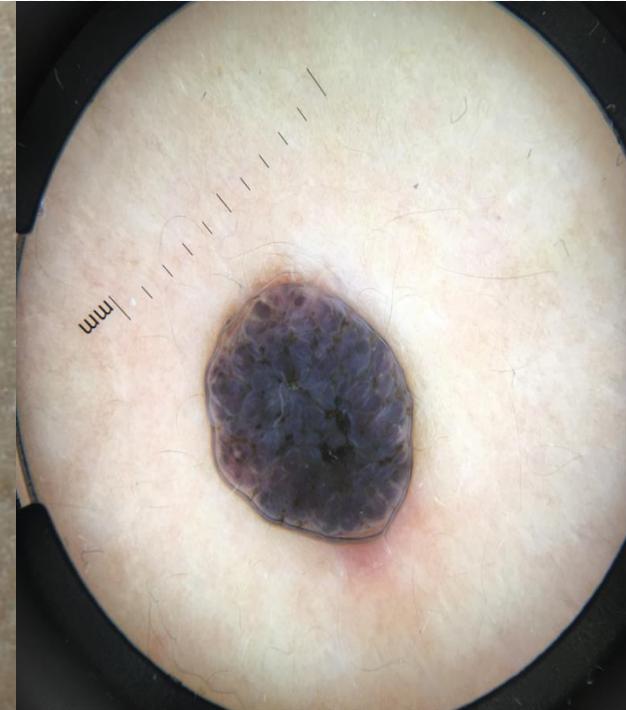
3. Parece una queratosis seborreica (QS) pero:

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

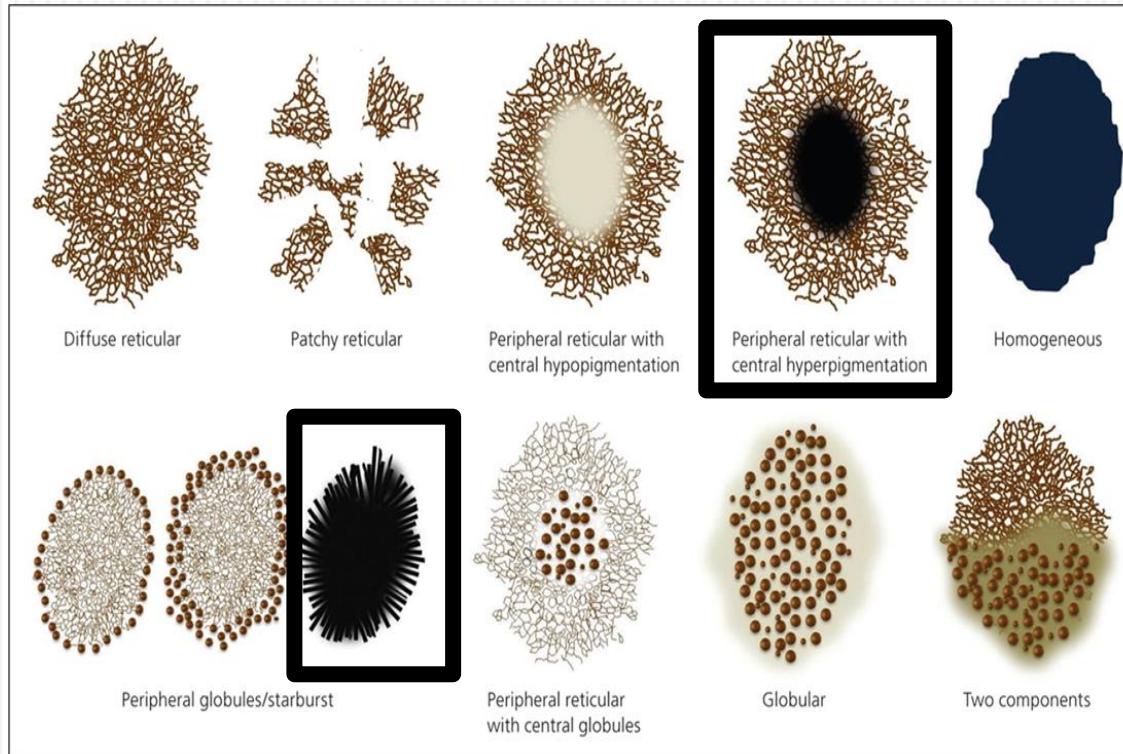
# MELANINA



# MELANINA



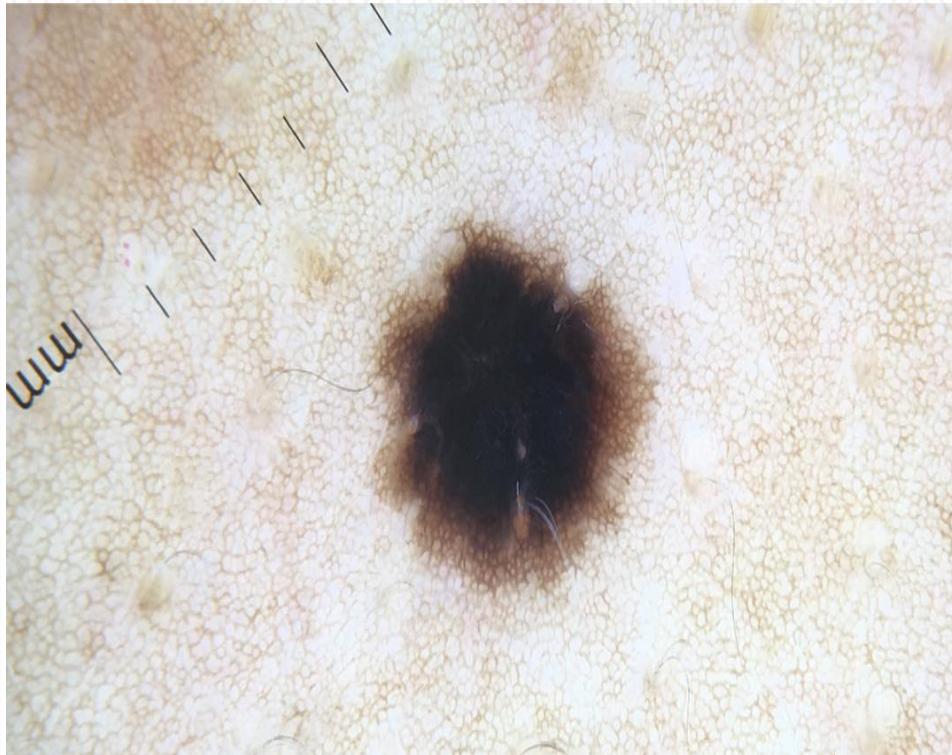
# MELANINA



# MELANINA: PATRÓ EN ESCLAT D'ESTRELLES

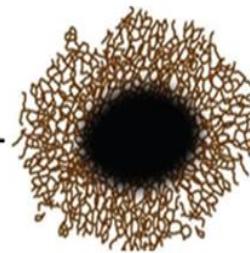


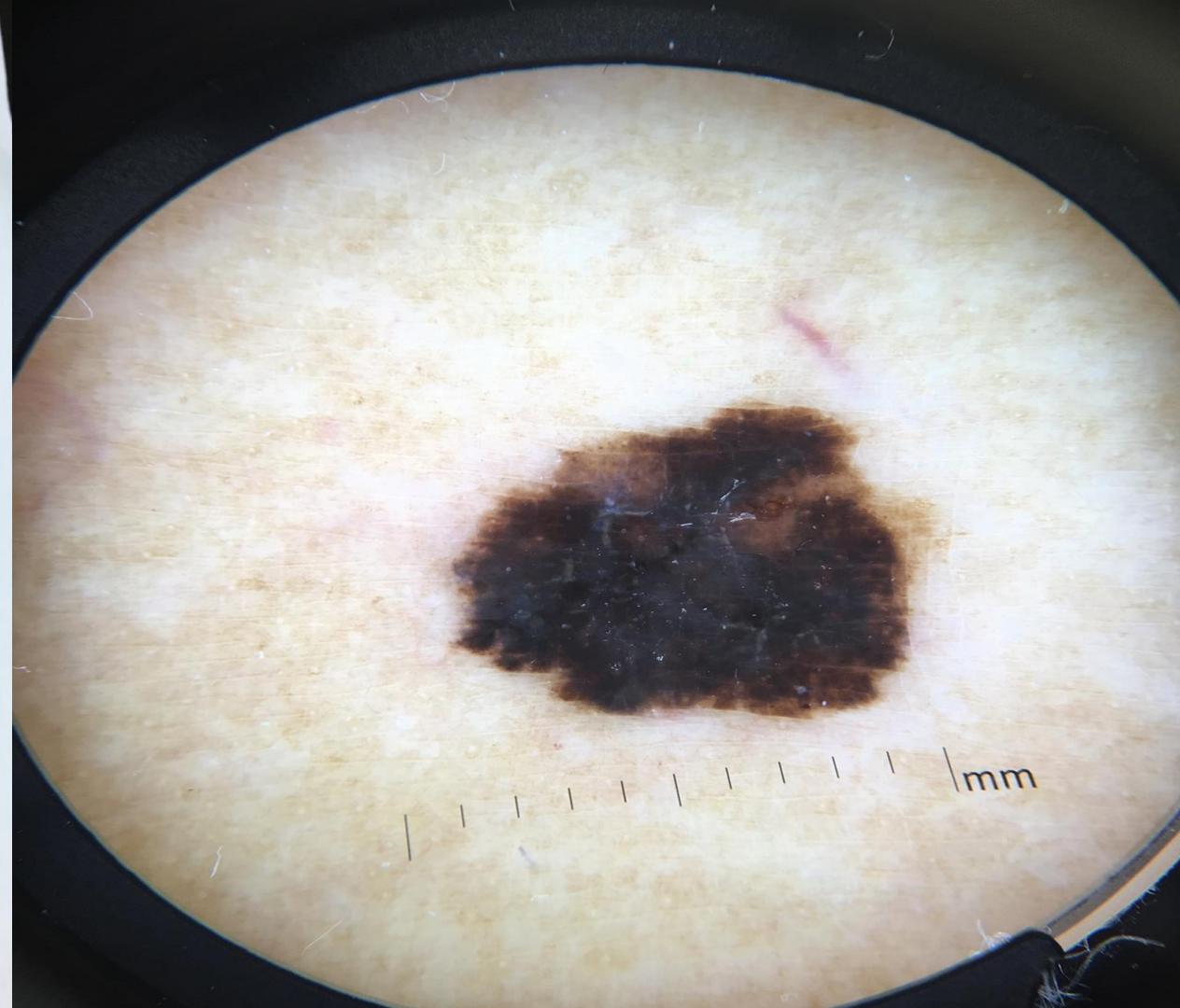
# MELANINA: BLACK NEVUS



**Black nevus**

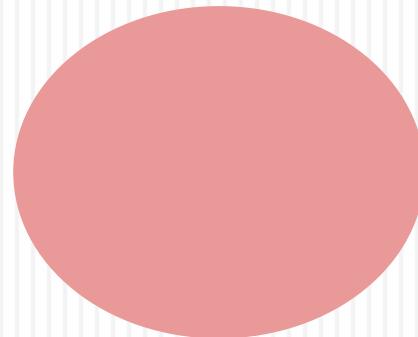
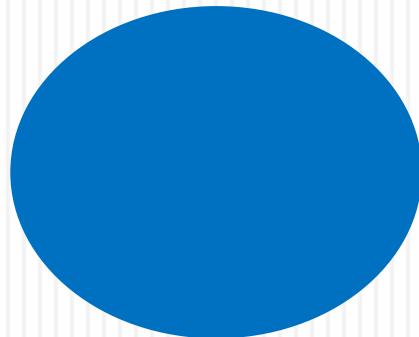
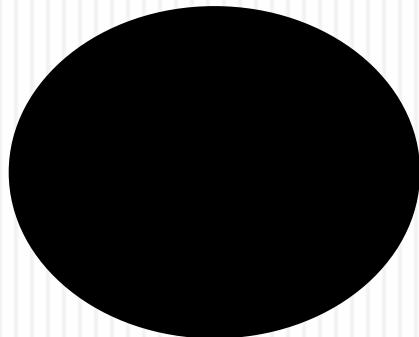
Tronco + <5 mm +



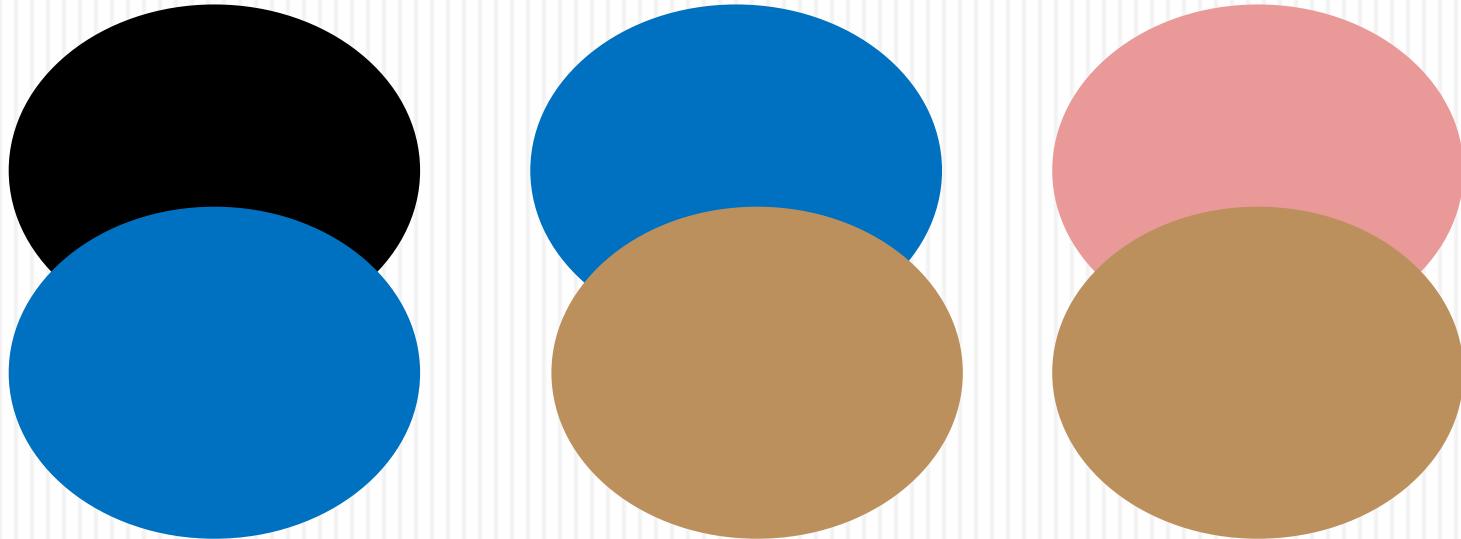




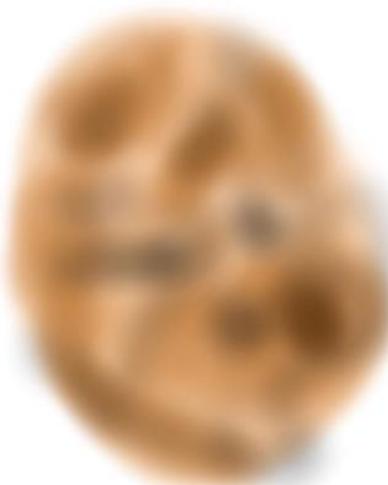
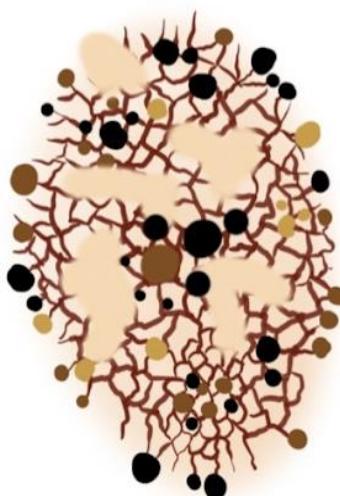
# QUINS COLORS FARAN SOSPITAR DE MELANOMA?



# QUINS COLORS FARAN SOSPITAR DE MELANOMA?



# PATRONS DE MELANOMA

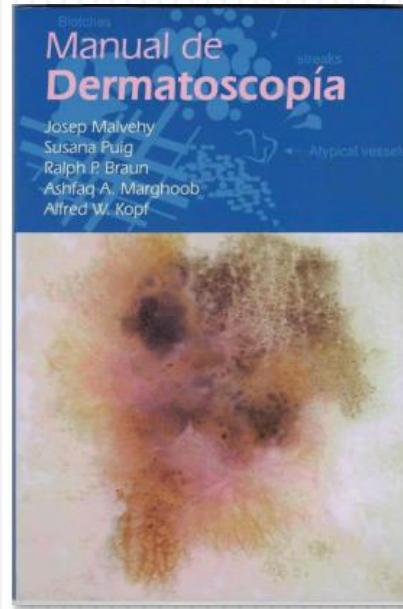


A wide-angle photograph of a rural landscape. A dirt road leads from the foreground towards a range of green hills under a clear blue sky. The road is flanked by lush green vegetation, including several large trees and smaller shrubs. The lighting suggests it's either early morning or late afternoon, casting long shadows and giving the scene a warm glow.

# I A PARTIR D'ARA QUÈ?

# Com podem aprendre dermatoscòpia?

- Manual de dermatoscopia.  
Malvehy J, Puig S.
- Dermatoscopia en atención primaria  
FMC nov 2017 Monogràfic vol 13.



- Dermatoscopia en atención primaria.  
Alcántara PA, Menárguez JF. AMF 2013;9(6):331-339.

# Webs d'interès:

Dermatologia en primaria:

**Dermatoscopia.camfic.cat**

Dermatoweb: **dermatoweb.udl.es**

Dermoscopy tutorial:

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

DermNet:

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

Dermapixel: **dermapixel.com**

Dermoscopedia: **dermoscopedia.com**

# Com podem aprendre dermatoscòpia?



CAMFiC  
socetat catalana de medicina  
familiar i comunitària

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

## Grupo de dermatología de la CAMFiC

Blog de la societat Catalana de medicina familiar i comunitària



REDES SOCIALES



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

# Moltes gràcies

[www.camfic.cat](http://www.camfic.cat)