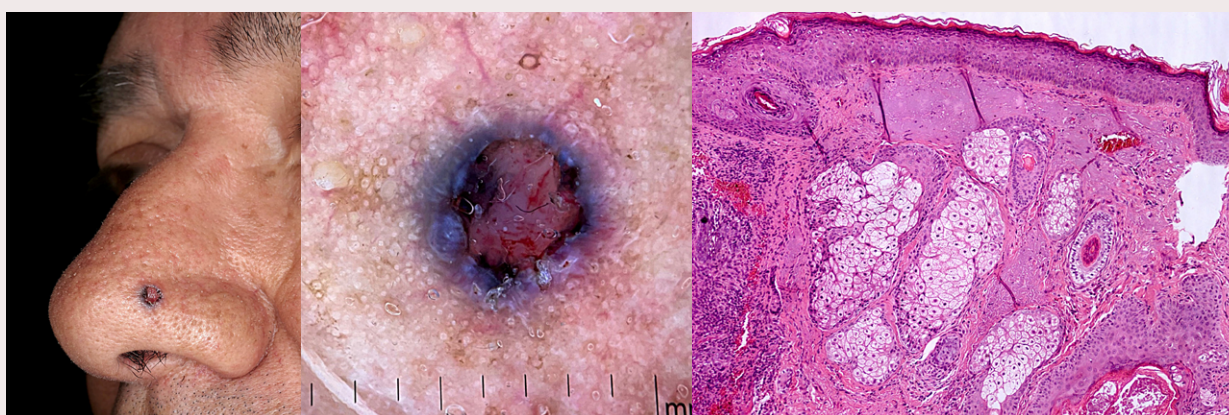


IMAGES IN DERMATOLOGY

The intriguing histopathological labyrinth of adenoid basal cell carcinoma – Dermatology in Images

José Plata, Javier Rosero,^{1*} Santiago Palacios,^{2*} Gabriela Zumárraga,^{3**}
Nathalie Lascano,^{4****} Doménica Lara^{5****}



A 64-year-old man with no significant pathological history. She presented with a lesion of 1 year of localized evolution in the left nasal wing, characterized by a papule with hyperchromic edges and an ulcerated center of approximately 0.5 cm (Figure 1). Dermoscopy showed a non-melanocytic lesion with a hyperpigmented, irregular and pearly border, presence of a central ulcer with linear vessels, and erythematous periphery (Figure 2). A biopsy was performed that reported a neoplastic proliferation composed of basaloid cell nests and cords with peripheral palisade that invades the entire dermis, fibromyxoid stroma that causes retractions, mucin be-

tween tumor nests, atrophic epidermis with flattening of the ridges and presence of ulceration, diagnosing adenoid basal cell carcinoma (Figure 3).

Adenoid basal cell carcinoma is one of the most uncommon histopathological variants.^{1,2} The clinical manifestations have characteristics shared by this group of carcinomas.

Dermoscopy allows the assessment of the absence of the pigment network, a key point in the diagnosis of basal cell carcinoma.³

¹Dermatology Service, Equinoccial Technological University (UTE), Quito, Ecuador

²Servicio de Dermatología, Centro de la Piel (CEPI), Quito, Ecuador

³Private Practice in Occupational Health, Quito, Ecuador

⁴Dermato-Pathology Service, Skin Center (CEPI), Quito, Ecuador

⁵Medical student at Pontificia Universidad Católica del Ecuador (PUCE). Quito, Ecuador

Correspondence: Dr. José Alfredo Plata López

Email: japl1994@hotmail.com

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The most useful tool that will allow us an accurate diagnosis, effective therapeutic planning and decision-making in general is histopathology, which must show the presence of thin bands or cords with basaloid cells distributed in a reticular pattern, formation of glandular structures or ductal type of basaloid cells.^{4,5}

As it is an uncommon variant, the clinical-histopathological relationship is of great importance in order to give the best management to patients.

Informed consent: The patient included in this study has signed the informed consent, approving the use of their images and clinical data exclusively for research and scientific publication purposes. It is guaranteed that no personal data has been provided and no photographs have been used to allow identification.

ORCID: Javier Rosero  <https://orcid.org/0000-0002-3635-6653>

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