

Clinically similar facial lesions with distinct dermoscopic patterns

Lesões faciais clinicamente semelhantes com padrões dermatoscópicos distintos

Marcelo Pacheco-Silva*^{ID} and Katarina Kiesel-Rodrigues^{ID}

Unidade Local de Saúde Almada-Seixal, Centro de Responsabilidade Integrada de Dermatovenereologia, Almada, Portugal

An 84-year-old woman presented with two skin-colored papules on the right malar region, both with smooth surface and well-defined borders (Fig. 1). Dermoscopy of the right-sided lesion showed regularly distributed comma vessels and homogeneous light-brown areas, consistent with a pigmented intradermal nevus. Comma vessels are a recognized dermoscopic feature of dermal nevi.¹ The main differential diagnosis was nodular basal cell carcinoma (BCC), which typically displays well-focused arborizing vessels on a pinkish-white background.^{2,3} These findings were observed in the left-sided lesion. Blue-gray ovoid nests were also present, a characteristic dermoscopic criterion of BCC (Fig. 2).²

Histopathological examination confirmed nodular BCC (left lesion) and intradermal melanocytic nevus (right lesion).

This case highlights two clinically similar facial lesions with distinct biological behavior. Dermoscopy enhances diagnostic accuracy by identifying specific vascular and structural features that enable reliable differentiation between benign and malignant tumors.^{4,5}

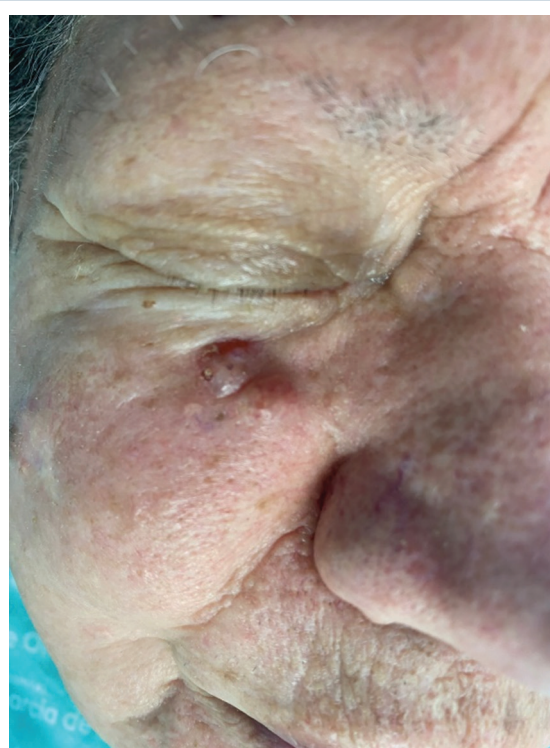


Figure 1. Two macroscopically similar facial lesions with different diagnoses. Left: nodular basal cell carcinoma. Right: pigmented intradermal nevus.

Funding

None.

*Correspondence:

Marcelo Pacheco-Silva

E-mail: marcelocpsilva@gmail.com

2795-501X / © 2026 Portuguese Society of Dermatology and Venereology. Published by Permanyer. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Received: 11-02-2026

Accepted: 18-04-2026

DOI: 10.24875/PJDV.26000021

Available online: 08-09-2026

Port J Dermatol and Venereol. (ahead of print)

www.portuguesejournalofdermatology.com



Figure 2. Dermoscopy reveals characteristic vascular and structural features that allow distinction between malignant and benign lesions.

Conflicts of interest

None.

Ethical considerations

Protection of human subjects and animals. The authors declare that no experiments on humans or animals were performed for this research.

Confidentiality, informed consent, and ethical approval. This study includes clinical images of a patient. Informed consent was obtained from the patient for the publication of these images and associated clinical information. All procedures followed were in accordance with the ethical standards of the responsible institutional committee and with the Declaration of Helsinki. Identifying information has been omitted to ensure patient confidentiality. According to local regulations, formal ethical approval was not required for this type of study. SAGER guidelines do not apply.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing or creation of the content of this manuscript.

References

1. Argenziano G, Zalaudek I, Corona R, Sera F, Cicale L, Petrillo G, et al. Vascular structures in skin tumors: a dermoscopy study. *Arch Dermatol.* 2004;140:1485-9.
2. Lallas A, Apalla Z, Ioannides D, Argenziano G, Castagnetti F, Moscarella E, et al. Dermoscopy in the diagnosis and management of basal cell carcinoma. *Future Oncol.* 2015;11:2975-84.
3. Zalaudek I, Kreusch J, Giacomel J, Ferrara G, Catricalà C, Argenziano G. How to diagnose nonpigmented skin tumors: a review of vascular structures seen with dermoscopy: part I. Melanocytic skin tumors. *J Am Acad Dermatol.* 2010;63:361-74, quiz 375-6.
4. Martín JM, Bella-Navarro R, Jordá E. Vascular patterns in dermoscopy. *Actas Dermosifiliogr.* 2012;103:357-75.
5. Kittler H, Pehamberger H, Wolff K, Binder M. Diagnostic accuracy of dermoscopy. *Lancet Oncol.* 2002;3:159-65.