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What's your diagnosis? A rare cutaneous benign tumor

Qual o seu diagnóstico? Um tumor cutâneo benigno raro

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Our case focuses on a 30-year-old female patient with no relevant priors.

The patient was referred to our dermatology department due to the appearance of a cutaneous lesion on the left leg during her last pregnancy which was 6 months ago.

At the dermatologic examination, she presented a macule with brown pigment on the center and an erythematous halo, well-demarcated, with superficial scaling, < 1 cm in diameter, and on the anterior surface of the left leg (Figure 1).

Dermoscopy revealed light brown dots and globules on a yellow background, with dotted vessels and white streaks at the periphery (Figure 2).

A cutaneous biopsy showed acanthosis with mild orthokeratotic hyperkeratosis, larger than usual keratinocytes, and hyperpigmentation of the basal layer. The histopathological findings were compatible with a large cell acanthoma (LCA).

An LCA is a rare epidermal benign tumor, considered by some a variant of the solar lentigo with cellular hypertrophy. It occurs most frequently in women, older

Figure 1. Macule with brown pigment on the center and an erythematous halo, well-demarcated, with superficial scaling, < 1 cm in diameter, and on the anterior surface of the left leg.

Figure 2. Dermoscopy of the lesion, showing light brown dots and globules on a yellow background, with dotted vessels, and white streaks at the periphery.

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people, and in sun-exposed sites, such as the face and extremities[1,2]. Clinically, LCA may be difficult to be differentiated from a solar lentigo, a pigmented actinic keratosis, or a flat seborrheic keratosis[3]. A recently published study performed on 33 lesions (26 patients) identified distinct dermoscopic findings of LCA[4]. The most frequent dermoscopic findings are a yellow opaque homogenous area, grey/brown dots and globules, a moth-eaten border, white streaks, and a pseudonetwork[2,4], most of which were also present in this case. Another study evaluated 13 patients and also identified these as the most frequent dermoscopic features and found that milia-like cysts and white to yellow surface scale were uncommon findings[5].

Therefore, dermoscopy is a noninvasive tool that can significantly aid in the diagnosis of LCA.

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Conflicts of interest

None.

Ethical disclosures

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

Confidentiality of data. The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent. The authors have obtained the written informed consent of the patients or subjects mentioned in the article.

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