Comments on "Differentiating basal cell carcinoma from intradermal nevi along the eyelid margin with dermoscopy"

To the Editor: We read with interest the paper by Williams et al[1] on the differentiation of basal cell carcinoma (BCC) from an intradermal nevus (IDN) along the eyelid margin using dermoscopy. The authors stated that the dermoscopic features of BCC and IDN of the eyelid margins have not been previously described. However, another study published in 2019 has evaluated the clinical and dermoscopic features of eyelid margin tumors, including a large series of 165 tumors, with 48 BCCs and 53 nevi (of which 14 were histologically proven as IDN).[2] As observed in the series by Williams et al,[1] madarosis was associated with malignancy, brown structureless pigmentation and brown globules were more frequent in nevi, and arborizing vessels were not specific for BCC. In addition to these features, the study of 2019 found that nevi were not yellow in color and rarely presented with a white color, unlike BCC (Fig 1). The yellow color of BCCs was mainly due to the presence of crusts induced by erosion. Notably, the pink color observed in BCCs was intense, different from the normal skin color that was visible in IDN. These slight differences between the studies can be explained by the fact that the acquisition of dermoscopic images of the eyelid margin can be technically difficult because of eye movement and the sensitivity of this area. In particular, the pressure exerted by the tip of a dermoscope on the conjunctiva can completely change dermoscopic findings.[3]

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Funding sources: None.

IRB approval status: Not applicable.

Reprints not available from the author.

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Conflicts of interest

None disclosed.

REFERENCES

1. Williams NM, Navarrete-Dechent C, Marghoob AA, Abarzua-Araya Á, Salerni G, Jaimes N. Differentiating basal cell carcinoma from intradermal nevi along the eyelid margin with dermoscopy: a case series. *J Am Acad Dermatol*. 2021;84(1):173-175.
2. Cinotti E, La Rocca A, Labeille B, et al. Dermoscopy for the diagnosis of eyelid margin tumors. *Br J Dermatol*. 2019;181(2):397-398.
3. Cinotti E, La Rocca A, Labeille B, et al. Dermoscopy for the diagnosis of conjunctival lesions. *Dermatol Clin*. 2018;36(4):439-449.

https://doi.org/10.1016/j.jaad.2021.02.040

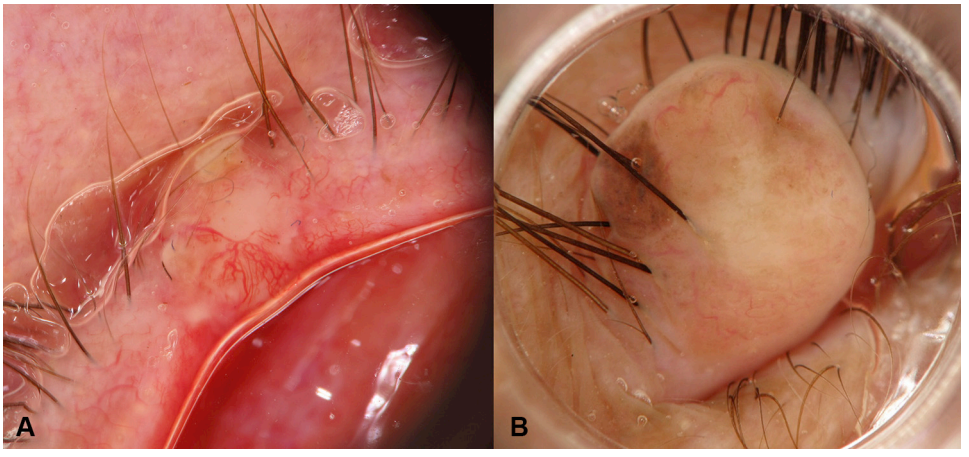

Fig 1. A, Dermoscopy of a basal cell carcinoma of the eyelid margin shows a whitish lesion with a yellow crust and arborizing vessels. **B**, Dermoscopy of a dermal nevus of the eyelid margin shows a skin-colored lesion with brown structureless areas.