Response to comments on the Letter to the Editor titled "Differentiating basal cell carcinoma from intradermal nevi along the eyelid margin with dermoscopy: A case series"

To the Editor: We thank Drs Cinotti, Perrot, Tognetti, and Rubegni for bringing to our attention their 2019 study describing a large series of eyelid tumors, including 48 basal cell carcinomas (BCCs) and 14 intradermal nevi (IDN).[1] It is reassuring to learn that different datasets found similar results, namely that BCCs are more likely to cause eyelash disruption whereas intradermal nevi are more likely to display brown pigmentation and brown globules. In addition, arborizing vessels were not found to be specific for a diagnosis of BCC in both studies, which is a relevant finding.

However, some minor differences did exist between the 2 studies. Our study found that BCCs were more likely to have a skin-colored to pink appearance under dermoscopy and we did not observe any tumors displaying yellow or white color.[2] As stated by Cinotti et al,[1] these differences in color may be related to the technique used in capturing the images and requires further investigation. In addition, our study assessed tumor site (mucocutaneous junction vs anterior margin/lash line), tumor extension (eg, tumor spreading to adjacent anatomic sites), surface regularity, and globule arrangement (aggregated vs nonaggregated), concluding that BCCs are more likely to be located on the anterior margin and have irregular surfaces, whereas intradermal nevi are frequently located on the mucocutaneous junction and have regular surface. Similar findings observed in studies involving different populations support the role of using dermoscopy in the evaluation of tumors along the eyelid margin. We encourage researchers worldwide to continue gathering data on the dermoscopic features of eyelid tumors.

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Conflicts of interest

None disclosed.

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