Recognizing BCCs and SCCs: Key Points for Family Physicians

Basal Cell Carcinoma (BCC)

- Macroscopic Clues: Pearly papule, telangiectasia, rolled borders, ulceration
- **Dermoscopy Features:** Arborizing vessels, blue-gray ovoid nests, leaf-like/spoke-wheel structures, shiny white lines, ulceration

Squamous Cell Carcinoma (SCC)

- **Macroscopic Clues:** Plaque or nodule, scaly or crusted, tender, cutaneous horn, eroded or ulcerated
- **Dermoscopy Features:** White circles, keratin or scaling in a raised lesion, dotted or glomerular or hairpin or linear vessels, clustered or peripheral vessel orientation

"Prediction Without Pigment" Approach

• A strategy for evaluating non-pigmented lesions and deciding when to biopsy

PREDICTION without PIGMENT - short version			
Non-pigmented lesion Ulceration or white clues* present — Consider biopsy (exclude malignam Ulceration or white clues* not present – Apply vessel pattern analysis (see H A polymorphous pattern including strongly suspicious for melanoma. A clods-only, centred, serpiginous of reticular pattern indicate benign st All other patterns must be assessed for malignancy. A clods-only pattern must have no vessels within the (red/purple A centred pattern must have vessels centred in skin-coloured clo	pelow) dots is or atus. e) clods.		
*White clues include dermatoscopic white lines as well as (in the case of raised lesions only) clues produced by keratin both on the surface of the skin (evident as scale) and beneath the stratum corneum where it appears in the form of dermatoscopic white circles and white structureless areas. For this purpose white clues do not include white dots or clods (so-called "milia-like cysts") which can occur in malignant conditions but which are also common in seborrhoeic keratoses.			

Figure 1. Prediction without Pigment Algorithm. Rosendahl C, Marozava A 2023.

Quick Comparison Table

Typical features	BCC	SCC
Vessels	Branched arborizing	Clustered dotted or glomerular
		Peripherally distributed
Pigment	Blue-grey ovoid nests	Radial brown dots
Surface	Smooth and pearly	Rough and scaly
Common Sites	Face and trunk	Head and extremities
Risk of Metastasis	Very low	Moderate to high

Tips for Practice

- Explore dermoscopy training (HealthCert, Cardiff University, University of Queensland)
- Use available dermoscopy resources (Dermoscopedia.org)
- Biopsy where possible
- Document lesion evolution
- Refer if lesion is ulcerated, growing rapidly, or diagnosis is uncertain

References

- Sgouros D, Theofili M, Damaskou V, Theotokoglou S, Theodoropoulos K, Stratigos A, Theofilis P, Panayiotides I, Rigopoulos D, Katoulis A. Dermoscopy as a Tool in Differentiating Cutaneous Squamous Cell Carcinoma From Its Variants. Dermatol Pract Concept. 2021 Apr 12;11(2): e2021050. doi: 10.5826/dpc.1102a50.
- Saavedra A, Roh E, Mikailov A. Precancerous Lesions and Cutaneous Carcinomas. In Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology. 9th Ed. McGraw Hill: Toronto. 2023: 236-262.
- Rosendahl C, Marozava A. Chapter 7: Prediction without Pigment Algorithm for Non-Pigmented Skin Lesions. In Dermatoscopy and Skin Cancer: Updated Edition. Scion Publishing: Banbury. 2023: 213-242.