VivaScope

Medical > In Vivo > Other material > Posters



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ABSTRACT

Question: The routine clinical examination of skin tumors includes naked eye inspection anddermoscopy. Dermoscopy was shown to significantly improve the diagnostic accuracy for identifyingmelanomas and to reduce the number of unnecessary excisions of benign skin lesions. Nevertheless, in daily routine the clinician is confronted with a certain amount of skin tumors that allow no specificdiagnosis due to the absence of typical clinical or dermoscopic features. The in-vivo confocal laserscanning microscopy (CLSM) offers a novel diagnostic tool for the visualization of the upper layers inskin tumors in a high cellular resolution. Recent studies, which investigated the role of the CLSM, haveprovided diagnostic algorithms for the identification of frequent neoplasms as cutaneous melanoma, basal cell carcinoma or benign nevi with a high diagnostic accuracy. **Methods:** Consecutive patients with difficult-to-diagnose skin tumors at a university-based skincancer unit were examined with naked eye, a digital dermoscopy system (FotoFinder Sytems), CLSM(VivaScope 1500), and routine histopathology. **Results:** In this report we present a number of difficult-to-diagnose pigmented and non-pigmentedskin tumors, including melanoma, benign nevi, basal cell carcinoma and Bowen's disease with resultsof corresponding clinical, dermoscopic, CLSM, and histopathologic examinations. The CLSMtechnique in these cases allowed to make a preliminary diagnosis with important impact on themanaging decision making process. Typical features of the different tumor entities are visualized and explained. **Conclusion:** In vivo CLSM represents a complementary diagnostic tool for a more precise noninvasive preliminary diagnosis that may have an important impact on further managing decisions.