

## Polymorphic Vessels—Think About Seborrheic Keratosis

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**Key words:** seborrheic keratosis, melanoma, dermoscopy, polymorphic vessels

**Citation:** Deinlein T, Eber E, Fink-Puches, Hofmann-Wellenhof R. Polymorphic vessels—think about seborrheic keratosis. *Dermatol Pract Concept*. 2020;10(4):e2020090. DOI: <https://doi.org/10.5826/dpc.1004a90>

**Accepted:** May 25, 2020; **Published:** October 26, 2020

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**Funding:** None.

**Competing interests:** The authors have no conflicts of interest to disclose.

**Authorship:** All authors have contributed significantly to this publication.

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### Case Presentation

A 57-year old man with known multiple atypical nevi presented for his regular yearly follow-up visit. He had no history of personal or familial melanoma. During the visit, we observed a roundish, well-demarcated, nodular lesion with a diameter of 8 mm on his right flank. A shiny surface, some scales at the periphery and clinically visible vessels were observed. The lesion was firm on palpation. On dermoscopy, the lesion presented a polymorphic vascular pattern (linear-irregular, glomerular, and hairpin vessels), blue-reddish lacunae randomly distributed over the lesion as well as some hemorrhagic crusts (Figure 1, A and B).

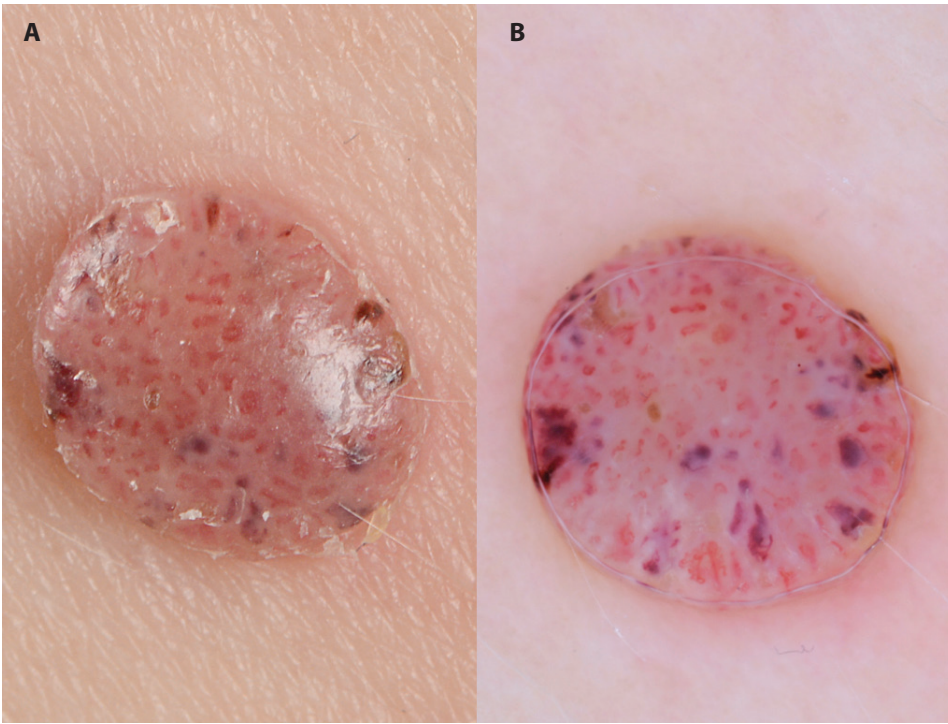
The nodule was excised, and histopathology showed an irritated seborrheic keratosis with reactive atypia.

### Teaching Point

Seborrheic keratoses, especially irritated lesions, present in a huge morphological variety clinically and dermoscopically. These lesions can exhibit features suggestive of amelanotic melanoma, Merkel cell carcinoma (eg, polymorphic vessels), or basal cell carcinoma and require histological examination [1,2].

### References

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**Figure 1.** (A) Clinical image showing a roundish, well-demarcated red nodule with a maximum diameter of 8 mm. Additionally, a shiny surface, some peripheral scales, and different types of vessels are observable. (B) On dermoscopy, a polymorphic vascular pattern composed of linear-irregular, glomerular, and hairpin vessels is evident. Moreover, blue-reddish lacunae and hemorrhagic crusts are seen.