Dirfferential diagnosis :

1. Mature melanocytic nevus:

* Type of vessels: comma
* Distribution: regular
* Additional criteria:

1. Comedo-like openings/milia-like cysts
2. Terminal hair
3. Residual brown pigmentation
4. Spitz nevus:

* Type of vessels: dotted
* Distribution: regular
* Additional criteria:

1. Pink background
2. Melanocytic criteria:
3. Inverted network
4. Chrysalis structures

3-Dysplastic nevus:

* Type of vessels: dotted and comma
* Distribution: regular/irregular
* Additional criteria:

1. Melanocytic criteria

4-Melanoma:

* Type of vessels:

1. Thin tumors (<1 mm): dotted vessels
2. Intermediate tumors (1-2mm): dotted and linear irregular vessels
3. Thick tumors: polymorphous vessels

* Distribution: irregular
* Additional criteria:

1. Atypical melanocytic criteria
2. Chrysalis structures

5-Clear cell acanthoma:

* Type of vessels: dotted
* Distribution: string of pearls
* Additional criteria: Erythematous background

6-Basal cell carcinoma:

* Type of vessels: telangiectasia
* Distribution: branching
* Additional criteria

1. Blue-grey nests and ovoid globules
2. Maple leaf-like areas
3. Wheel spoke areas
4. Ulceration

Tumors markers :

Serum levels of six tumor markers:

* carcinoembryonic antigen (CEA)
* squamous cell carcinoma antigen (SCCA)
* immunosuppressive acidic protein (IAP)
* alpha-fetoprotein (AFP)
* ferritin (FER),
* and carbohydrate antigen 19-9 (CA 19-9)

were simultaneously measured in 29 patients with primary squamous cell carcinoma (SCC) of the oral cavity to determine their significance. The positive rates were 34.5% for CEA, 41.4% for SCCA, 51.7% for IAP, 0% for AFP, 10.3% for FER, and 6.9% for CA 19-9 in patients with oral SCC. Therefore, CEA, SCCA, and IAP levels, of which the positive rates were significantly different (P < 0.01) from those of control patients without oral cancer, were considered to be of diagnostic value. The sensitivity (69.0%) and accuracy (90.3%) of the combination assay with these three tumor markers proved to be higher than those obtained with individual markers. A combination assay with CEA, SCCA, and IAP could be useful for the screening of patients with oral cancer.

http://www.meddean.luc.edu/lumen/meded/medicine/dermatology/melton/scc7.htm-

https://www.ncbi.nlm.nih.gov/pubmed/7681461