

Recurring pigmentation in an old scar

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The diagnosis of pigmented lesions is a daily challenge in general practice. Dermatoscopy can provide extra clues but requires significant expertise. This series will help you hone your skills.

Case presentation

A 70-year-old woman had an 8 mm diameter mole removed from her left leg, and the mole was diagnosed histologically as a dysplastic junctional naevus. Eight years later, an irregular pigmented patch measuring 6 mm in diameter was noted at the lower border of the surgical scar (Figure 1). Dermatoscopy revealed an asymmetrical, ill defined, broken pigment network with scattered small dark dots and isolated brown globules (Figure 2). Excision biopsy showed confluent proliferation of small hyperchromatic melanocytes in the junctional zone and focal collections of atypical melanocytes in the upper dermis (Figure 3).

Diagnosis

The pigmented patch represented a lentigo maligna melanoma with small melanocytes extending to a depth of 0.3 mm into the upper dermis.

Discussion

The clinical appearance of the pigmentation at the edge of the scar was subtle because the surrounding skin was mottled and sun damaged. The combination of an irregular pigment network and black dots indicated that the lesion was melanocytic, which prompted surgical excision. Some dysplastic junctional naevi in elderly sun-damaged skin may represent a variant of lentigo maligna. After the removal of pigmented lesions, surgical scars may need to be regularly reviewed because recurrence may take years to become evident.

Keypoint

Dermatoscopy can be useful in evaluating recurrent pigmentation in surgical scars because it may highlight melanocytic proliferation.

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Figure 1. Irregular pigmented patch at the lower edge of the pale surgical scar.

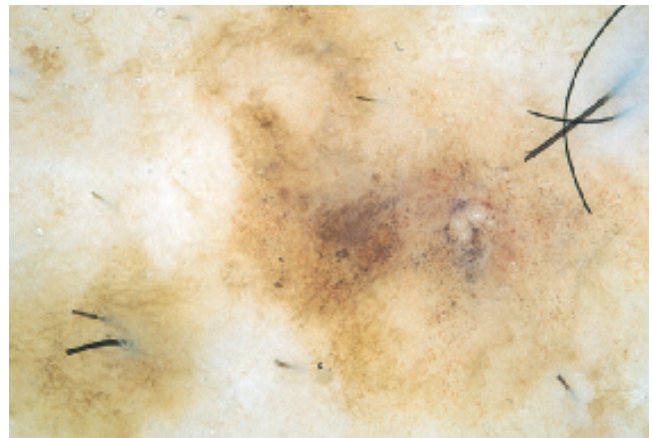


Figure 2. Dermatoscopy revealed an asymmetrical, broken, ill defined pigment network with scattered dark dots and brown globules.

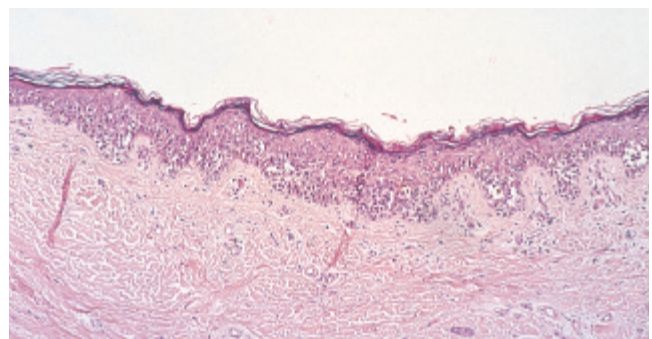


Figure 3. Skin biopsy showed confluent proliferation of small atypical melanocytes in the epidermis and isolated nests in the upper dermis.

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