

A pigmented lesion with a white patch

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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 75-year-old man with extensive sun-damaged skin presented with an irregularly pigmented lesion of unknown duration, measuring 0.8 cm x 1.0 cm, on his back. The pigmented portion formed a crescent around a white patch (Figure 1). Dermatoscopy revealed an irregularly pigmented lesion with a coarse and broken pigment network and streams of pigment at the edge. There were multiple blue-black dots and scattered pale areas within the pigmented segment. The large white patch appeared structureless (Figure 2). The excision specimen showed an atrophic epidermis with confluent atypical melanocytes present along the junctional zone together with extensive dermal fibrosis containing clumps of melanin pigment and lymphocytes (Figure 3).

Diagnosis

The pathological diagnosis was a lentigo maligna melanoma, thickness 0.3 mm, with extensive tumour regression.

Discussion

The white patch seen clinically and on dermatoscopy represents an area of tumour regression with total loss of melanin pigment. The asymmetrical white patch in this case can be contrasted with the symmetrical white ring seen in regressing benign moles (halo naevi). The main pigmented area also showed evidence of active tumour regression with the presence of multiple pale patches containing blue-black dots. The latter correspond to the clumps of melanin seen on biopsy.

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Keypoints

Pale structureless areas and pale areas containing multiple blue-black dots correspond to areas of tumour regression. Asymmetrical and patchy tumour regression is seen particularly in melanomas. MT



Figure 1. Asymmetrical crescent-shaped pigmented lesion with adjacent white patch.



Figure 2. Dermatoscopy showing an irregular broken pigment network containing pale patches with blue-black dots and a white structureless area at the lower right field.

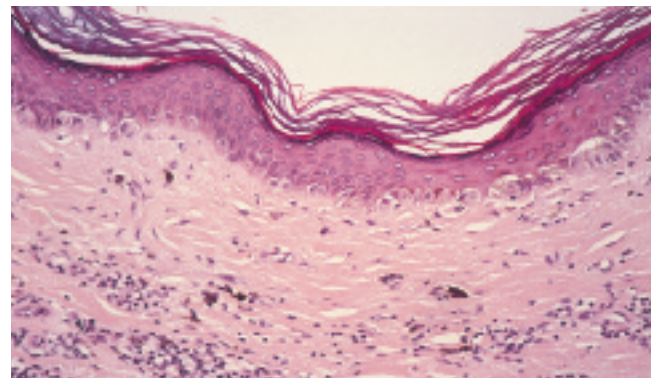


Figure 3. Skin section showing confluent atypical melanocytes present along the epidermal junction and extensive dermal fibrosis containing melanin pigment clumps and lymphocytes.