

A dark mole with a woolly border

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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

An 18-year-old man noticed a dark mole on his upper back (Figure 1), six months prior to consultation. He felt that the intensely pigmented mole (measuring 5 mm in diameter) had grown slowly in the interval. Dermatoscopy revealed a symmetrical mole which had a homogeneous, structureless blue–black component in its centre, surrounded by a woolly border. The latter consisted of fine trails of blue–black pigment that were partially obscured by a light veil (Figure 2). Excision biopsy revealed a dermal infiltrate of deeply pigmented spindle-shaped melanocytes, which extended into the surrounding dermis but lacked nuclear atypia or mitoses (Figure 3).

Diagnosis

The mole was diagnosed as a benign blue naevus.

Discussion

Characteristically, blue naevi are deeply pigmented and remain stable. The homogeneous colour under dermatoscopy reflects the diffuse melanin pigment in the dermis. The woolly border is produced by the infiltrative cords of deeply pigmented melanocytes that extend from the main nodule and blend with the surrounding dermis. The light veil at the periphery is due to the filter of nonpigmented overlying skin at the border.

Keypoint

The woolly border seen on dermatoscopy of blue naevi is due to the presence of deeply pigmented spindle melanocytes blending with the surrounding skin within the dermis. **MT**



Figure 1. A blue–black mole on the patient's back.

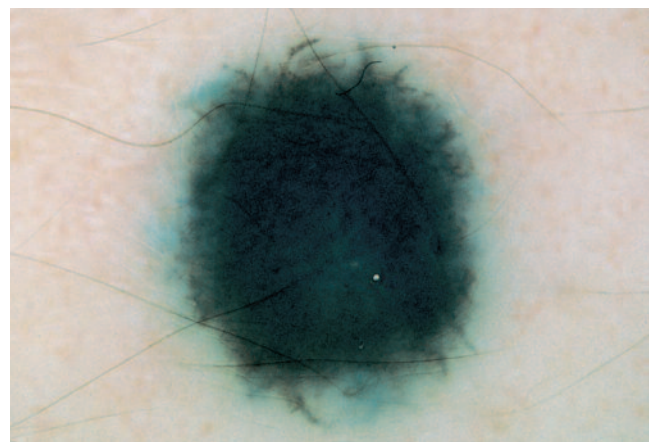


Figure 2. Dermatoscopy showing homogeneous blue–black components in the centre, with a woolly margin consisting of trails of blue–black pigment partially obscured by a light veil.

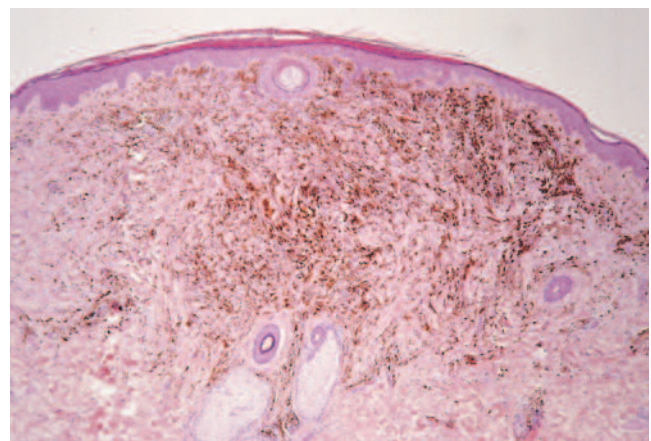


Figure 3. Skin biopsy demonstrating a diffuse infiltrate of deeply pigmented spindle melanocytes in the dermis.

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