

## A dark lesion with a predominant globular pattern

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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

Over an eight-month period, a 74-year-old woman developed an enlarging dark lesion (0.7 cm in diameter) on the medial aspect of her left foot (Figure 1). Dermatoscopy revealed an asymmetrical lesion with an irregular border. There were several irregular blue–black to dark red globules of various sizes (Figure 2). The globules were separated by irregular pale patches containing numerous dark pigment dots. There was no well-formed pigment network. The excision biopsy showed an epidermis with large nests of deeply pigmented atypical melanocytes. These penetrated into the upper dermis, and there were areas of fibrosis containing melanophages (Figure 3).

### Diagnosis

This lesion was a malignant melanoma – level 3, thickness 0.60 mm, with areas of regression.

### Discussion

The clinical history and appearance strongly suggested a melanoma. Dermatoscopy confirmed that the pigmented lesion had a multicomponent pattern and a markedly disorganised architecture. The predominance of globules and dots reflects the presence of large pigmented nests of melanocytes seen on biopsy. The areas of pale skin and pigment dots parallel the zones of regression. The mainly globular pattern can provide difficulties in differentiating this type of melanoma from some forms of pigmented basal cell carcinoma that also have large blue–black globules.

### Keypoint

Melanomas with a predominantly nested pattern produce a predominantly globular pattern and may lack a distinct pigment network on dermatoscopy.

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Figure 1. Dark lesion on the side of the patient's left foot.

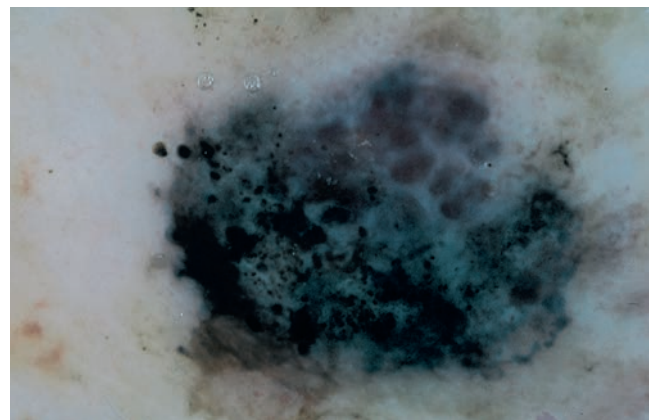


Figure 2. Dermatoscopy showing numerous irregular blue–black to dark red globules separated by pale zones containing dark dots.

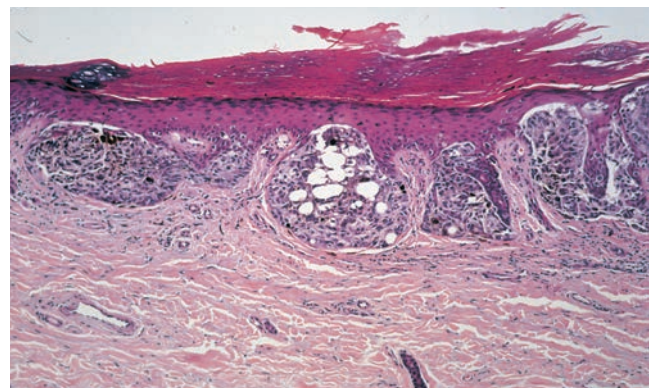


Figure 3. Surgical specimen revealing large nests of atypical melanocytes within the junctional area and upper dermis, which correspond to the globules seen on dermatoscopy.

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