# A mole with a honeycomb 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

A 48-year-old man had a longstanding mole on the back of his left shoulder (Figure 1). The mole measured 5 mm in diameter and had slowly increased in size. Dermatoscopy revealed a dark brown reticulate network with a honeycomb pattern that faded at the periphery of the mole (Figure 2). Skin biopsy showed an epidermis with prominent elongated and narrow rete ridges. The rete ridges were deeply pigmented and contained increased numbers of melanocytes. In the underlying dermis there were numerous benign naevus cells which lacked pigment (Figure 3).

## Diagnosis

The lesion was a benign compound naevus.

## Discussion

A distinct reticulated pigment network is seen particularly in moles that have a well developed and elongated epidermal ridge system. For this pattern to be visible in compound naevi, the underlying naevus cells usually lack significant pigment that would otherwise obscure the overlying pigment network. Skin biopsy may be required in growing moles to assess the number, distribution and cytological features of melanocytes because early melanomas may retain a regular reticulate network. Clinically, the dermal component of flat compound naevi may be appreciated only by palpation.

## Keypoint

The reticulate network is due to increased melanin pigment and melanocytes in the epidermal ridge system. MT

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Figure 1. Flat pigmented mole on the back of the patient's shoulder.

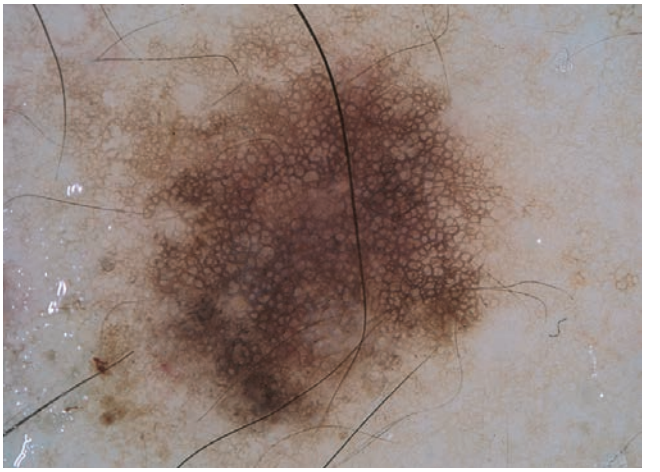

Figure 2. Dermatoscopy showing a prominent honeycomb reticulate network with an irregular and indistinct periphery.

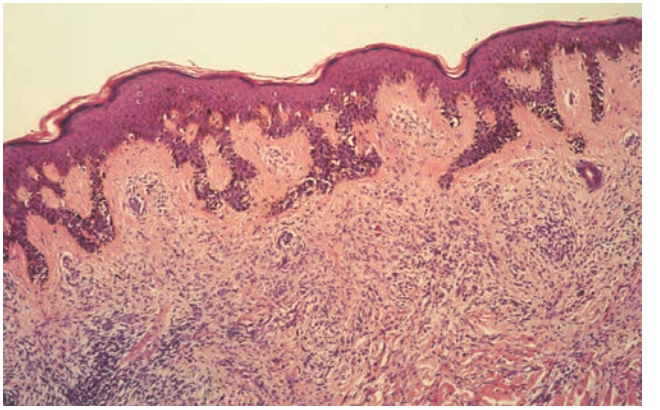

Figure 3. Skin biopsy revealing an epidermis with a thin, elongated, pigmented rete ridge system with increased melanocytes. Sheets of nonpigmented naevus cells are seen in the dermis.