

## A dark reticulated lesion

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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 63-year-old man suddenly noted a dark 4 mm diameter lesion on the crown of his balding scalp (Figure 1). Dermatoscopy showed a reticulated black network interspersed with small dark dots (Figure 2). Skin biopsy showed an epidermis with an elongated rete ridge system that had darkly pigmented tips (Figure 3). There was no increase in the melanocyte numbers in the epidermis or evidence of junctional nests.

### Diagnosis

The final diagnosis was a reticulated (ink spot) lentigo.

### Discussion

In this lesion, the limited structural components and colour range seen on dermatoscopy favoured a benign diagnosis. Nevertheless, in view of the short history, a biopsy was obtained. The network pattern corresponds to the elongated rete ridges with pigmented tips seen on skin biopsy.

Ink spot lentigines are usually seen in younger individuals on the trunk, and are often associated with prominent surrounding freckles. It is possible that this man's lesions represents a variant of solar lentigo that closely resembles an ink spot lentigo.

### Keypoint

In reticulated (ink spot) lentigines, intense melanin pigment may be due to increased melanin production rather than melanocytic proliferation. MT

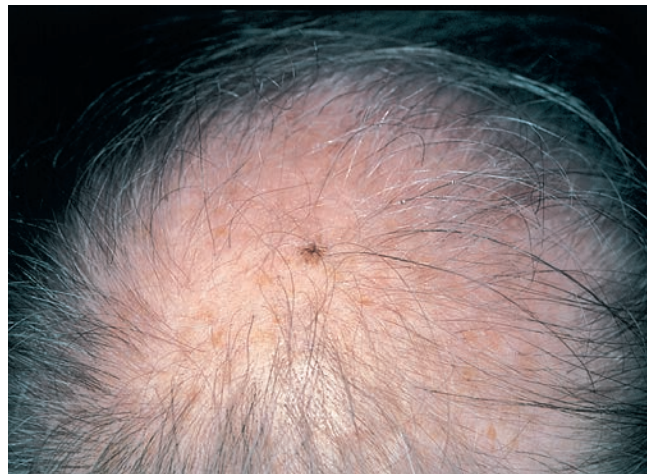


Figure 1. Small dark lesion on the patient's scalp.

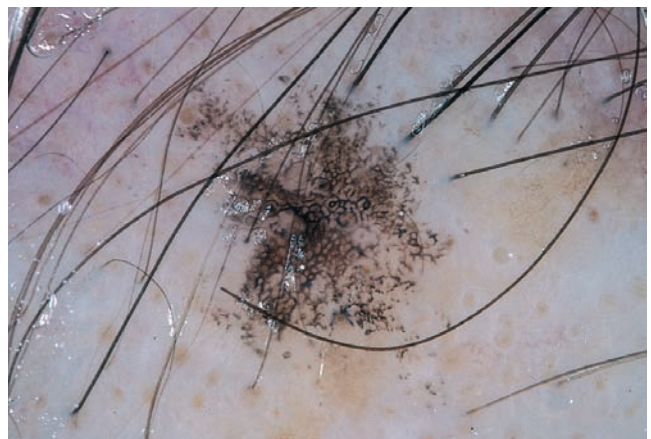


Figure 2. Dermatoscopy demonstrating a reticulated black pigment network with scattered dark dots.

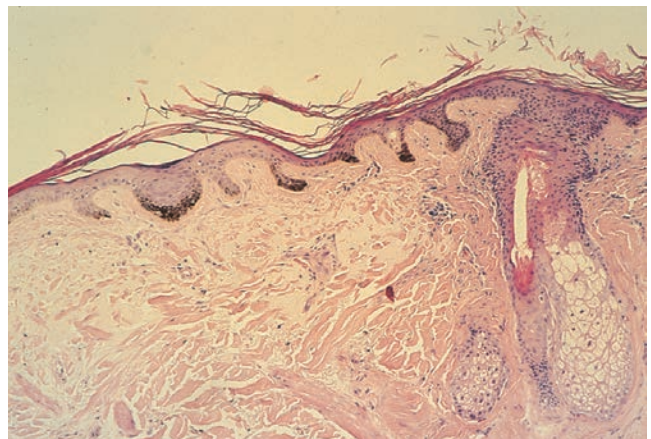


Figure 3. Skin biopsy showing elongated epidermal rete ridges with intensely pigmented tips.

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