

An irregular dark lesion of recent onset

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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 a six-month period, a 76-year-old man developed an irregular, deeply pigmented lesion (0.8 x 0.6 cm diameter) on the medial aspect of his right calf (Figure 1). Dermatoscopy showed a pigmented lesion that was asymmetrical and had an ill-defined border. The pigment network was broad and highly irregular, associated with numerous dots and globules that ranged in colour from light brown to black. There was a patchy white veil and areas of hypopigmentation with blue–black dots (Figure 2). Excision biopsy showed an atrophic epidermis with confluent proliferation of atypical melanocytes that were present as single cells and nests along the epidermal junction (Figure 3). Within the upper dermis there were isolated clusters of atypical melanocytes as well as collections of macrophages packed with melanin (melanophages).

Diagnosis

The pigmented lesion was a lentigo maligna melanoma, level II, thickness 0.20 mm, with areas of regression.

Discussion

The recent onset of the pigmented lesion, its progressive growth and asymmetrical appearance, and the multicomponent dermatoscopic pattern were all features suggesting a malignant lesion. The white scar-like areas and blue–black dots (representing melanophages) are areas of regression seen both on dermatoscopy and on biopsy.

Keypoint

Dermatoscopy is particularly helpful in evaluating relatively small melanomas and may highlight areas of regression. **MT**

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Figure 1. Irregular pigmented lesion on the patient's calf.

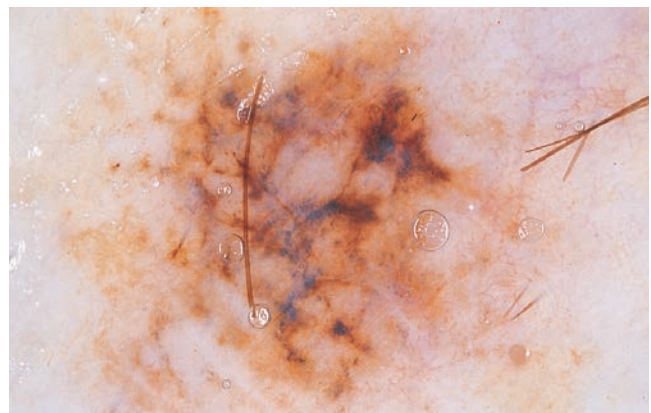


Figure 2. Dermatoscopy showing an asymmetrical lesion with multicomponent pattern comprising: a broad irregular pigment network masked by a white veil; brown to black dots and globules; and pale scar-like areas of regression with blue–black dots.

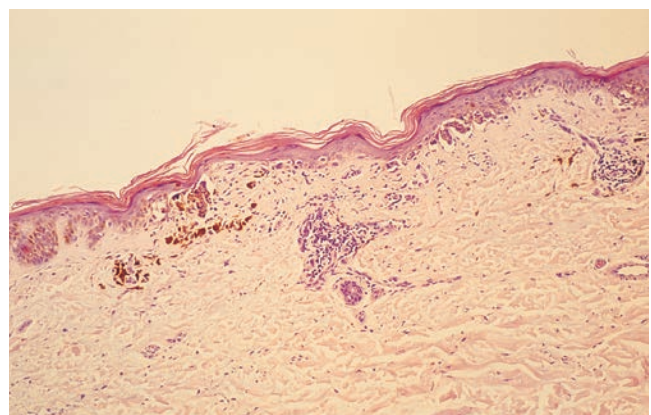


Figure 3. Excision biopsy showing an atrophic epidermis with confluent proliferation of atypical melanocytes along the junctional zone as well as clusters of atypical melanocytes in the dermis, with melanophages and fibrosis.