Perspectives on dermatoscopy

A new plum-coloured papule

STEVEN KOSSARD FACD

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 two-month period, a 76-year-old man developed a smooth plum-coloured papule (measuring 7 mm x 4 mm in diameter) on his left thigh (Figure 1). Dermatoscopy of the papule revealed an oval grey-blue lesion with a superimposed milky veil (Figure 2). The surrounding skin was sun-damaged and had mottled pigment. The excision biopsy contained a subepidermal nodule consisting of sheets of pleomorphic and focally pigmented melanocytes separated by a vascular network (Figure 3). Review of the patient's history revealed that nine years before the consultation, a melanoma had been removed from his left calf. Over the ensuing five years, four solitary metastases localised to the left leg had been surgically excised.

Diagnosis

The final diagnosis was a metastatic melanoma.

Discussion

The clinical appearance of this metastasis simulated an angioma because of its smooth elevated shape and plum colour. The surgical specimen indicated that the colour was partially due to the presence of a well formed vascular network within the tumour. Dermatoscopy was very useful because the grey-blue colour and milky veil seen in this metastatic melanoma are not a feature of angiomas, which should have a saccular pattern of closely set, smooth, red-blue vascular lakes.

Kevpoint

Dermatoscopy is useful in detecting the blue-black melanin pigment in cutaneous melanoma metastasis, particularly when the lesions may simulate angiomas.

Figure 1. Plum-coloured angioma-like papule on the patient's thigh.

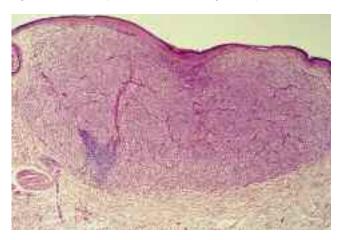
Professor Kossard is Associate Professor, Skin and Cancer Foundation and St Vincent's Hospital, Darlinghurst, NSW.



Figure 2. Dermatoscopy showing a grey-blue oval lesion with



superimposed milky veil and surrounding mottled sun-damaged skin. Figure 3. Excision specimen demonstrating a subepidermal



cellular nodule consisting of sheets of pleomorphic melanocytes and a vascular network.