A symmetrical mole with asymmetrical pigment

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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 32-year-old woman with olive skin presented with an isolated, asymmetrically pigmented mole (measuring 0.6 by 0.4 cm) on her mid back (Figure 1). Dermatoscopy revealed a symmetrically shaped mole that had a fine peripheral pigment network and a dark brown, partly homogeneous central zone with a jagged perimeter and patchy milky veil (Figure 2). Excision biopsy revealed an epidermis with an elongated pigmented rete ridge system containing isolated melanocyte nests (Figure 3). The dermis had a diffuse infiltrate of naevus cells. The superficial dermal naevus cells were pigmented.

Diagnosis

The biopsy findings confirmed that the mole was a benign compound naevus.

Discussion

The fine peripheral pigment network seen in this mole on dermatoscopy was created by the elongated pigmented epidermal ridge pattern. The network is obscured centrally by the diffuse dermal naevus component, as the superficial nests were pigmented and created a pigment shield. The patchy milky veil is created by the relatively nonpigmented skin filtering the melanin pigment in the superficial dermal naevus cells.

Keypoint

Clinically atypical moles may have no evident atypia on biopsy because the asymmetrical pigment of the mole can be created by diffuse pigment in the superficial dermal naevus cells. MT

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Figure 1. Solitary symmetrical mole with asymmetrical pigment, on the patient's back.

Figure 2. Dermatoscopy showing a fine peripheral pigment network and a dark brown, partly homogeneous central zone with a jagged perimeter and patchy milky veil.

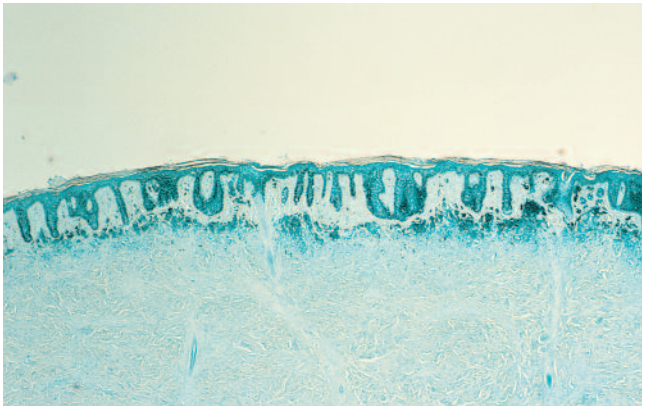

Figure 3. Melanin stain demonstrating elongated pigmented epidermal rete ridge system with a diffuse infiltrate of naevus cells in the dermis. The superficial dermal naevus cells are pigmented.