# Perspectives on dermatoscopy

# A new pigmented lesion

#### 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 six-month period, a 56-year-old man developed a new pigmented lesion, 0.8 cm in diameter, over his right lateral thigh (Figure 1). Dermatoscopy revealed a dark asymmetrical lesion with multiple components and colours. The border was associated with irregular, blunt, pigmented projections (pseudopods). There were irregularly sized pigmented globules and dots that extended to the periphery and a prominent milky veil (Figure 2). Excision biopsy showed large nests of atypical melanocytes within the epidermis and upper dermis. Some of the nests were fused together and were associated with lymphocytic inflammation and pigment release into the surrounding dermis (Figure 3).

# Diagnosis

The final diagnosis was a superficial spreading melanoma, thickness 0.95 mm.

#### Discussion

Dermatoscopy clinched the diagnosis because the lesion was asymmetrical and had a multicomponent pattern. Particularly important were the broad pseudopods at the periphery, which represent fusion of large nests of malignant melanocytes at the edge of the spreading lesion. The irregularly spaced globules seen on dermatoscopy parallel the prominent nests of melanocytes seen on biopsy.

### Kevpoint

Dermatoscopy is helpful in evaluating deeply pigmented skin lesions because the multicomponent pattern is highly associated with melanoma.

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



Figure 1. Dark pigmented lesion on the patient's lateral right thigh.

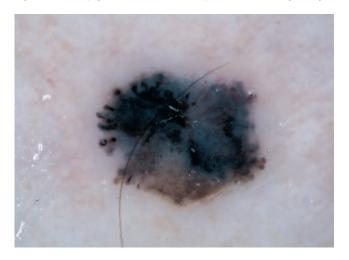


Figure 2. Dermatoscopy revealing an asymmetrical pigmented lesion with irregular, blunt, pigmented projections at the periphery (pseudopods), as well as widely distributed globules and a milky veil.

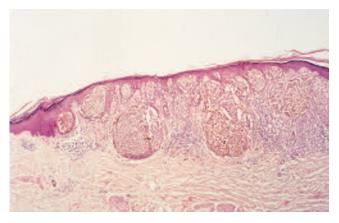


Figure 3. Excision specimen showing large nests of atypical melanocytes, which extended into the dermis and were present at the periphery of the pigmented lesion.