

# A sun-induced asymmetrical dark 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

Over a 12-month period, a 73-year-old woman noted progressive growth and darkening of a 0.9 x 1.2 cm lesion on the dorsal aspect of her left hand (Figure 1). The surrounding skin was mottled and sun damaged. Dermatoscopy revealed an asymmetrical, dark tan to black lesion with an irregular scalloped border (Figure 2). There were rippled broad bands of pigment that were confluent in areas, but there was no well developed pigment network. Pale dots interrupted the pigmentary pattern. Skin biopsy showed an epidermis with a thick horny layer and basal keratinocytes with pigment but no melanocytic proliferation (Figure 3).

## Diagnosis

The biopsy findings indicated that the lesion was a benign solar lentigo.

## Discussion

The history of progressive changes and the dark asymmetrical appearance of the lesion prompted biopsy because the main differential diagnosis was a lentigo maligna (melanoma *in situ*). The limited colour range and patterns seen on dermatoscopy were benign features. The absence of features – such as a milky veil, areas of regression (with loss of pigment) and blunt pigmented projections (pseudopods) at the margin – also suggested that the lesion was not a melanoma. The broad based melanin pigment in the basal keratinocytes accounted for the absence of a pigmented network and the presence of a diffuse broad pigment pattern on dermatoscopy.

## Keypoint

Some solar lentiginos may be dark and asymmetrical and require both dermatoscopy and biopsy to exclude a lentigo maligna.

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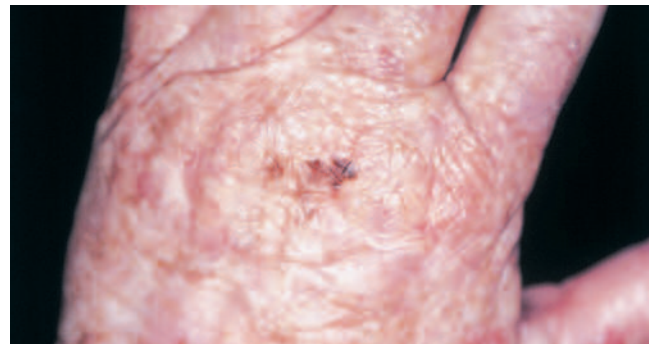


Figure 1. Irregular dark lesion on the dorsum of the patient's left hand.

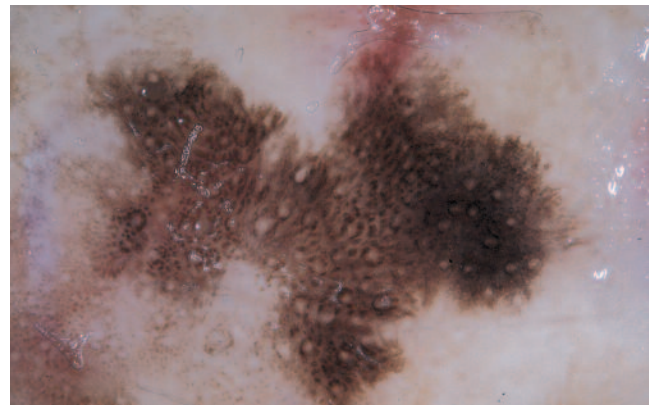


Figure 2. Dermatoscopy revealing an asymmetrical pigmented lesion with a scalloped margin, broad bands and homogeneous areas of pigment interrupted by pale dots.

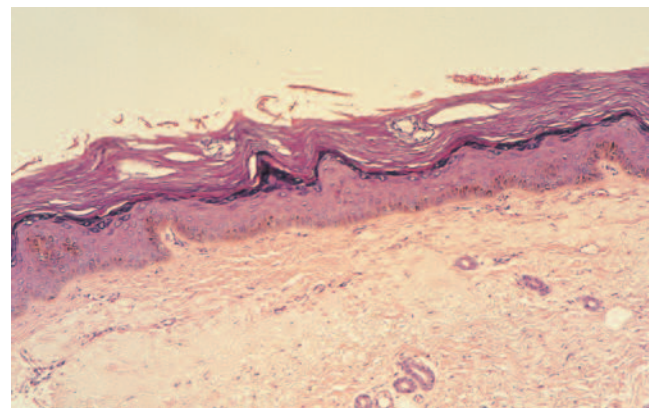


Figure 3. Skin biopsy demonstrating increased keratin over an epidermis that is associated with increased pigment in basal keratinocytes but no melanocytic proliferation.

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