A pale papule with a pigmented ring

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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 48-year-old man noted the recent development of a 3 mm diameter pale papule with a pigmented ring over his left upper chest (Figure 1). Eighteen months previously, he had had a 5.6 mm thick amelanotic melanoma removed from the back of his scalp, and subsequently had deep wide excision of the site, followed by lymph node dissection and radiotherapy. Dermatoscopy revealed a pale papule outlined by a rim of dark pigment with dark dots and a partial network (Figure 2). Skin biopsy showed a nodule composed of atypical melanocytes associated with peripheral intraepidermal extension (Figure 3). Melanin stain highlighted the peripheral hyperpigmentation seen clinically and under the dermatoscope (Figure 4). No other lesions were found on careful clinical review, but subsequently further metastases developed.

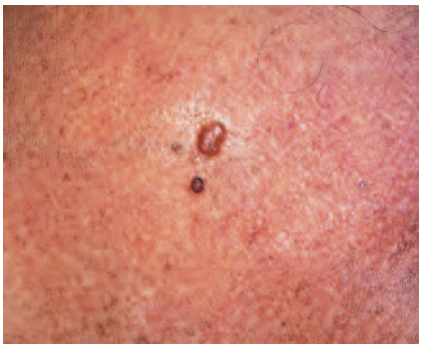

Figure 1. The small lesion of recent onset is seen below a longstanding papule on the patient's chest wall.

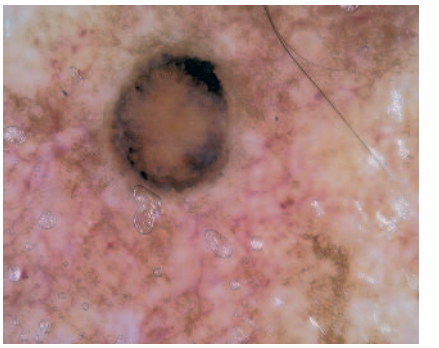

Figure 2. Dermatoscopy demonstrating a pale lesion with a dark periphery consisting of black dots and a broken network.

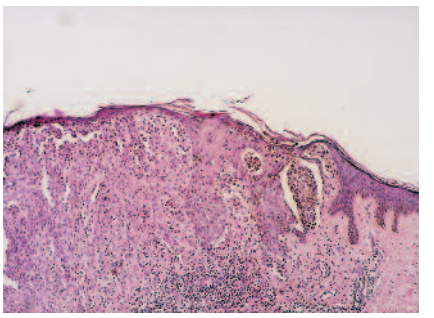

Figure 3. Biopsy showing a central nodule of atypical melanocytes as well as peripheral intraepidermal pagetoid spread.

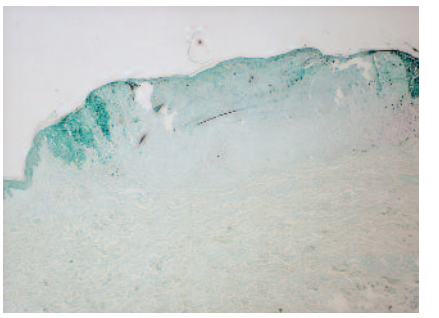

Figure 4. Melanin stain highlighting a peripheral hyperpigmented zone corresponding to the dermatoscopic finding.

Diagnosis

The final diagnosis, based on a combination of clinical and histological features, was metastatic melanoma with focal epidermotropism.

Discussion

Dermatoscopy was very useful in evaluating this lesion, which clinically resembled an irritated mole. The presence of black dots and a broken network clearly indicated that the dark ring was not due to haemorrhage (which would have appeared as red to blue–black globules). Metastatic melanoma may be difficult to diagnose, particularly when it is amelanotic, and it can masquerade as a vascular lesion because of the presence of increased vessels within the tumour nodule. Darkly pigmented metastases may resemble blue naevi or basal cell carcinoma and show a combination of blue–black globules with a grey–blue veil.

Keypoints

The black dots and the reticular network were clues for a melanocytic lesion. The possibility of metastasis may need to be considered for suddenly appearing papular or nodular lesions with unusual dermatoscopic patterns. MT

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