

An irregular pigmented lesion on the back

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

A 52-year-old man had an irregular, 7 mm diameter, pigmented lesion of unknown duration on his mid back (Figure 1). Dermatoscopy revealed an asymmetrical, irregularly pigmented lesion that had an accentuated peripheral pigment network with a broken pattern. Irregular pale pigment dots were present within the lesion. The dark pigmented network merged with irregular, light tan, reticulated patches in the surrounding skin (Figure 2). Skin biopsy demonstrated confluent proliferation of atypical melanocytes along the junctional zone and single melanocytes within the epidermis. The upper dermis showed lymphocytic inflammation and melanin pigment (Figure 3).

Diagnosis

The pathological diagnosis was a melanoma *in situ* (lentigo maligna).

Discussion

The dark lesion developed on the background of chronic sun-damaged skin with multiple freckles. The asymmetrical, dark, irregular pigment network, together with the pale patches and dark dots, were dermatoscopic clues to a melanoma. Increased melanin in a pigment network can be due to retained pigment and a normal number of melanocytes or, as in this case, a direct reflection of increased numbers of melanocytes producing pigment. These melanocytes may become confluent and start to spread intraepidermally as a sign of transition to melanoma *in situ*.

Keypoint

An irregular, dark, broken pigment network in sun-damaged skin may be a clue to early melanoma *in situ* and requires biopsy or excision.

MT

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

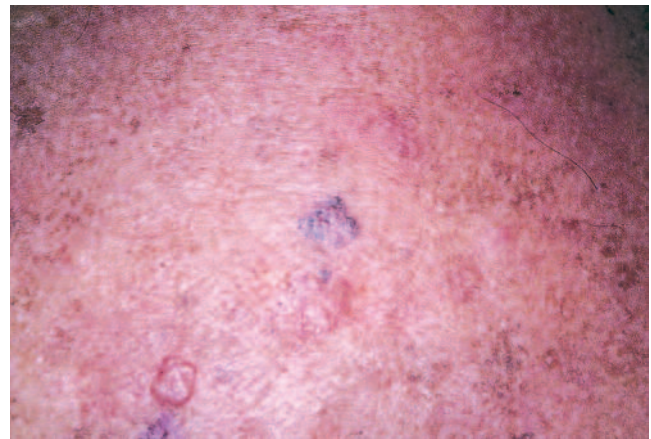


Figure 1. Irregular pigmented lesion on the patient's back.

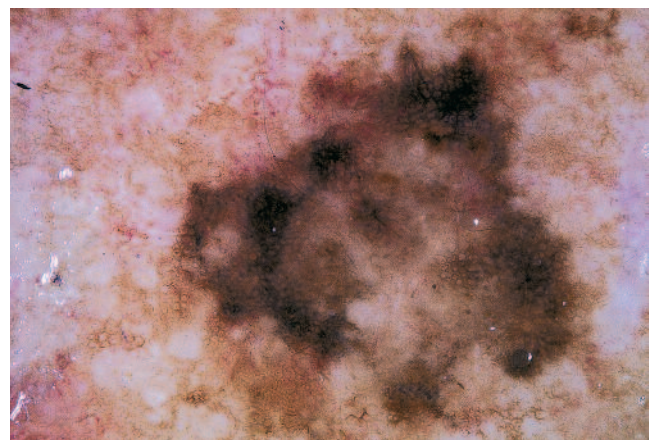


Figure 2. Dermatoscopy showing an asymmetrical, dark pigment network merging with surrounding freckles. Note in the lower portion the irregular pale patches containing pigment dots.

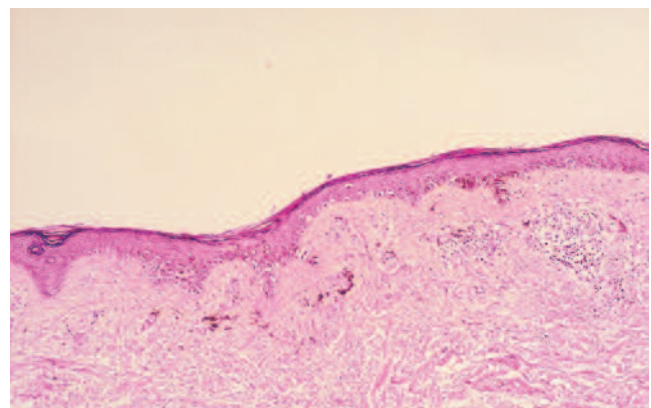


Figure 3. Skin biopsy revealing confluent proliferation of atypical melanocytes along the junctional zone with intraepidermal melanocytes as well as dermal lymphocytic and pigment deposits.