

# A mottled blue–grey 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 six-month period, a 73-year-old man noticed that a longstanding tan-coloured lesion on the posterior aspect of his left calf had changed in colour (Figure 1). The lesion measured 1.5 cm in diameter. Under dermatoscopy, it had a mottled blue–grey colour, with a patchy pale veil. There were pigmented dots and globules but no well-developed pigment network (Figure 2). Skin biopsy revealed an irregular epidermis with underlying superficial lymphocytic inflammation and melanin pigment. There was no melanocytic proliferation or nests present within the junctional zone (Figure 3).

## Diagnosis

The diagnosis was that of a regressed melanocytic lesion that could no longer be identified. Excision of the area showed no residual melanocytic lesion.

## Discussion

Melanin pigment within the dermis usually appears on dermatoscopy as blue–black globules or dots, but they may have a greyish blue or pale appearance because of the filtering effect of the overlying relatively nonpigmented epidermis. The pigment deposits are often blurred because of their depth. Regression may be partial and the primary lesion may still be identified; however, in some cases, regression may be complete and the nature of the primary lesion may no longer be apparent. The possibility that such a regressed lesion represents a regressed melanoma needs to be considered, and complete excision of such regressed lesions, as well as careful follow up for metastatic disease, may be required.

## Keypoint

Regressed benign and malignant pigmented skin lesions may leave mottled blue–grey deposits that can be detected by dermatoscopy.

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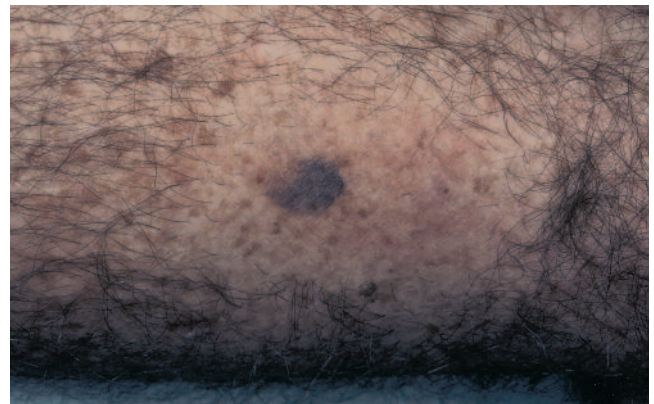


Figure 1. Mottled pigmented lesion on the patient's left calf.

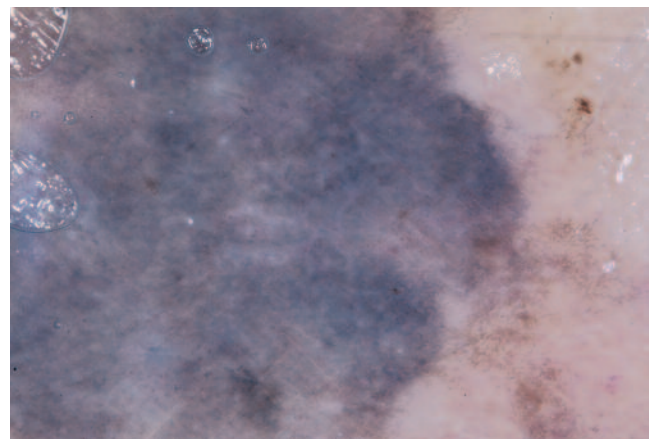


Figure 2. Dermatoscopy showing irregular blurred blue–grey deposits with a superimposed grey–white veil.

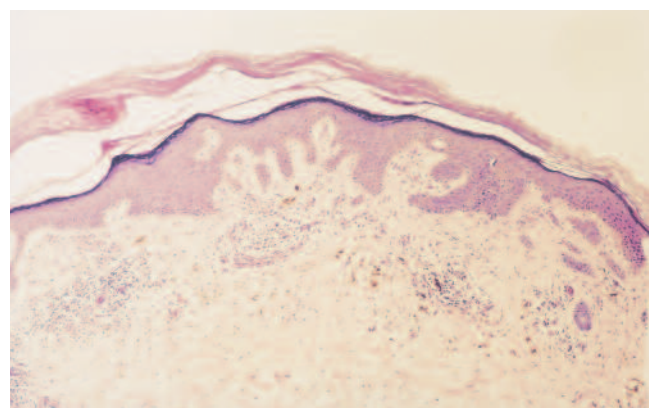


Figure 3. Skin biopsy demonstrating melanin pigment within the dermis and associated lymphocytic inflammation.

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