

# A mole of recent onset

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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 history

A 62-year-old man developed over his left lower abdomen a darkly pigmented symmetrical and oval mole that measured 5 x 3 mm (Figure 1). The mole was absent in baseline photographs taken two years before the consultation. Dermatoscopy revealed a symmetrical lesion that had a well developed pigment network with a uniform pattern. The network was indistinct in the centre and had several pale 'holes' at the periphery (Figure 2). Excision biopsy showed an epidermis with a well formed pigmented rete ridge system associated with increased single melanocytes and nests of melanocytes that were not confluent. The upper dermis showed scattered lymphocytes and some melanin pigment (Figure 3).

## Diagnosis

The final diagnosis was a benign junctional naevus.

## Discussion

The mole was removed because it had developed as a new lesion after the age of 60 years, when moles are usually regressing. The clinical and dermatoscopic findings were of a benign lesion because the mole was symmetrical and dermatoscopy showed a limited pattern characterised by a well developed pigment network. The latter was due to well spaced pigmented rete ridges, which were seen on biopsy. Despite the late age of onset, there were no atypical features to suggest transition to melanoma *in situ*.

## Keypoint

Late onset naevi need to be evaluated carefully, and biopsy is often required to exclude the presence of confluent proliferation of atypical melanocytes heralding an early melanoma. **MT**



Figure 1. A dark, oval, symmetrical mole (in the centre of the photograph) which had appeared over a two-year period.

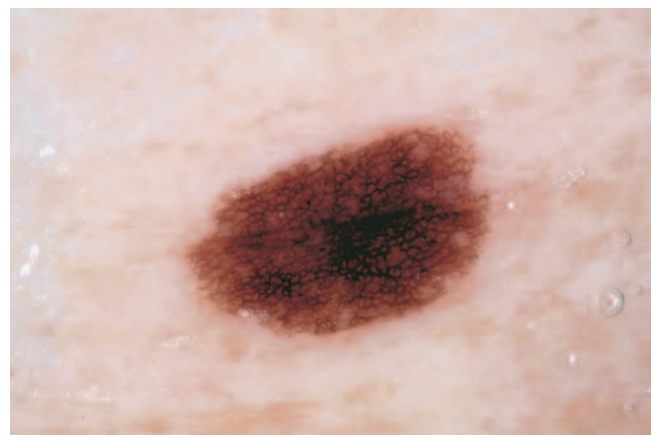


Figure 2. Dermatoscopy revealing a fine symmetrical pigment network visible at the periphery but less distinct in the centre.

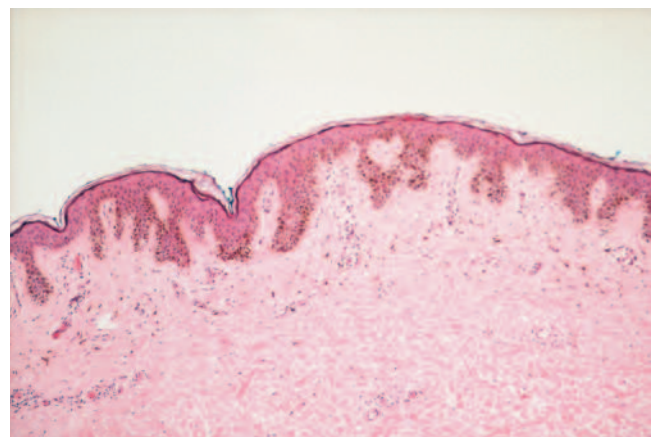


Figure 3. Skin biopsy showing an epidermis with well developed, widely spaced, rete ridges containing increased numbers of junctional melanocytes but no atypia.

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