Blue-Whitish Veil-like Structure as the Primary Dermoscopic Feature of Combined Nevus

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The combined nevus is a clinical simulator of melanoma, and clinical examination alone can be inadequate to diagnose this melanocytic pigmented skin lesion. Dermoscopy is a useful tool to differentiate the features related to each type of nevus. We report two cases of combined nevi dermoscopically characterized by a diffuse blue-whitish pigmentation similar to the blue-whitish veil, suggesting the diagnosis of melanoma.

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Clinical and histopathologic aspects of a combined nevus can vary greatly according to the particular combination of nevi comprising the combined nevus. Most combined nevi are composed of a blue nevus associated with a common melanocytic nevus or a Spitz nevus. The term, however, is also currently used to describe a blue nevus or a Spitz nevus associated with a nevus spilus.[1–4] Dermoscopy is a useful tool to distinguish the features related to each type of nevus.[5]

The combined nevus is a well-known clinical simulator of melanoma, and clinical examination alone is often inadequate to diagnose this type of melanocytic lesion. We report two cases of combined nevi, composed of a blue nevus associated with a Clark nevus, dermoscopically characterized by a diffuse blue-whitish pigmentation similar to the blue-whitish veil, suggesting the diagnosis of melanoma.

Case Reports

Case 1

A 16-year-old female patient presented with a blue-brownish, 7×4-mm, asymptomatic plaque located on the back (Figure 1A, inset). The patient claimed that the lesion had been present for more than 5 years but had changed in color and size during the past year. Physical examination revealed that the patient had more than 50 common melanocytic nevi but no atypical nevi and no family history of melanoma.

Dermoscopic examination showed a diffuse blue-whitish pigmentation similar to the blue-whitish veil within the entire lesion, surrounded by a peripheral brownish pigmentation. A pigment network and black dots/globules were observed in a peripheral area of the lesion (Figure 1A). Differential diagnoses included melanoma, combined nevus, blue nevus, and congenital nevus. Based on clinical and dermoscopic features of the lesion, we diagnosed melanoma and surgically excised the lesion.

Histopathologic examination revealed nests of epithelioid melanocytes at the dermoepidermal junction and in the papillary dermis. In the papillary and reticular dermis, dendritic melanocytes were scattered between the collagen bundles and adnexal structures. Numerous melanophages and some epithelioid melanocytes were located in the middle and deep dermis, mainly around the adnexa and vessels. Histopatho-

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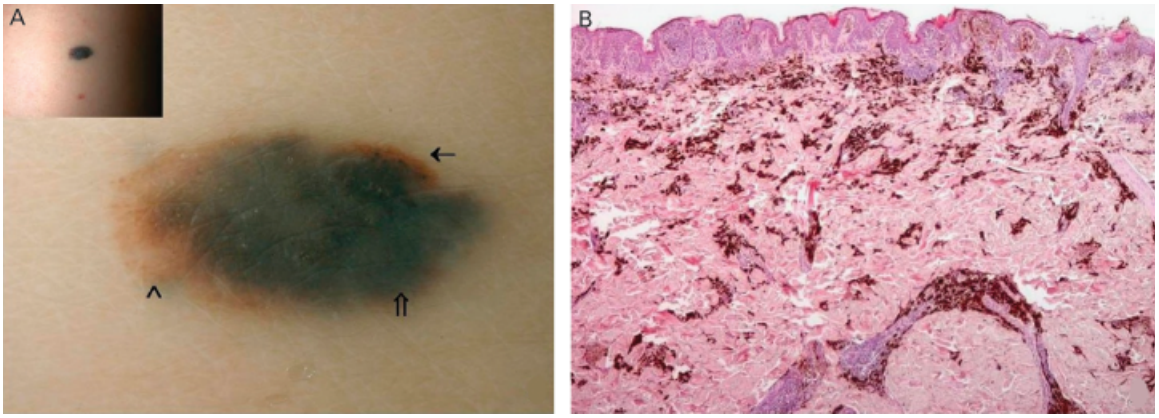

Figure 1. (A) Dermoscopy shows a diffuse blue-whitish veil-like structure within the entire lesion (⇑), surrounded by a peripheral brownish pigmentation (^) and irregular dots/globules (←); inset, clinical image. (B) Nests of epithelioid melanocytes at the dermoepidermal junction and in the papillary dermis, and numerous melanophages in the dermis.

logic findings allowed us to establish the diagnosis of epithelioid combined blue nevus (blue nevus associated with an epithelioid nevus; Figure 1B).

Case 2

A 50-year-old man was examined for an asymptomatic, 6-mm blue nodule, located on the upper external aspect of the right thigh (Figure 2A, inset). The patient did not remember how long the lesion had been present. Physical examination showed no atypical melanocytic lesions, and the patient reported no history of personal or familial melanoma.

Dermoscopically, the lesion was characterized by a diffuse blue-whitish pigmentation similar to a blue-whitish veil, surrounded by a light brown pigmentation, an irregularly distributed pigment network, and a few irregular dots/globules (Figure 2A). Differential diagnoses included melanoma, atypical blue nevus, combined nevus, and atypical Spitz/Reed nevus. Based primarily on the dermoscopic findings, we diagnosed melanoma and surgically

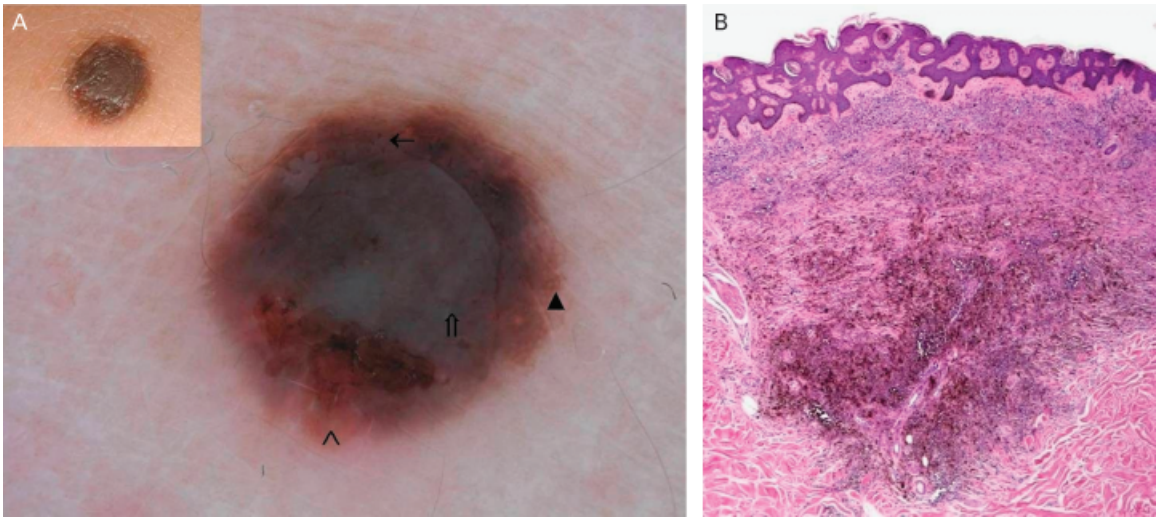

Figure 2. (A) Diffuse blue-white pigmentation similar to a blue-whitish veil (⇑), surrounded by a light brown pigmentation (^), an irregularly distributed pigment network (▲), and irregular dots/globules (←); inset, clinical image. (B) Small melanocytes admixed with dendrytic melanocytes and melanophages located in the papillary and reticular dermis.

excised the lesion. Histopathologic examination revealed small melanocytes juxtaposed to dendritic melanocytes and melanophages located in the superficial and deep dermis in a dome-shaped pattern. The final diagnosis was combined blue nevus consisting of a blue nevus associated with a Clark nevus (Figure 2B).

Discussion

Blue-whitish veil is a dermoscopic pattern that appears as an irregular, structureless area of confluent blue pigmentation with an overlying white "ground-glass" film. The pigmentation does not occur over the entire lesion and usually corresponds to a clinically elevated part of the lesion.[6] The presence of a blue-whitish veil is highly indicative of melanoma,[6] although it can also occur in some Spitz/Reed nevi.[7,8]

A blue nevus associated with a common melanocytic nevus is usually characterized by homogeneous blue or blue-gray pigmentation, with a pigment network and brown dots/globules regularly distributed within the lesion.[5] The blue-gray pigmentation is often present in the middle of the lesion, although in a few cases, it can be found in a peripheral part of the lesion mimicking a confluent blue-whitish veil of melanoma. Hypopigmented patterns and blue-gray pigmentation in the absence of other specific parameters have also been described in combined nevi.[5]

Our two cases are examples of benign melanocytic lesions characterized by a diffuse blue-white pigmentation similar to the blue-whitish veil associated with melanoma. In these cases of combined nevi, we could not differentiate the characteristic features of the individual melanocytic nevi based on clinical or dermoscopic aspects. The presence of a blue-whitish veil-like structure and irregular dots/globules led us to diagnose melanoma. Only histopathologic examination allowed us to establish the final diagnosis of combined blue nevus.

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