

# Lessons on Dermoscopy

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M.C. FARGNOLI, MD, D. PICCOLO, MD, A. FERRARI, MD, AND K. PERIS, MD HAVE INDICATED NO SIGNIFICANT INTEREST WITH COMMERCIAL SUPPORTERS.

## Patient History

A 5 × 3 mm papule of 1 year duration was observed on the right thigh of a 15-year-old patient (Figure 1–2). The lesion appeared brown to black in color with a scaly surface. What is your diagnosis?

## Comments

Main clinical differential diagnoses included Reed nevus, hyperpigmented Clark nevus (black nevus) and melanoma. Dermoscopic analysis revealed a prominent, gray-blue to black central pigmentation with a rim of large gray-brown to black globules and radial streaks, regularly distributed at the periphery of the lesion (Figure 3). These dermoscopic features and the absence of an atypical pigment network, irregular

streaks, black dots or brown globules and irregular<sup>1,2</sup> pigmentation suggested the diagnosis of Reed nevus.

Histopathologic examination supported the dermoscopic diagnosis showing a symmetrical and well-circumscribed proliferation of spindle-shaped and epithelioid melanocytes involving the epidermis and the papillary dermis (Figure 4). Large amounts of melanin and numerous macrophages were observed in the papillary dermis.

## References

1. Steiner A, Pehamberger H, Binder M, Wolff K. Pigmented Spitz nevi: improvement of the diagnostic accuracy by epiluminescence microscopy. *J Am Acad Dermatol* 1992;27:697–701.
2. Argenziano G, Scalvenzi M, Staibano S, et al. Dermoscopic pitfalls in differentiating pigmented Spitz naevi from cutaneous melanoma. *Br J Dermatol* 1999;141:788–93.



Figure 1. Clinical image.

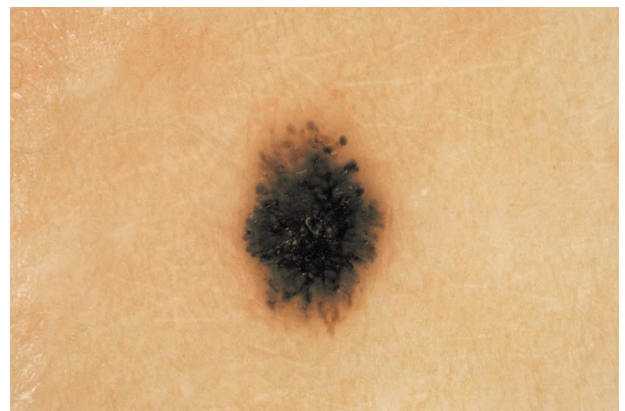
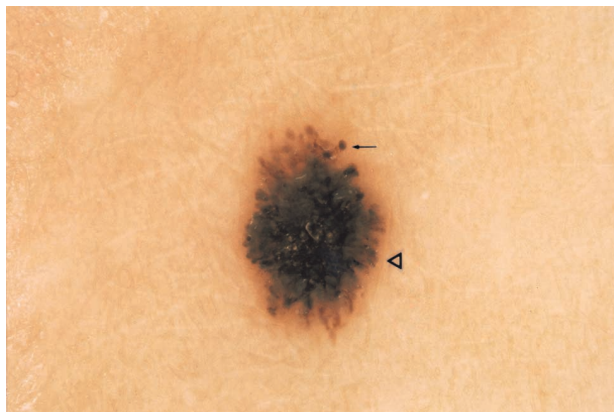
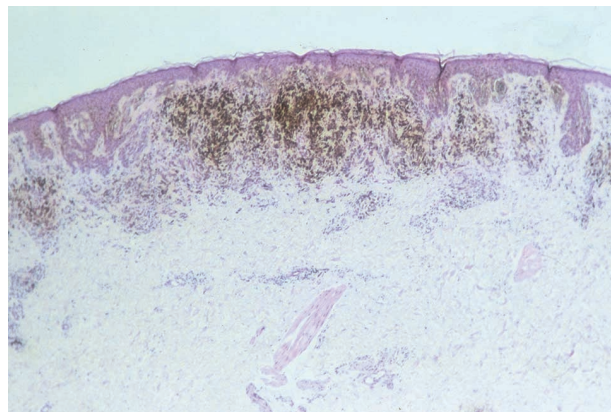


Figure 2. Dermoscopic image.

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**Figure 3.** Specific dermoscopic parameters: globules ( $\bullet$ ), streaks ( $\blacktriangle$ ).



**Figure 4.** Histopathologic section (H&E; original magnification  $\times 5$ ).