

Detection of small melanomas

Detecção de melanomas pequenos

RESUMO

Relatamos 4 casos clínicos de melanomas pequenos detectados pela dermatoscopia associada aos dados clínicos e à fotografia corporal total com monitoramento sistemático. Nos melanomas pequenos nem sempre os achados dermatoscópicos isoladamente, são suficientes para a correta indicação da biópsia excisional para exame anátomo-patológico.

Palavras-chave: dermatoscopia; melanoma; fotografia.

ABSTRACT

Four clinical cases of small melanomas detected by dermoscopy associated with clinical data and total body photographs with systematic monitoring are described. In small melanomas, dermatoscopic findings alone are not always sufficient to correctly indicate the excisional biopsies used in anatomical-pathological examinations.

Keywords: dermoscopy; melanoma; photography.

The early detection of cutaneous melanomas is an important factor in the patient's prognosis. Dermoscopy is an important instrument in the indication of excision for thin melanomas, however small lesions do not always clearly display high-risk structures. The correct indication for the excision of small uncharacteristic melanomas requires a systematic assessment that includes:

- 1 – Characterization of high-risk patients: phototype, history of sun exposure, sunburns, presence of multiple nevi, atypical nevi, family or personal melanoma history, and (possibly) genetic risk assessment;
- 2 – Self-examination and body mapping (image-based monitoring);
- 3 – Dermoscopy on all lesions, including those that are clinically suspected;
- 4 – Excision of lesions with unspecific pigment patterns;
- 5 – Excision of lesions with spitzoid pattern, mainly in adults;
- 6 – Excision of lesions with signs of regression;
- 7 – Excision of lesions where there is an absence of clinical-dermoscopic correlation;
- 8 – Excision of lesions that present changes during the short-term follow-up period (3 to 4 months)¹;
- 9 – In patients with multiple nevi, excision or reassessment in the short-term of lesions that present a dermoscopic pattern that is diverse from the patient's other lesions (ugly duckling sign);
- 10 – Excision of pink lesions with an atypical vascular pattern;² and
- 11 – Re-assessment or excision, in the short term, of lesions with an unusual pattern for benign melanocytic lesions;

Applied Dermatoscopia

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12 – In the longer-term follow-up,³ excision of lesions that have:

- Focal growth with a change in shape;
- High-risk structures (peripheral points that are irregularly distributed, expansion of pigmented network with atypical features); and
- Expansion of hypopigmentation area and appearance of scar depigmentation, combined with a focal inflammatory response.

CLINICAL OBSERVATIONS

1 – A phototype II patient with a previous personal history of melanoma presented an emerging pigmented lesion on the lateral region of the left arm during the monitored clinical fol-

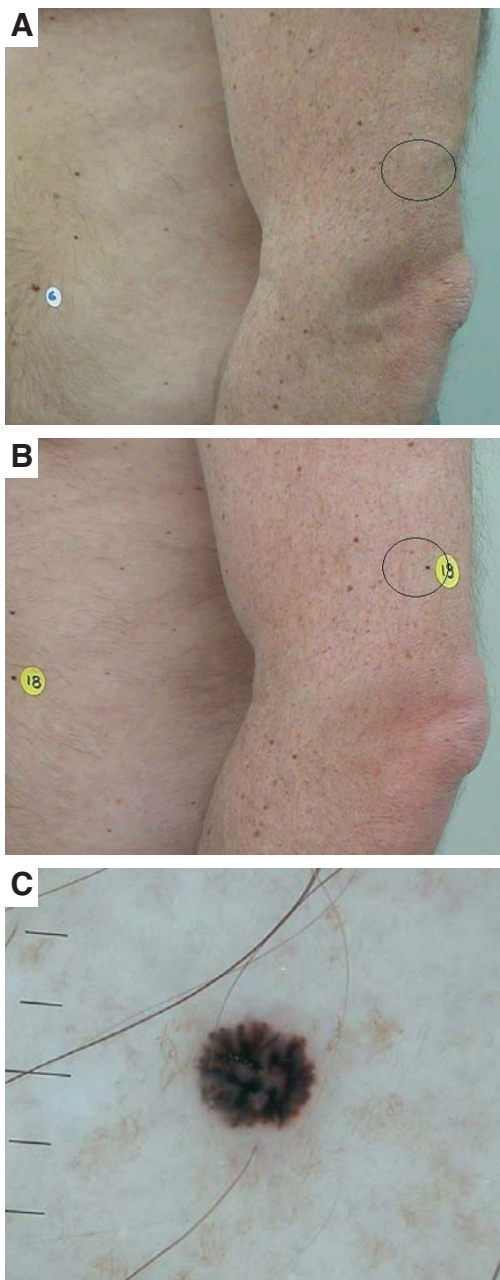


Figure 1 - A, B and C: Micro-invasive melanoma: spitzoid pattern seen through dermoscopy

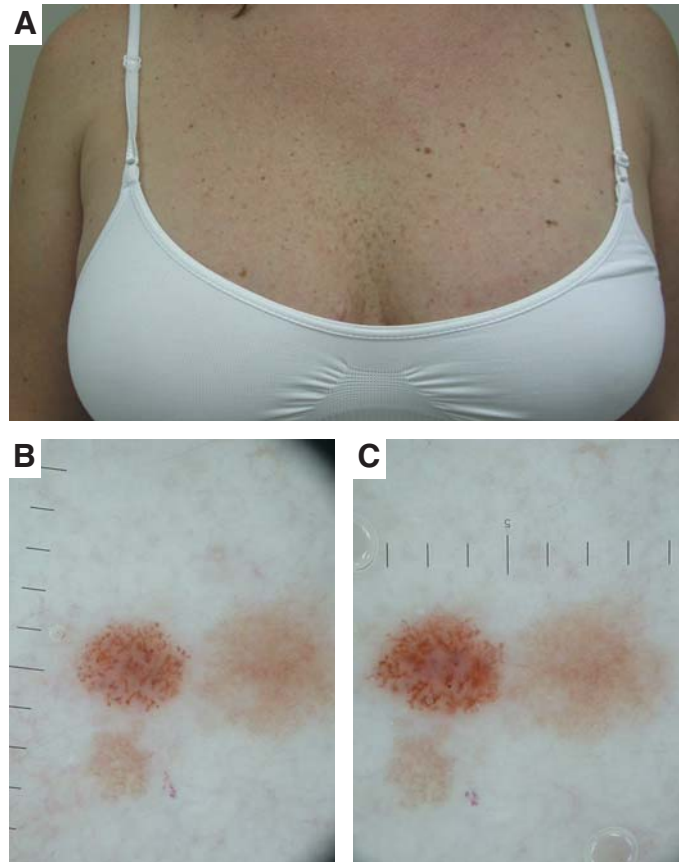


Figure 2 - A, B and C: *In situ* melanoma: asymmetric growth seen through dermoscopy

low-up. The lesion was shown to have a spitzoid pattern in the dermoscopic exam (Figure 1). The spitzoid pattern in adults indicates excision of the lesion for anatomical pathological assessment. The assessment confirmed a micro-invasive melanoma for the patient.

2 – A phototype III patient with a previous personal history of melanoma presented lesions in the left mammary region, with a dermoscopic pattern different from those of other lesions analyzed in the same examination (ugly duckling sign), in addition to erythema. The lesion was recorded and monitored, and presented asymmetric growth and minor modifications in the morphology of its structures (Figure 2). The anatomopathological examination confirmed an *in situ* melanoma.

3 – A phototype II patient with a personal history of melanoma presented a darkening lesion in the right lumbar region in the monitored follow-up. Dermoscopy revealed an atypical network (thickened) and multifocal hyperpigmentation (Figure 3). The development of the clinical and dermoscopic patterns were taken into account, and excision was recommended. The anatomopathological examination revealed an *in situ* melanoma.

4 – A female phototype II patient presented a pigmented lesion on the right thigh. Dermoscopy evidenced irregularly distributed peripheral points and discreet radial streaming that were

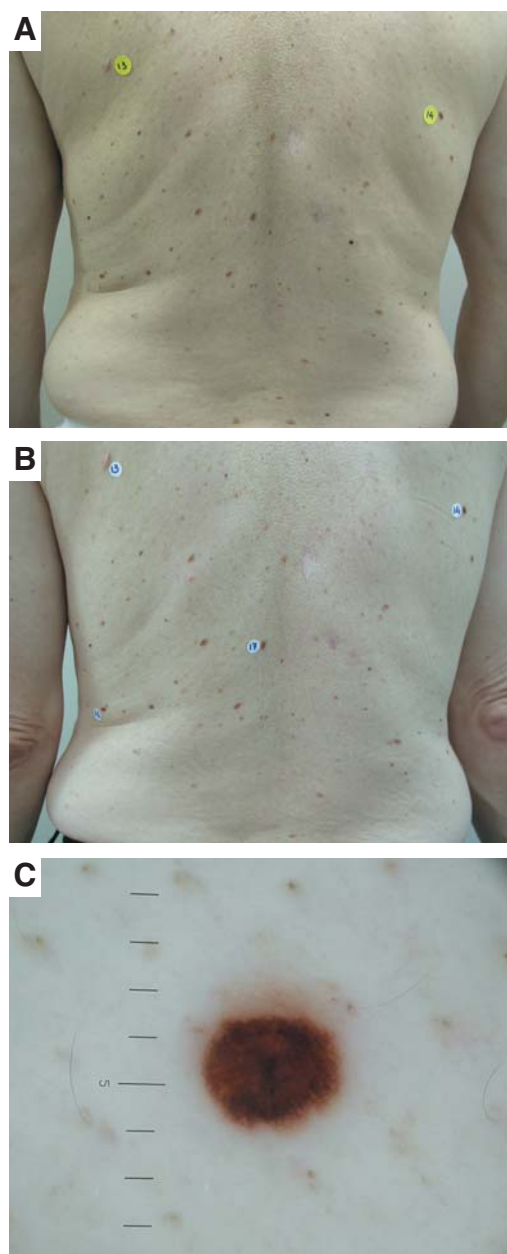


Figure 3 - A, B and C: *In situ* melanoma: atypical network and multi-focal hyperpigmentation seen through dermoscopy

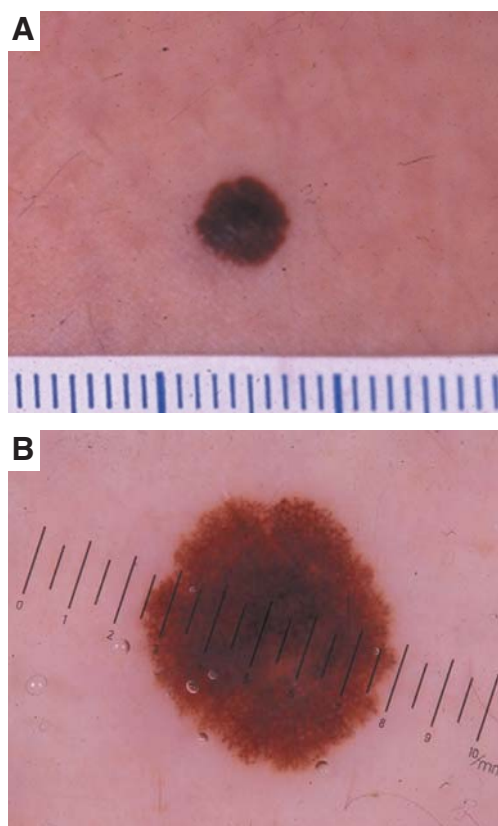


Figure 4 - A, B: *In situ* melanoma: peripheral points and irregularly distributed radial streaming seen through dermoscopy

also irregularly distributed (Figure 4). Borders were well defined around the entire periphery of the lesion. The anatomopathological examination verified an *in situ* cutaneous melanoma.

FINAL COMMENT

The clinical observations illustrate that the risk of not removing uncharacteristic small melanomas can be minimized with clinical and dermoscopic systematic follow-up. ●

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