



DERMATOPATHOLOGY

BULLOUS MELANOMA

Maria Camila Diaz Posada⁽¹⁾ - Claudia Janeth Uribe Perez⁽¹⁾

*Universidad Autónoma De Bucaramanga, Universidad Autónoma De Bucaramanga,
Bucaramanga⁽¹⁾*

Background: Blistering melanoma is a rare entity, first described in 1979 by Botet and Sánchez, with a total of 14 cases reported in the literature, most of the cases are documented through histopathology and only a few of them have a clinically evident blister, at a histopathological level the blisters can be intraepidermal or subepidermal. Pathogenesis is not clear and it is believed that friction or microtrauma plays a role in the disorganization of melanocytes. This type of cases implies a challenge in the Breslow index, since there is no agreement whether to include the blister because it increases the tumor thickness without considering the tumor mass, resulting in changes in TNM of the tumor and consequently the therapeutic behavior.

Observation: A 62-year-old female patient, with a 2-year clinical history of pigmented lesion in the left foot with progressive growth, the patient relates it to trauma to a vegetable object. Resection was performed with wide margins, cystic cavity was documented at the cut for sample processing, histopathology confirms the diagnosis of acral lentiginous melanoma, with suprabasal bulla and the Breslow index was measured with and without including the blister.

Key message: The bullous melanoma is a rare variant, we present the case of an acral lentiginous melanoma with suprabasal blister, without clinically evident blister. This type of cases represents a challenge for the clinician and the pathologist because there is no agreement on the Breslow index, according to Woltsche et al, they recommend that the thickness of the tumor should be measured excluding the blister, but it is important to follow these patients because the prognostic factor of this finding is unknown.

