

DERMOSCOPY AND SKIN IMAGING

ACCURACY OF DERMOSCOPIC CRITERIA FOR THE DIAGNOSIS OF MELANOMA IN SITU

Elisa Benati⁽¹⁾ - Caterina Longo⁽¹⁾ - Marco Manfredini⁽²⁾ - Graziella Babino⁽³⁾ - Chiara Chinazzo⁽³⁾ - Zoe Apalla⁽⁴⁾ - Chryssoula Papageorgiou⁽⁴⁾ - Elvira Moscarella⁽³⁾ - Athanassios Kyrgidis⁽¹⁾ - Giuseppe Argenziano⁽³⁾ - Aimilios Lallas⁽⁴⁾

Skin Cancer Unit, Azienda Usl-irccs Di Reggio Emilia, Reggio Emilia, Italy⁽¹⁾ - Department Of Dermatology, University Of Modena, Modena, Italy⁽²⁾ - Department Of Dermatology, University Of Campania, Naples, Italy⁽³⁾ - Department Of Dermatology, School Of Medicine, Aristotle University, Thessaloniki, Greece⁽⁴⁾

Introduction: The accuracy of melanoma-specific dermoscopic criteria has been tested mainly in studies including invasive tumors. Scarce evidence exists on the usefulness of these criteria for the diagnosis of melanoma in situ (MIS).

Objective: To investigate the diagnostic accuracy of dermoscopic criteria for the diagnosis of MIS.

Materials and Methods: A diagnostic accuracy study with retrospective patient enrollment was conducted in 3 centers specializing in skin cancer diagnosis and management. A total of 1285 individuals with histopathologically diagnosed MIS or other flat, pigmented skin tumors that were histopathologically diagnosed or monitored for at least 1 year were included. Dermoscopic images of MIS and other flat, pigmented skin tumors were evaluated by 3 independent investigators for the presence of predefined criteria. Evaluators were blinded to the clinic dermoscopic and histopathologic diagnosis.

Results: A total of 1285 patients were included in the study; mean age was 45.9 years. Of a total of 1285 lesions obtained from these patients, 325 (25.3%) were MIS; 574 (44.7%) were nevi (312 [24.3%] excised and 262 [20.4%] not excised); 67 (5.2%) were seborrheic keratoses, solar lentigines, or lichen planus-like keratoses; 91 (7.1%) were pigmented superficial basal cell carcinomas; 26 (2.0%) were pigmented intraepithelial carcinomas; 100 (7.8%) were Reed nevi; and 102 (7.9%) were invasive melanomas with a Breslow thickness less than 0.75 mm. The most frequent dermoscopic criteria for MIS were regression, atypical network, and irregular dots and/or globules. The multivariate analysis revealed 5 main positive dermoscopic indicators of MIS: atypical network, regression, irregular hyperpigmented areas, prominent skin markings, and angulated lines. When compared only with excised nevi, 2 of these criteria remained potent MIS indicators, namely, irregular hyperpigmented areas and prominent skin markings.





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Conclusions: Clinicians should take into consideration the aforementioned dermoscopic indicators for the diagnosis of MIS.



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