



DERMOSCOPY AND SKIN IMAGING

ACRAL MELANOMA PRESENTING AS CONTACT DERMATITIS, WHICH IS RECOGNIZED BY DERMOSCOPY.

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Background: Acral melanoma is the most common malignant melanoma among Asians. It may appear unnoticed and mimic benign lesions. Patients could display advanced stage of disease at presentation. Dermoscopy is a useful tool to differentiate inflammatory lesions and melanocytic tumor.

Observation: A 76-year-old male patient presented at our department with a one-year history of exudation and crust of the left hallux. He was treated with topic corticosteroids as an “allergic contact dermatitis”, but the lesion remitted after steroids withdrawal. After one week wet dressing and topic use of antibiotics, the crust was cleared, and a dermoscopy examination was made. Light brown irregular blotch was observed in the skin of the toe, which suggested melanocytic lesions. Skin biopsy was performed, which revealed atypical melanocytes Pagetoid spread in the epidermis and diffusely infiltrating the dermis, which formed by polygonal cells with large coarse nuclei and prominent macronucleoli. The immunohistochemical analysis revealed these tumor cells were S100+, HMB-45+, and Mela-A+.

Key message: Some of the acral melanoma is difficult to diagnose and dermatoscopic features are often subtle. Detail feature of the lesion should always be noticed. Skin biopsy is often needed if medical history is relatively long and melanocytic patterns are seen within the suspicious lesion.

