



DERMOSCOPY AND SKIN IMAGING

## DERMOSCOPY OF BENIGN VULVAR MELANOSIS. A CASE REPORT.

Jelena Krtnjek<sup>(1)</sup> - Ruzica Jurakic Toncic<sup>(2)</sup>

General Hospital Varazdin, Division Of Dermatology And Venereology, Varazdin, Croatia<sup>(1)</sup>  
- University Hospital Centre Zagreb, University Of Zagreb School Of Medicine, University Department Of Dermatology And Venerology, Zagreb, Croatia<sup>(2)</sup>

Background: Vulvar melanosis (VM) is a benign condition which affects adult women and represents 60% of all pigmented vulvar lesions. VM and melanoma in early stage may show overlapping clinical features and can be challenging to diagnose. Patients with melanoma tend to have nodular lesions and typically occur at the older age.

VM clinically presents as single/multiple asymmetric macules or patches with irregular and poorly demarcated borders, tan brown to blue-black color, sized from 1 millimeter to few centimeters, located on the labia majora and/or labia minora. Dermoscopic patterns include ring-like pattern, parallel, homogeneous or structureless, reticular-like, and globular-like pattern. Clinical and dermoscopic findings are usually sufficient to confirm the diagnosis of vulvar melanosis, but in doubtful cases, biopsy should be recommended to exclude melanoma.

Observation: We report a case of a perimenopausal woman who presented with history of pigmented lesion for few years, involving the vaginal introitus and perineum. She was otherwise healthy with no familiar history of melanoma. Clinical examination showed multiple, demarcated brown to dark brown pigmented macules, about 2 centimeters in size, involving the vaginal introitus and perineum. Dermoscopic findings included ring-like pattern, parallel and homogenous pattern which are typical for vulvar melanosis. Because of the size, multiple colors and mixed dermoscopy pattern, biopsy was performed and histopathological findings were consistent with the diagnosis of vulvar melanosis.

Key message: In the most majority of the cases, recognition of typical dermoscopic pattern along with clinical patient's information (younger age, no nodular lesions) can be enough and biopsy can be avoided. In doubtful cases when malignancy is suspected, due to atypical dermoscopic picture histopathology should be performed.

