



DERMOSCOPY AND SKIN IMAGING

## NEVUS MIMICKING MELANOMA. A CASE REPORT WITH REVIEW

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**Background:** We present a case of an atypical nevus with melanoma dermoscopic criteria and highlight the importance to take global patterns and local criteria by dermoscopy, clinical signs and histopathology when you find pigmented lesion with high risk appearance.

**Observation:** This is a case of pigmented lesion on the left thigh of a 52-year-old woman with Fitzpatrick skin phototype-3. The nevus had changed its consistency, color and size in the last year. Clinically it looked like melanoma and the lesion was asymptomatic. Physical examination revealed a dark brown-black irregular plaque, measuring 10 mm in diameter. Dermoscopy demonstrated a peripheral dark area with a pink structureless central area, a milky-grey area with irregular black dots or globules, suggestive of regression structures, and multifocal black pigmentation with atypical pigment network areas. The lesion had abrupt intralesional changes in color and pattern from a central area to a peripheral one. Left inguinal lymph nodes were not palpable. Mucocutaneous and systemic examination was normal. The lesion was managed surgically; it was excised with 5-mm clear margins with preliminary clinical and dermoscopic diagnosis of melanoma. On histopathological examination, a benign junctional nevus was reported. Atypia and mitosis were not present. Others histologic findings were melanocytic proliferation, a band-like lymphocytic infiltrate, melanophages and a few nests of melanocytes just beneath the epidermis. Routine blood investigations were within normal limits. Ultrasonography of whole abdomen was done, which was normal, X-ray chest and computerized tomography scan abdomen were normal too. There was no recurrence during 2 year of follow-up.

**Message:** Differential diagnosis of atypical nevus and melanoma is often very difficult, even with dermoscopy and we must take into account that not only dermoscopy increase the diagnostic accuracy of clinicians evaluating skin tumours, but also dermoscopically 'false-positive' and 'false-negative' tumours are not rare.

