One of the many faces of melanoma "incognito"

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CLINICAL PRESENTATION

A 35-year-old patient presented with a pink, 2 cm × 1 cm, slowly growing and painless nodule that was noticed on the right jaw angle (Fig 1) about 1 year earlier. The lesion was not ulcerated and had a symmetrical shape, sharp margins, and an elastic consistency.

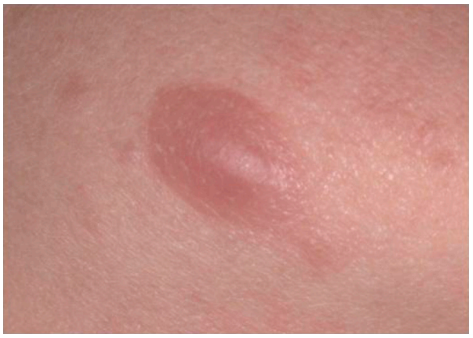

Fig 1. Melanoma incognito. Clinical image.

DERMOSCOPIC APPEARANCE

The dermoscopic evaluation revealed a pink lesion with a homogeneous pattern and a central whitish area caused by glass-induced vessel compression (Fig 2). No black, brown, or blue pigment was present throughout the lesion. No vascular pattern was identifiable except for few dotted vessels in the center of the lesion (*arrow*) and perilesional enlarged vessels (*asterisk*). The lesion was excised to rule out a difficult to diagnose melanoma (melanoma incognito).[1]

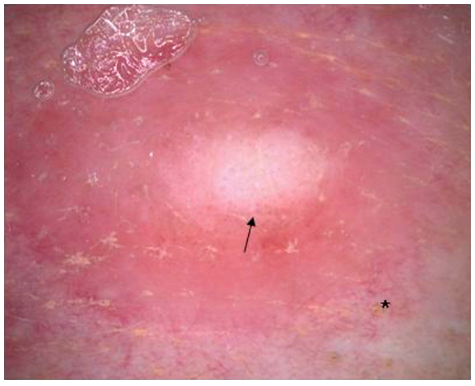

Fig 2. Melanoma incognito. Dermoscopic image.

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HISTOLOGIC DIAGNOSIS

The histologic examination (Fig 3) revealed an asymmetrical proliferation of atypical spindle and epithelioid melanocytes extending to the reticular dermis. Melanocytes were arranged as single units or in nests throughout all epidermal layers, whereas they formed irregular fascicles with neurotropism and atypical mitotic figures in the reticular dermis. These findings ruled out the diagnosis of Spitz nevus and were consistent with melanoma, Clark level IV, Breslow thickness 2.1 mm.

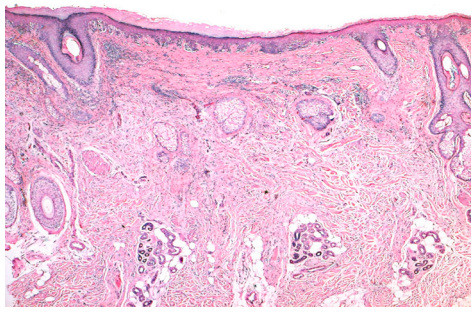

Fig 3. Melanoma incognito. Histologic image.

KEY MESSAGE

The clinical differential diagnosis included a cyst, pseudolymphoma, lymphoma B, or keloid. There were no features suggesting other nonmelanocytic or benign melanocytic lesions.

Both clinical and dermoscopic analysis underlined the absence of specific, clear cut criteria for melanoma, except for few dotted vessels in the context of a nodular pink lesion with a homogeneous pattern. Although dermoscopy yielded scant elements, histologic findings were consistent with amelanotic melanoma.[1,2]

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