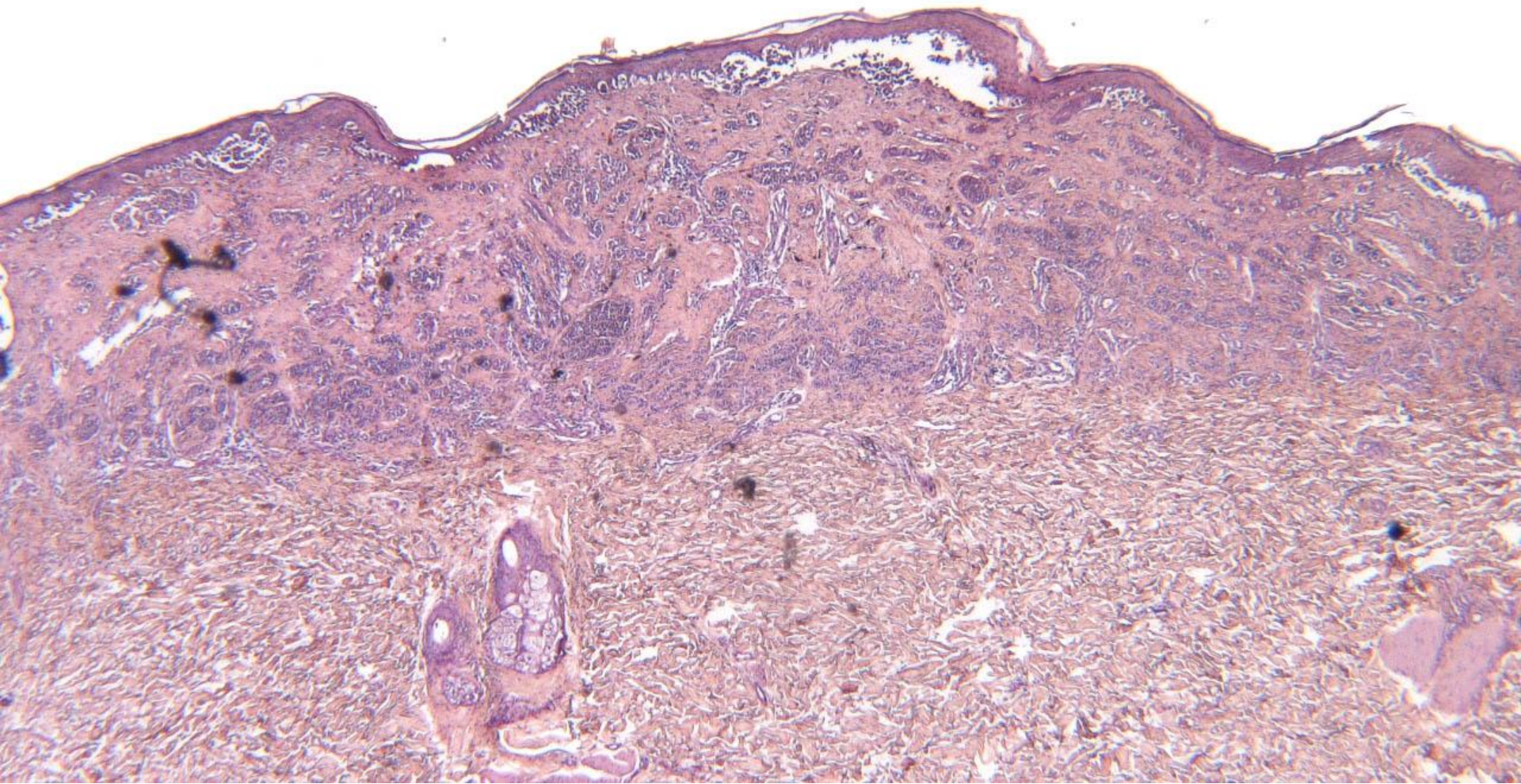
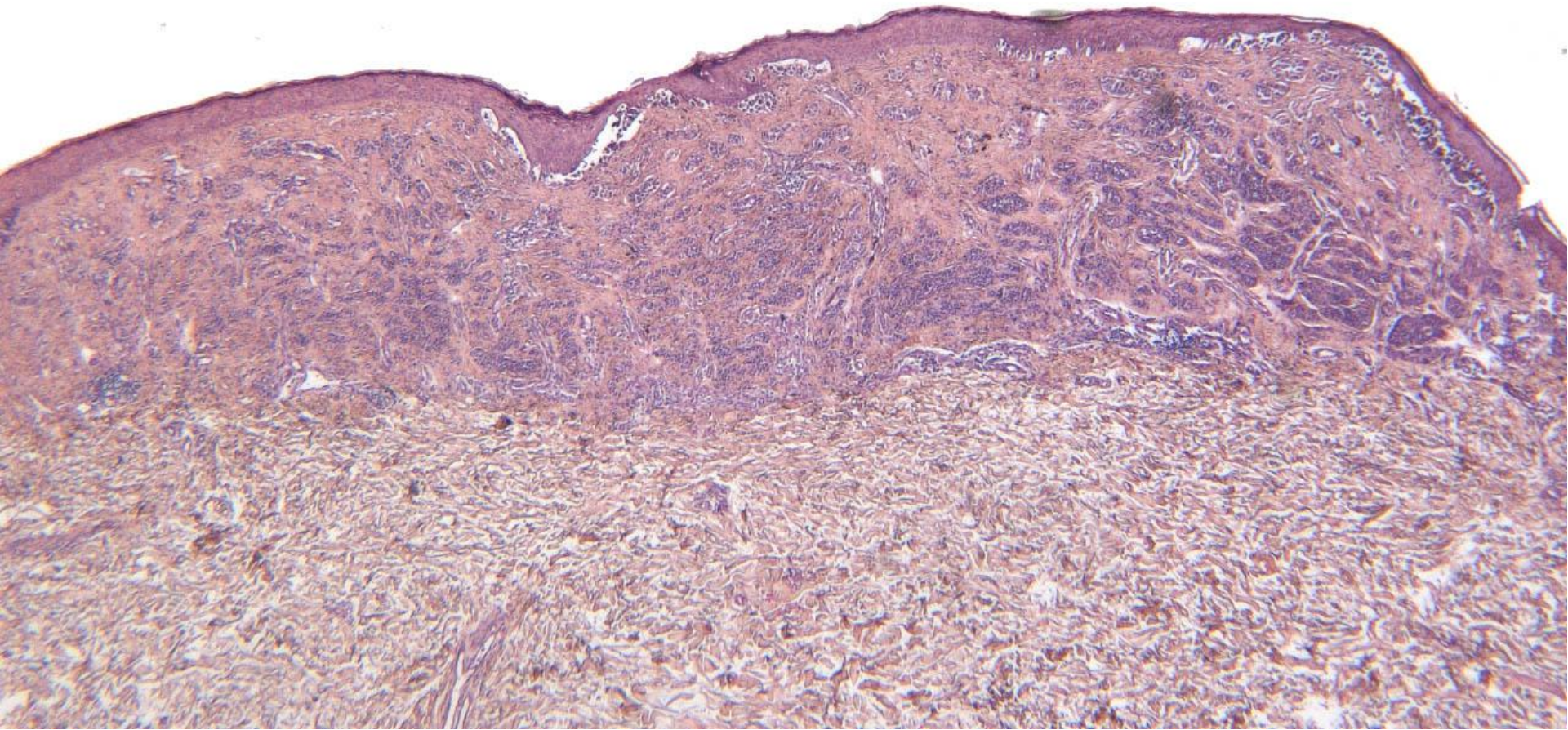
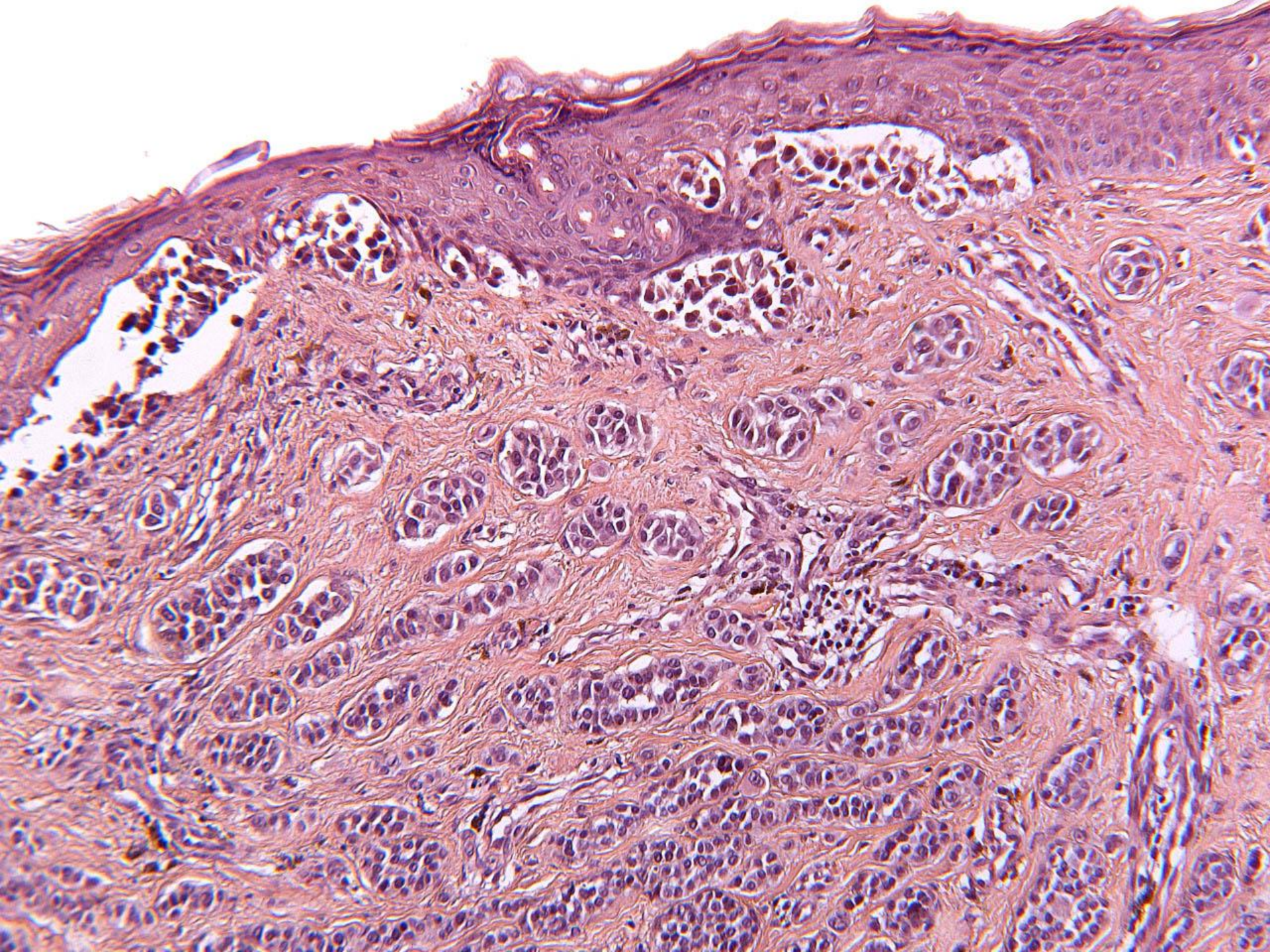
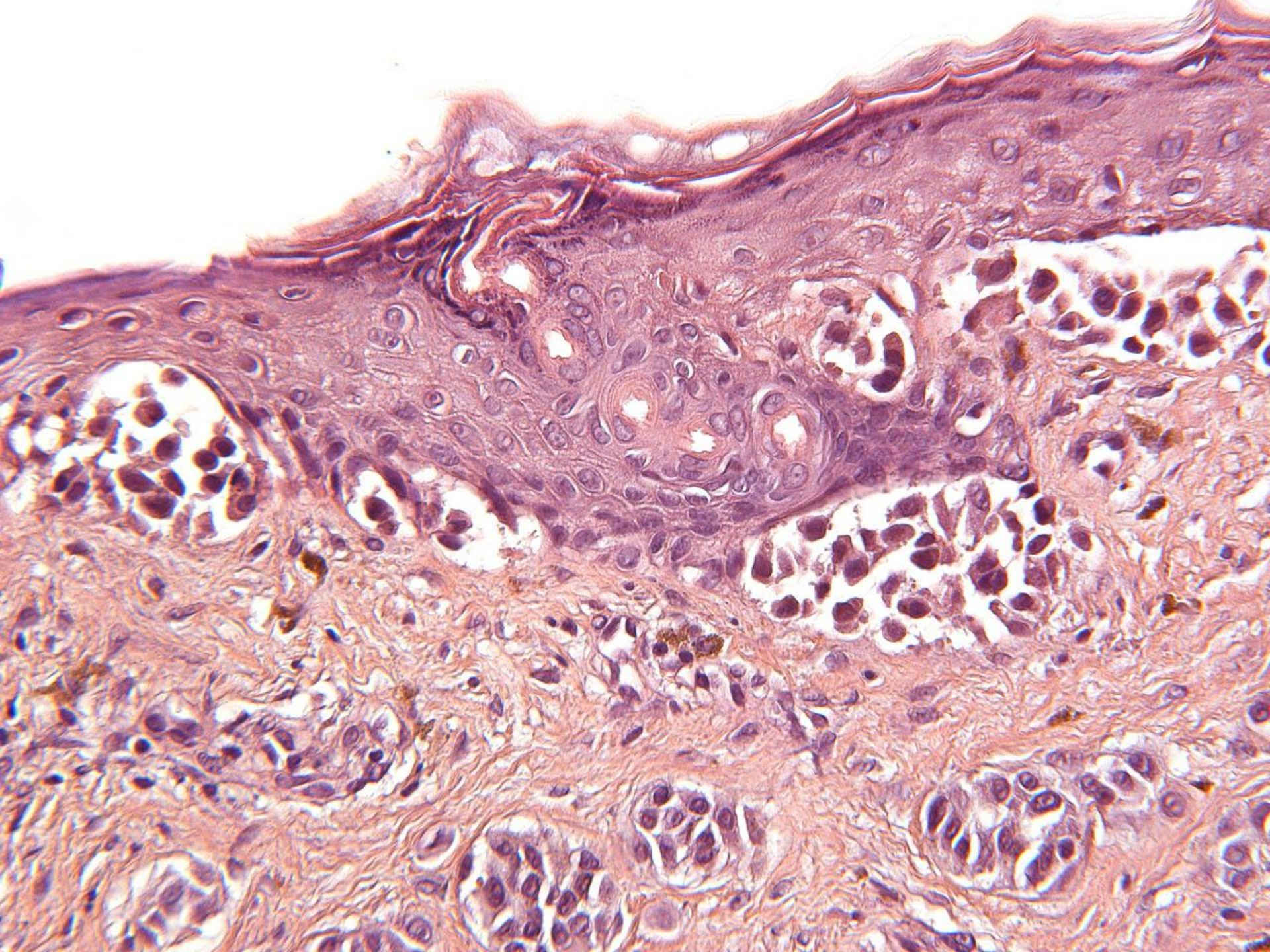


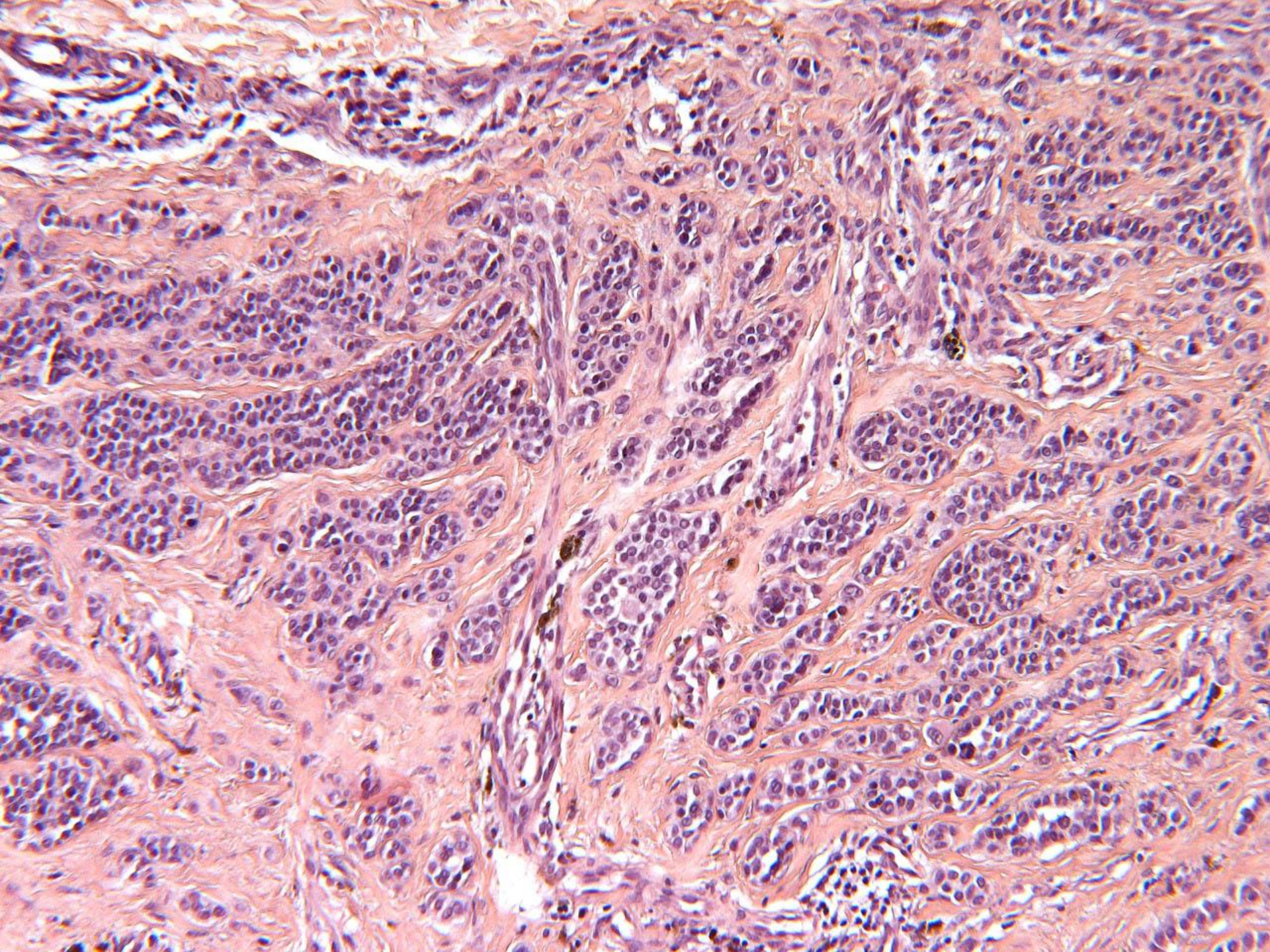
A haunting case...

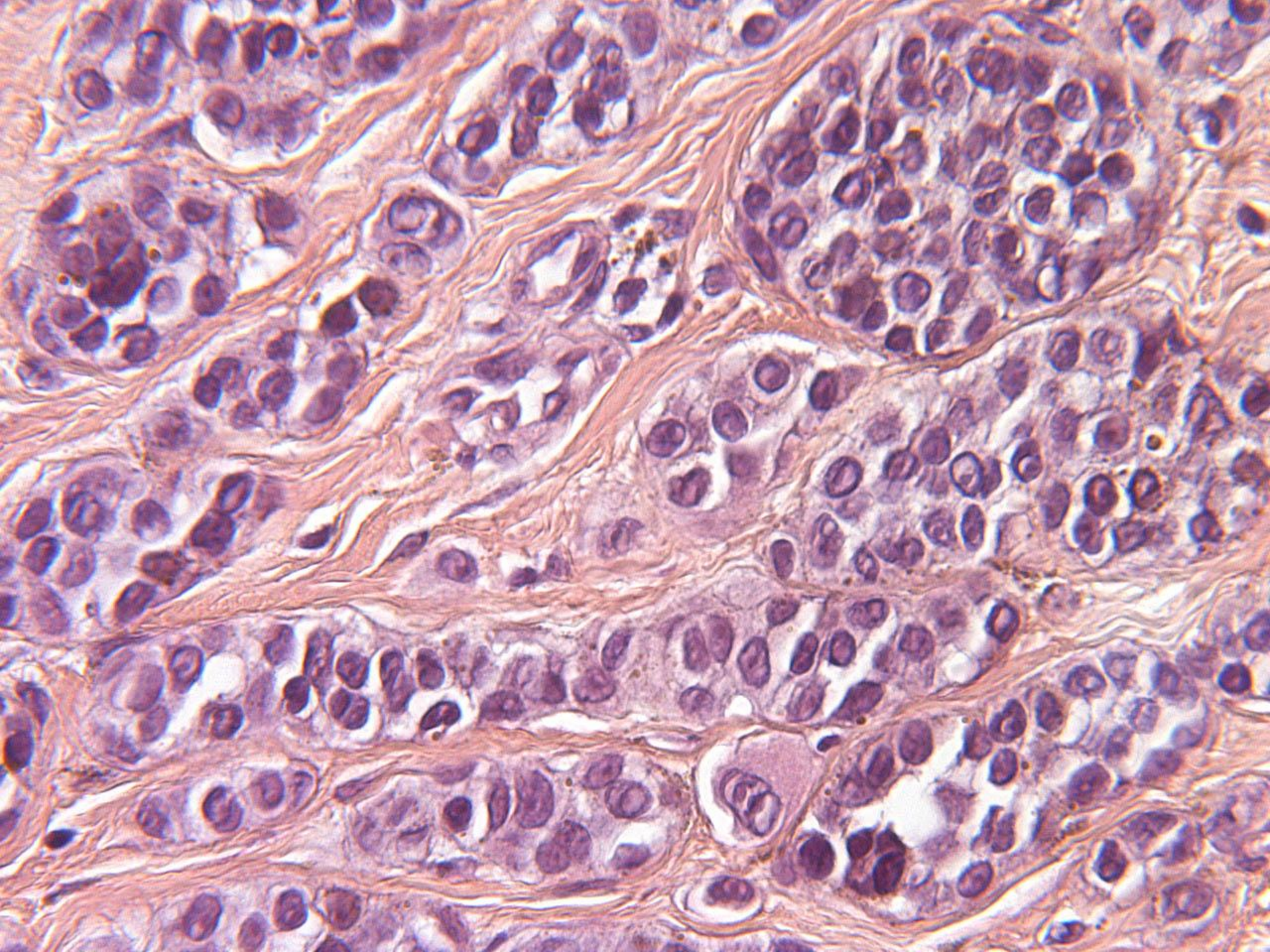














Dermatopathologist # 1

Nodular melanoma

Clark level IV

1,1 mm Breslow.



Dermatopathologist # 2

Compound nevus

(post-traumatic fibrosing nevus)



Dermatopathologist # 3

Melanoma

On pre-existent nevus



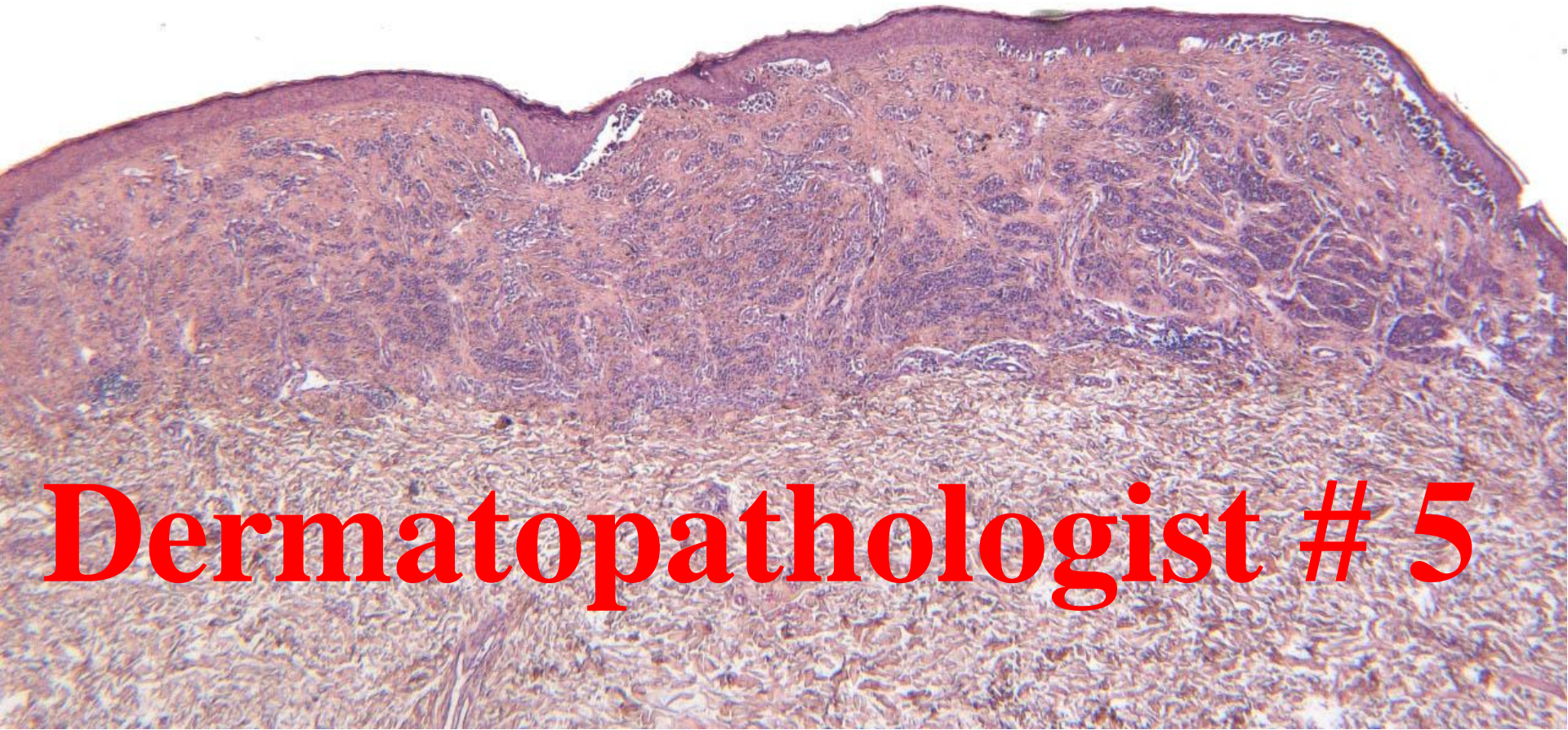
Dermatopathologist # 4

Melanoma

Superficial spreading type

IV Clark's level.

1,2 mm Breslow.



Dermatopathologist # 5

Compound nevus

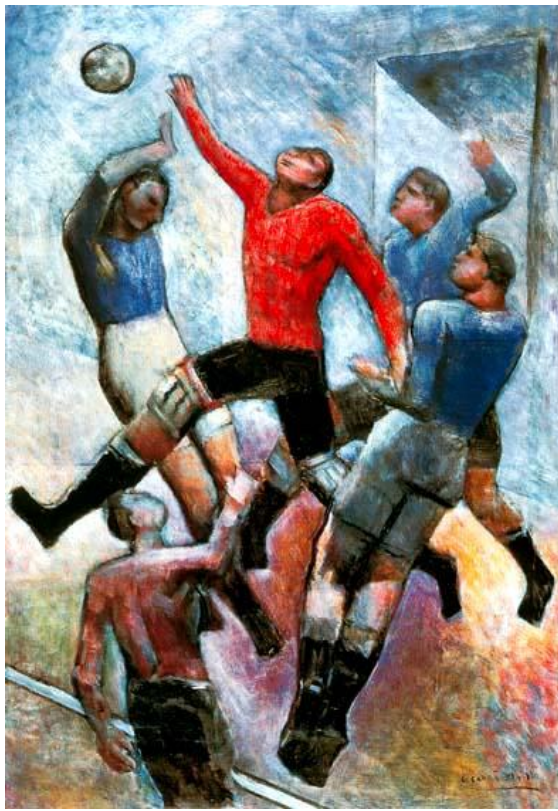
With involutive sclerosis, junctional proliferation and atypia, most probably reactive.



Dermatopathologist # 6

Compound nevus

With features of Ackerman's recurrent nevus
(so called pseudomelanoma).



Melanoma vs Nevus

3 - 3

Hard facts ...

Patient is 10 years old !

Previous trauma !

Wrongly diagnosed as molluscum contagiosum, the lesion had been vigorously crushed.

**Low proliferative (MiB 1)
activity !**

FISH negative !

(No alterations of genes
RREB1 6p25, MYB 6q23,
CCND, 11q13, centromere
chromosome 6)

**Negative sentinel
lymp node !**

All the objective data indicate a benign lesion

- **Young age of the patient**
- **Story of a previous trauma**
- **Low MiB 1 - no mitotic figures**
- **FISH negative**
- **SLN negative**

most reasonable diagnosis:

Compound nevus
(with post-traumatic fibrosis
and pseudomelanomatous
features)

Sclerosing nevus with pseudomelanomatous features

Background: Among the pigmented lesions with a central area of scar, we found a group of cases histologically characterized by striking architectural alteration of the melanocytic component, but with no cytological atypia and mitotically quiescent. The aim of the current study was to assess the biological nature of such lesions.

Methods: We selected 19 of these melanocytic neoplasms that had the following characteristics: (a) a clinically evident whitish central area suggestive of regression (with no history of a previous surgical procedure or trauma), (b) histological features of fibrous scar-like tissue at the center of the lesion, (c) the presence of large, confluent and unusually shaped melanocytic nests at the dermoepidermal junction

**Giuseppe Fabrizi¹,
Ilaria Pennacchia²,
Calogero Pagliarello¹
and Guido Massi²**

¹Department of Dermatology, Molise University Medical School, Campobasso, Molise, Italy and

²Department of Pathology, Catholic University Medical School, Rome, Italy

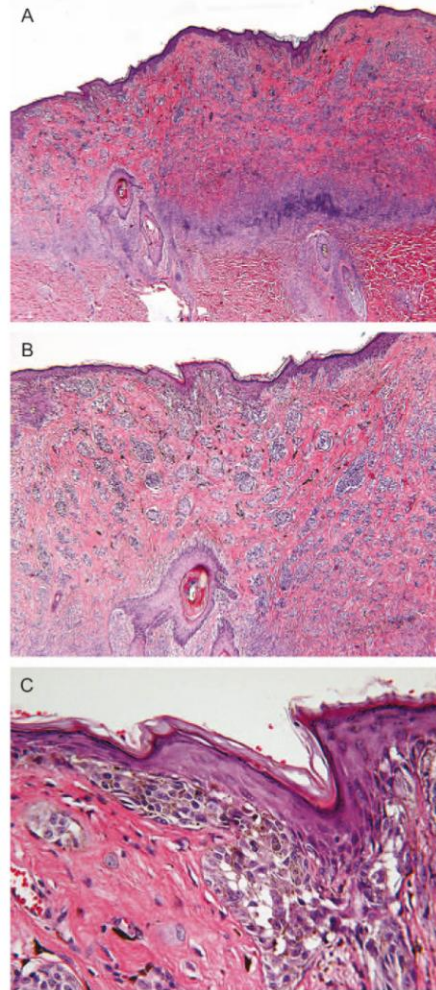


Fig 1. A trizonal pattern is seen at scanning magnification (A). At the dermoepidermal junction, there is an atypical proliferation of melanocytes. In the mid-dermis (B), there is fibrous tissue together with irregularly shaped nests. At the base of the lesion, the features are those of a congenital (or 'tardy') nevus. The proliferation at the junction (C) closely simulates a malignant melanoma (case 1).

7. No tumoral melanosis was detected.
8. Residual nevus tissue surrounded the scar-like tissue in all but one case. This component of the nevus most frequently had features reminiscent of congenital nevus (i.e. a perivas-

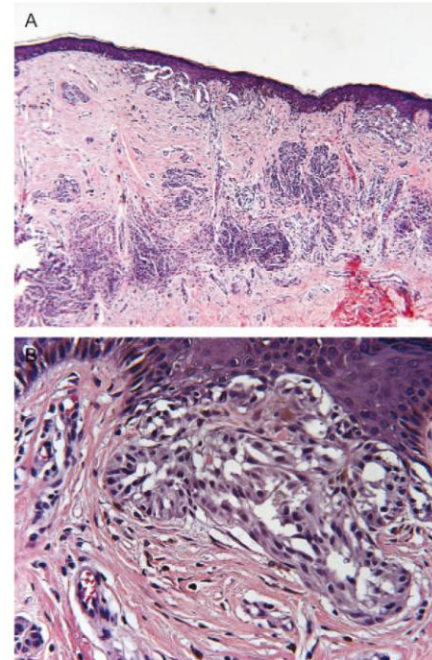


Fig 2. In this lesion, in the epidermis, there is an atypical proliferation of melanocytes at the dermoepidermal junction and above it. In the superficial and intermediate dermal layers (A), there is a large amount of fibrous tissue with few scattered melanocytes between collagen bundles. At the base, there are regular nests, as is usually seen in a congenital or in a common nevus. Note the confluence of nests at the junction (B) (case 2).

cular and periadnexal pattern, presence of melanocytic nests in the sebaceous glands,⁶ an 'Indian file' alignment among the collagen fibers). In five cases, the features were those of a common nevus, and the lesion resembled a dysplastic Clark nevus in four cases. One case had the features of a Spitz nevus.

9. Seven patients had been given a histological diagnosis by our laboratory or by others of regressing melanoma. In the other cases, the diagnosis was that of a dysplastic or benign melanocytic lesion with fibrosis.
10. Tissues showed reactions with antibodies to HMB45 (Fig. 5) and Ki 67 in almost all the tested cases, but positive cells were restricted to the uppermost portion of the lesion. Cells in the deeper areas of atypical proliferation and in the residual nevus tissue were negative or showed only sparse positive staining.

Sclerosing Nevus with Pseudomelanomatous Features (Nevus with Regression-Like Fibrosis): Clinical and Dermoscopic Features of a Recently Characterized Histopathologic Entity

Gerardo Ferrara^a Caterina M. Giorgio^b Iris Zalaudek^e Paolo Broganelli^c
Giovanni Pellacani^d Carlo Tomasini^c Giuseppe Argenziano^b

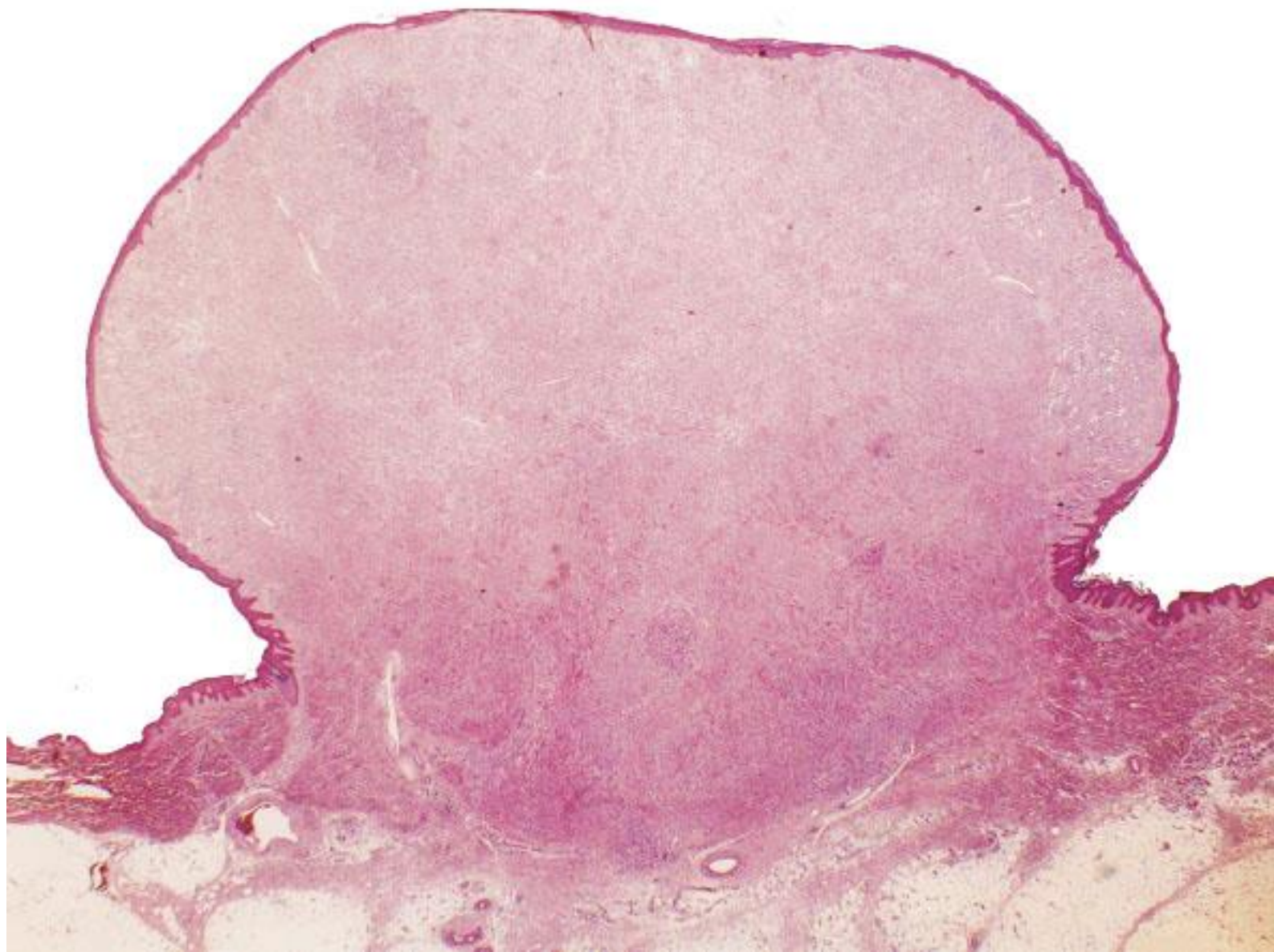
^aDepartment of Oncology, Pathologic Anatomy Unit, Gaetano Rummo General Hospital, Benevento,

^bDepartment of Dermatology, Second University of Naples, Naples, ^cSecond Dermatologic Division, University of Turin, Turin, and ^dDepartment of Dermatology, University of Modena and Reggio Emilia, Modena, Italy;

^eDivision of Dermatology, Medical University of Graz, Graz, Austria

QuickTime™ e un
decompressore TIFF (Non compresso)
sono necessari per visualizzare quest'immagine.

An other haunting case...



British Journal of Dermatology 2000; **142**: 128–132.

Polypoid Spitz naevus: the benign counterpart of polypoid malignant melanoma

G.FABRIZI AND G.MASSI*

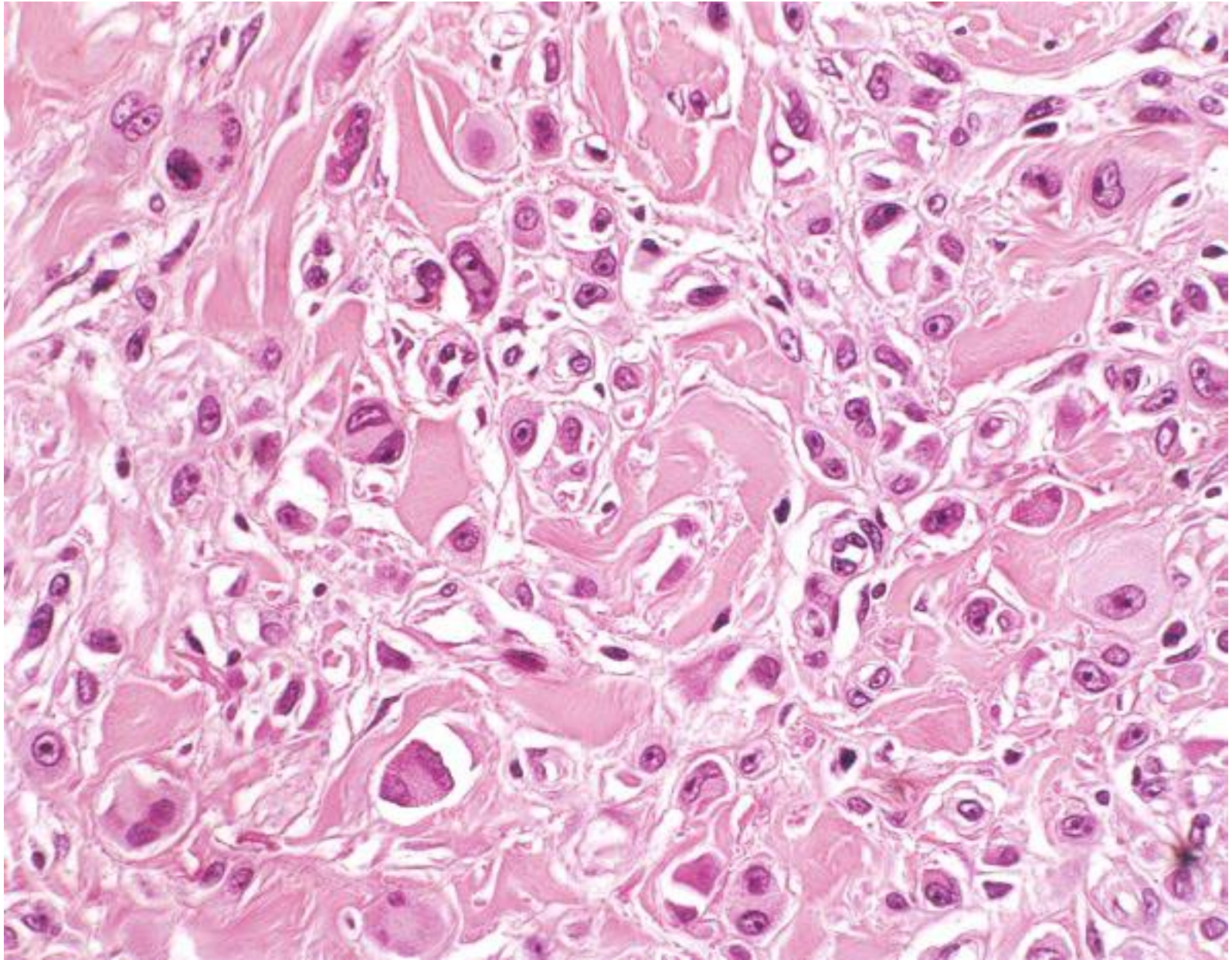
*Department of Dermatology, *Department of Pathology, Catholic University Medical School, Largo E. Vito, 1, 0168 Rome, Italy*

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Summary

Polypoid malignant melanoma is a peculiar morphological variant of melanoma with a distinct exophytic pattern of growth. This form of melanoma is usually very thick and the prognosis is accordingly poor. We present here a previously undescribed form of Spitz naevus which had a similar polypoid exophytic silhouette and marked cytological atypia. Despite these close morphological similarities, polypoid Spitz naevus evolves in a completely benign manner. Morphologically, polypoid Spitz naevus can be distinguished from polypoid melanoma by the absence of mitoses and by the prominent stromal reaction throughout the lesion.

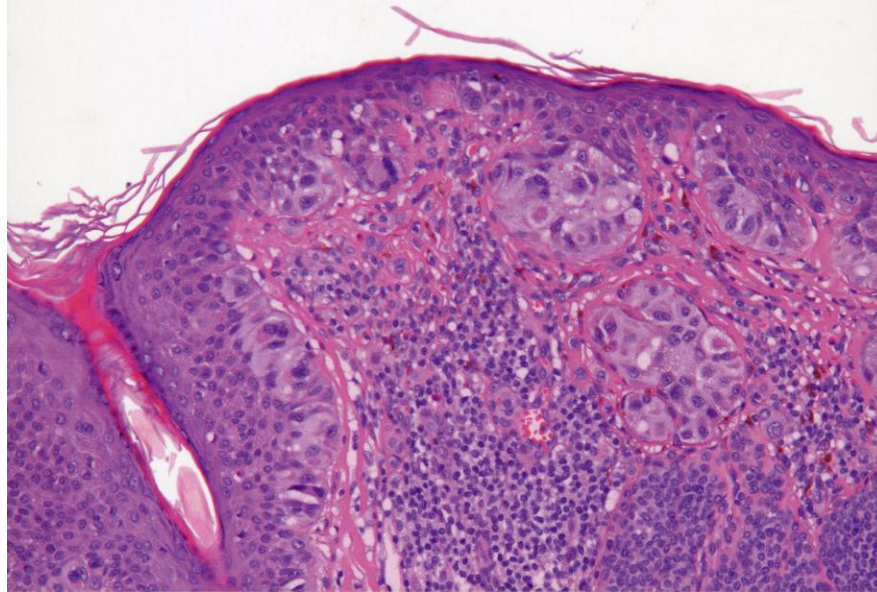
Key words: polyploid, malignant melanoma, Spitz naevus



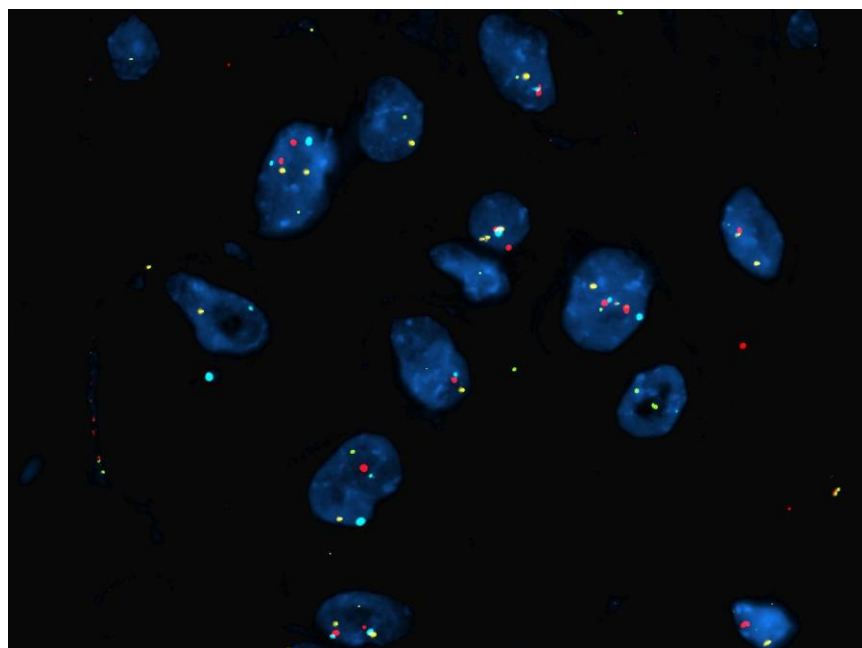
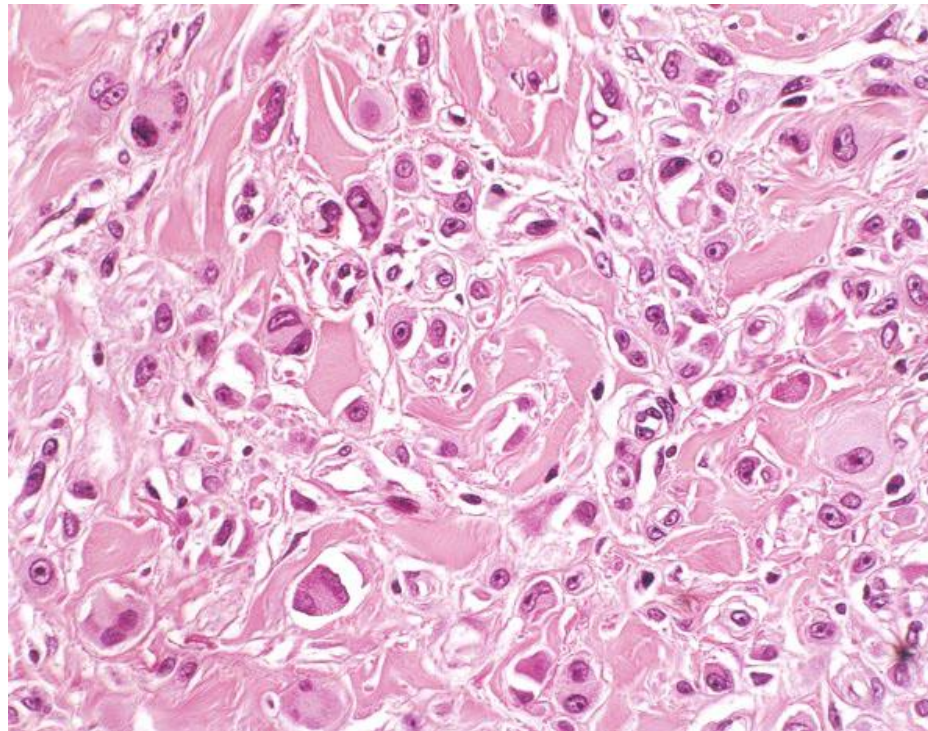
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Pathology of
**Melanocytic
Disorders**

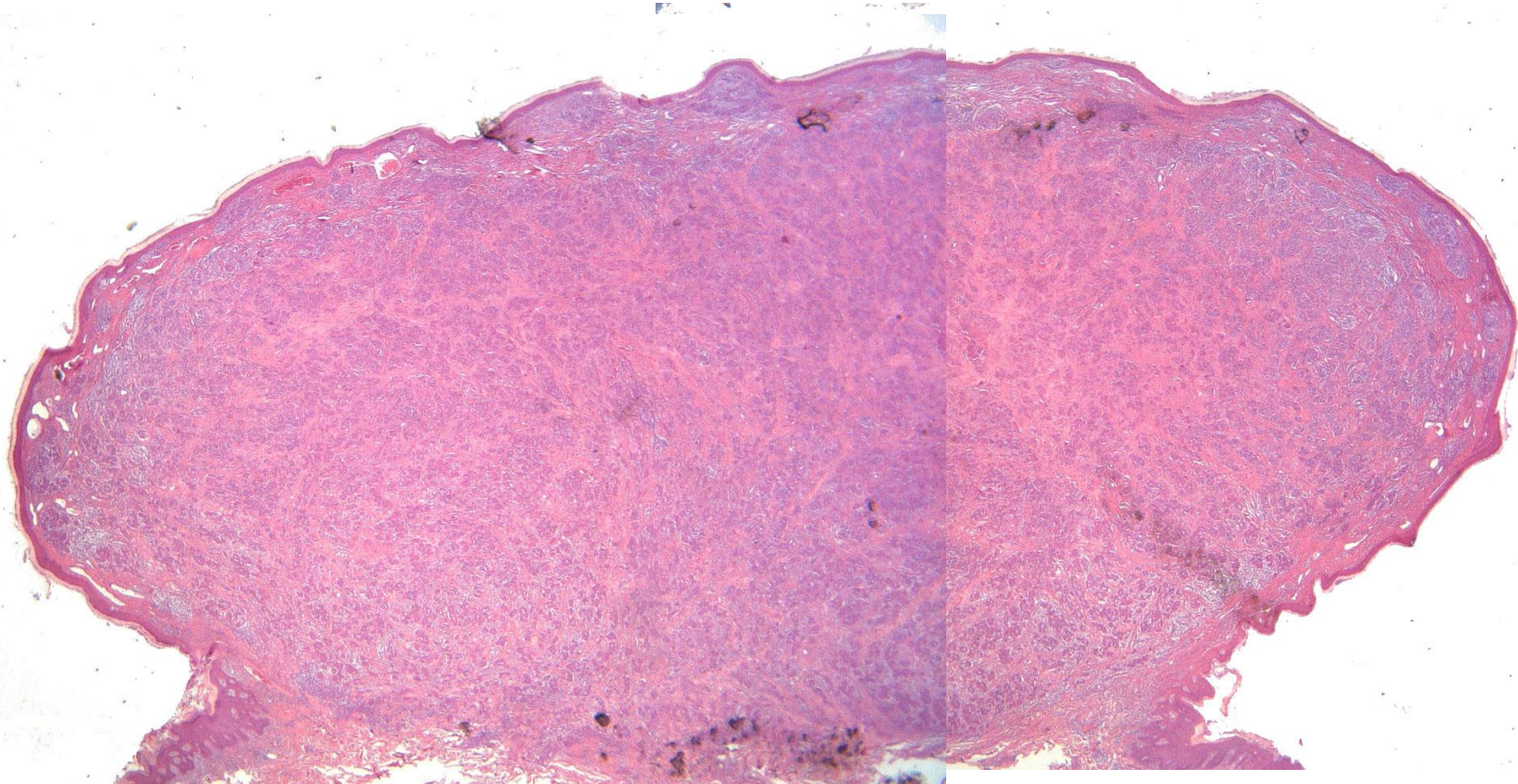
Wolter J Mooi & Thomas Krausz

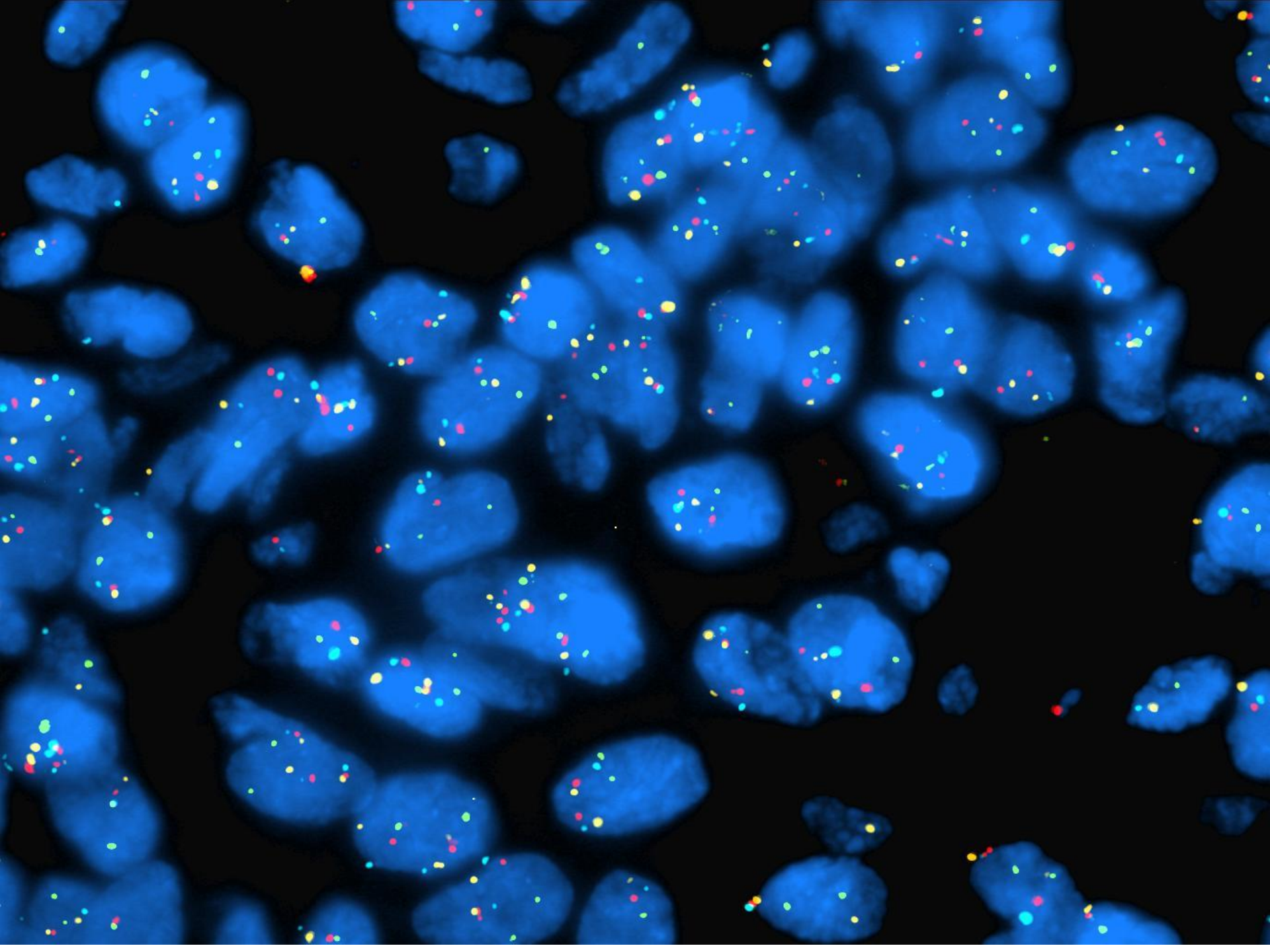


Polypoid Spitz nevus was the name given by Fabrizi and Massi⁴⁰ to a exophytic, polypoid lesion with features of Spitz nevus but with prominent nuclear atypia and with intradermal nodular architecture seen on the leg of a 34-year-old man. There was a prominent stromal reaction. There were no mitoses. Marked cytological atypia and especially a polypoid architecture is not uncommon in spitzoid melanoma. Therefore, we feel that more cases with follow-up need to be reported before the benign nature of such lesions has been established beyond doubt. Pagetoid



- FISH negative !
- Follow up negative for 13 years !

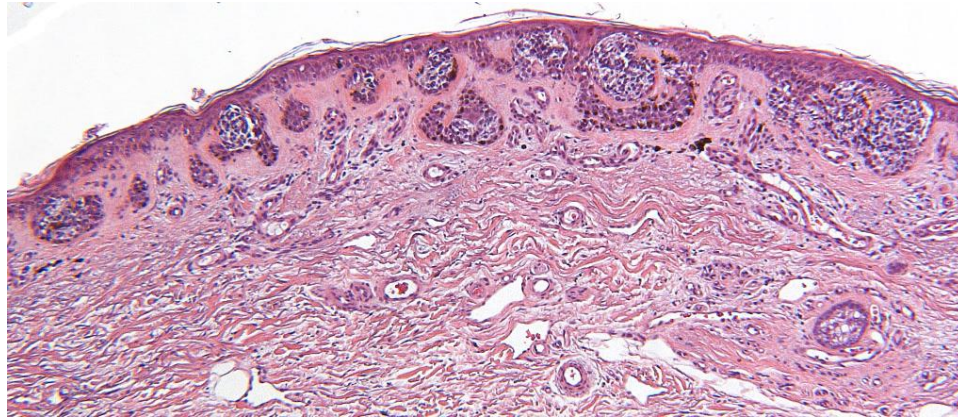
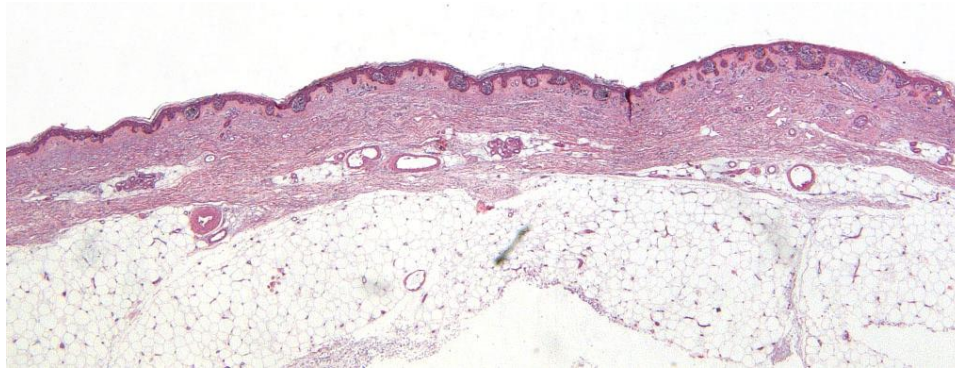


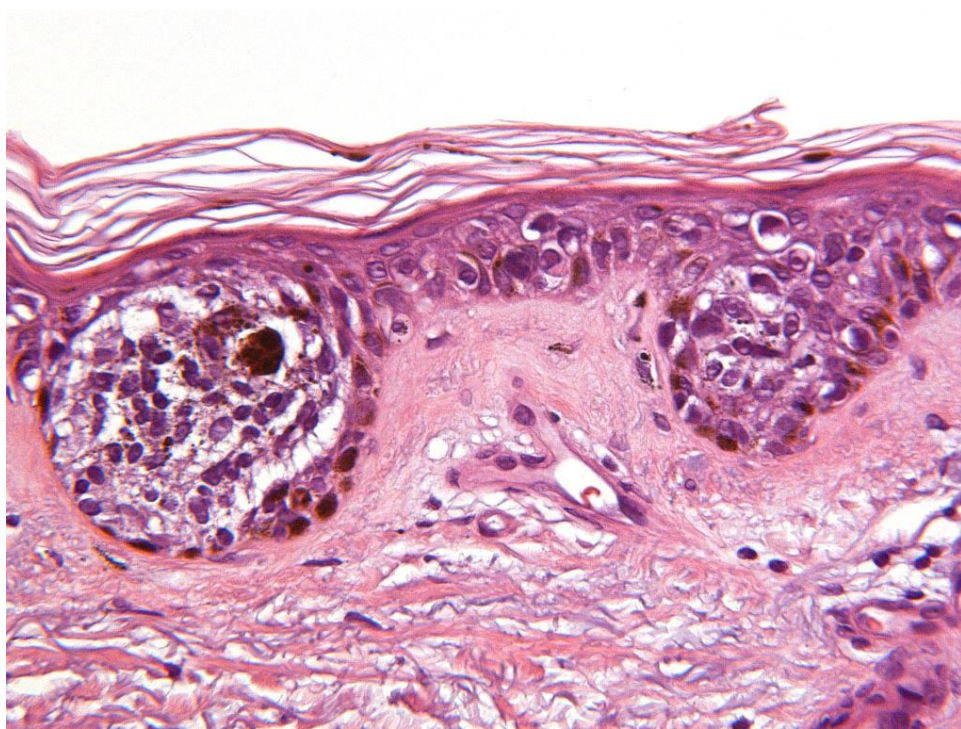
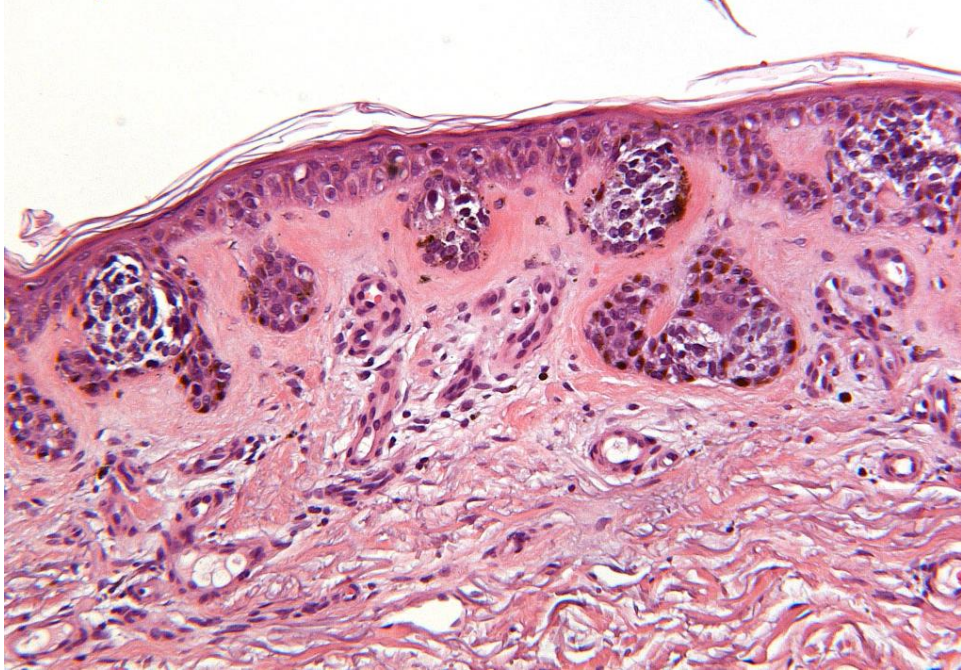


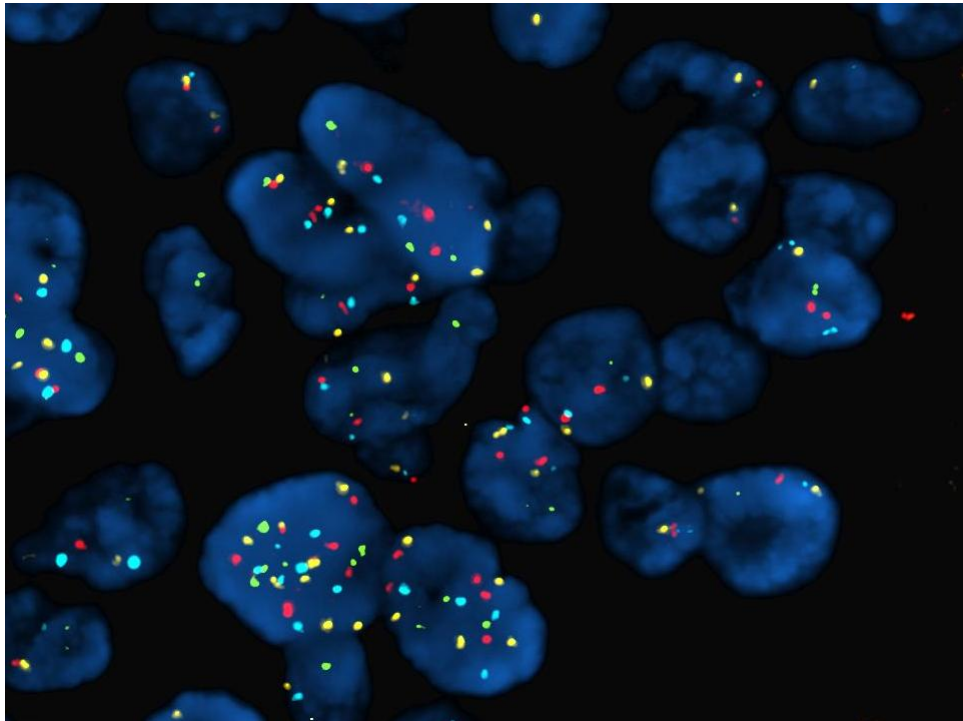
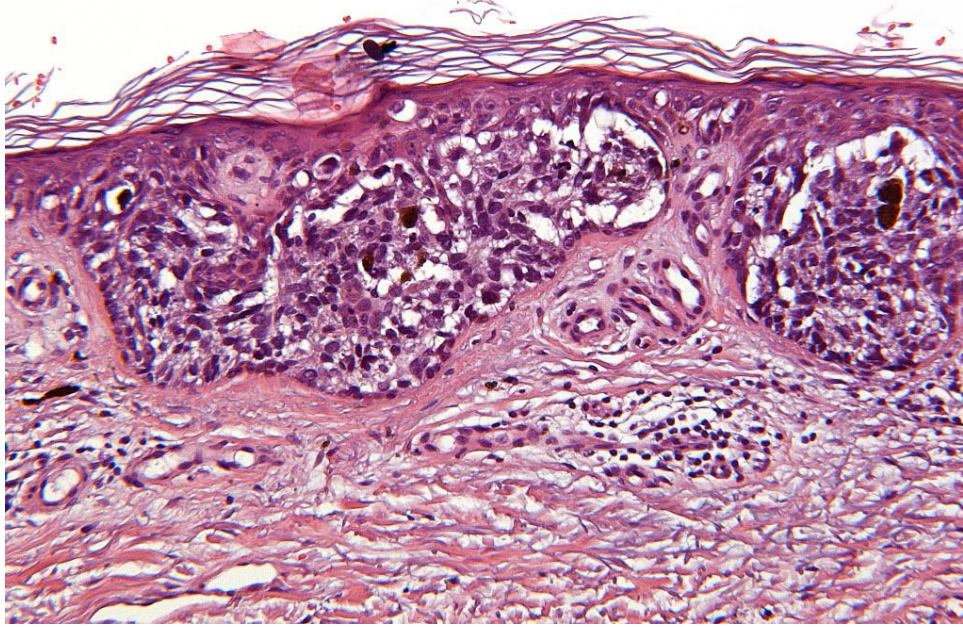
- FISH negative !
- SLN negative !
- Follow up negative for 2 years !

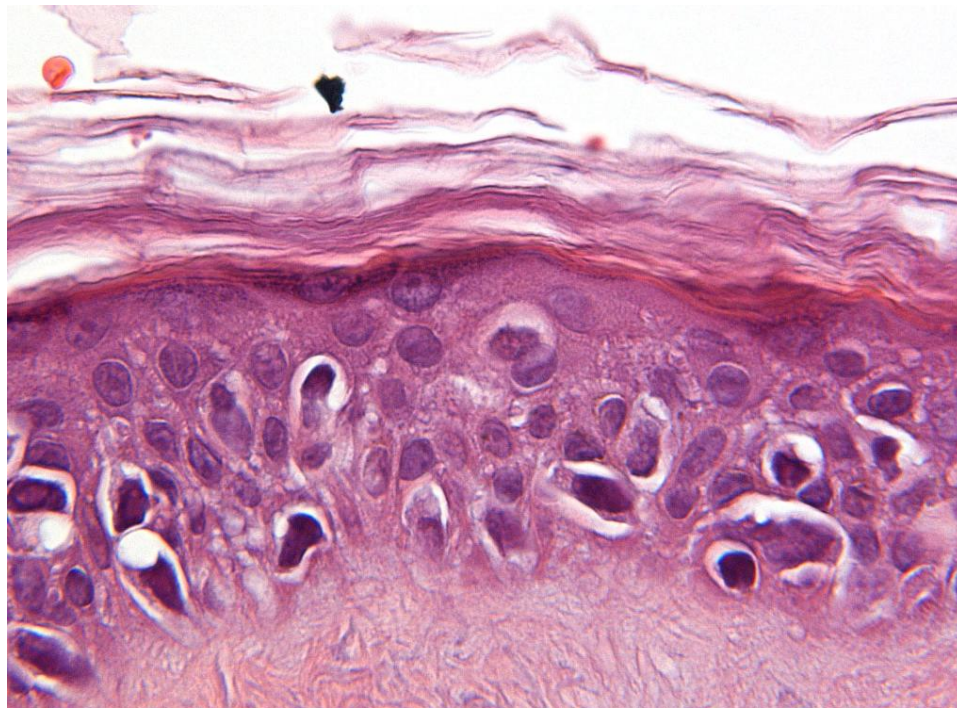
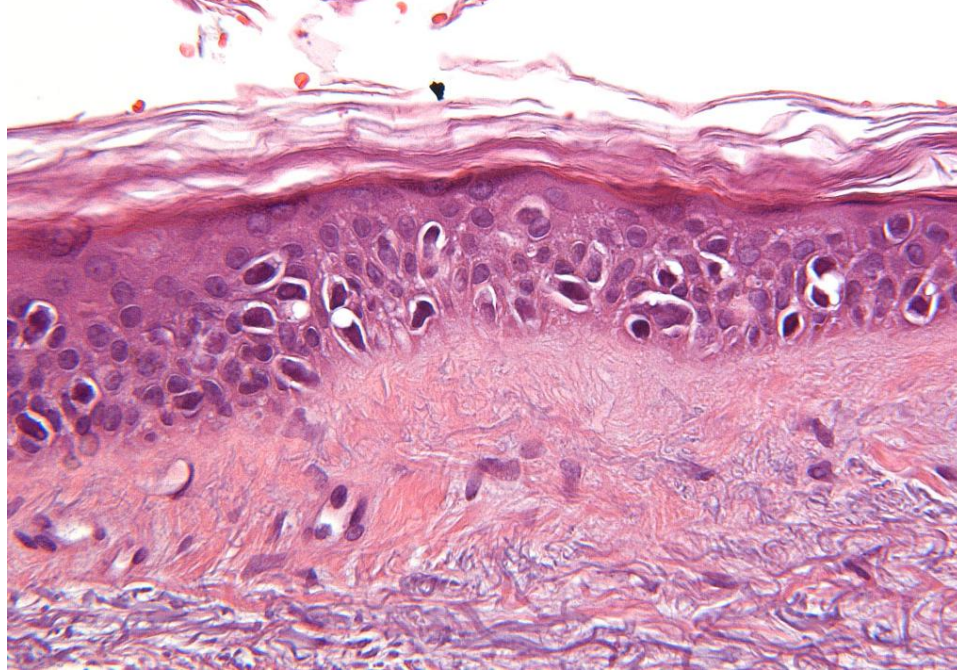
Polypoid Spitz nevus
is most probably
a benign lesion.

A last haunting case...









Lentiginous or nested melanoma of elderly

- Old age of patient
- Severe sun damaged skin
- Subtle but generalized cytological atipia
- *Pagetoid Spreading*
- FISH positive

There are many hounding
questions in melanocytic
neoplasms...

... but, with

- Clinical-anamnestic correlation
- Rigorous use of histological criteria
- FISH and other techniques
- SLN
- Follow up

... we will approach more and more to the right diagnosis.