## Case Report

### A Case of Mimicker Melanoma and Melanoma Mimicker on the Neck

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A Spitz naevus can only be diagnosed dermoscopically if pigmented. A starburst pattern with "frog fingers" is characteristic, but sometimes the dermoscopic features are indistinguishable from a malignant melanoma. Likewise, a malignant melanoma may show features suggesting a Spitz or Reed naevus.

#### Case 1

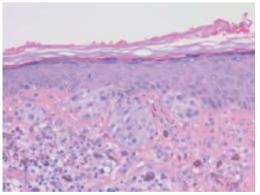
A 28-year-old man was referred for a dark element on his neck being present for about one year (Fig. 1). Dermoscopy showed dark extensions and pigmented globules at the periphery (Fig. 2). Histopathology revealed a superficial spreading malignant melanoma, Breslow thickness 0.81 mm, Clark level 3 (Fig. 3).



Fig. 1. Dark element on patient's neck.



*Fig. 2.* Pigmented globules and extensions at the periphery suggesting a Spitz naevus.



 $\it Fig.~3$ . Superficial spreading malignant melanom, Breslow thickness 0.81 mm, Clark level 3.

#### Case 2

A 62-year-old man was referred for a longstanding black lesion on his neck (Fig. 4). Dermoscopy showed gross lines, regression-like areas and a faint whitish veil (Fig. 5). Histopathology revealed a benign melanocytic compound naevus without any signs of atypia (Fig. 6).

#### Comment

Dermoscopy significantly improves the diagnostic sensitivity and specificity of pigmented skin lesions when performed by experts, as compared with non-experts (1, 2). But there remains diagnostically uncertain lesions calling for a diagnostic biopsy. Histopathology still remains the gold standard for diagnosis of equivocal lesions.

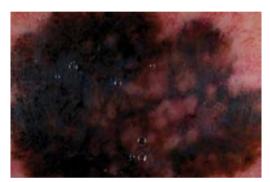
Pigmented Spitz and Reed naevi have various dermoscopic features depending on the age of the element. An initial globular pattern gradually changes into a starburst pattern with multiple pigmented streaks, often with blunt ends arranged at the periphery ("frog fingers"). The final outcome is a phase with a homogenous pattern (3).

Asymmetry and a whitish veil may be present in both Spitz and Reed naevi, suggesting a malignant melanoma. Such lesions should be excised with a narrow margin to establish the diagnosis.

Conflicts of interest and relevant financial disclosures: None



Fig. 4. Black lesion on patient's neck.



*Fig. 5.* Gross dark lines with regression-like pale areas, black globules/dots and a faint whitish veil, suspicious of malignancy.

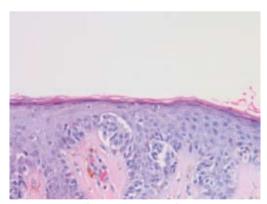


Fig. 6. Benign melanocytic compound naevus.

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