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Dermoscopy of Melanoma	
Ilsphi Browne	
Sinclair	
Overview	
The device Dermoscopic criteria (terminology)	
– Colour – Patterns	
Global features Local features	
Approach to diagnosing pigmented lesionsOther uses in general practice	
- Other uses in general practice	
	I
The device	
Also called: • Dermatoscopy	
Epiluminoscopy Epiluminescent microscopy	

Instruments

• Non-polarized light (always contact)
Contact liquid – mineral oil, immersion oil,

alcohol, water



Instruments

• Polarized light contact non-contact

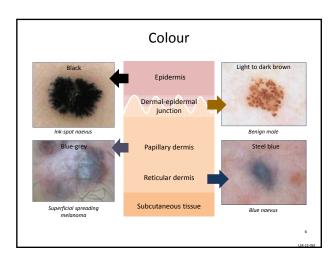


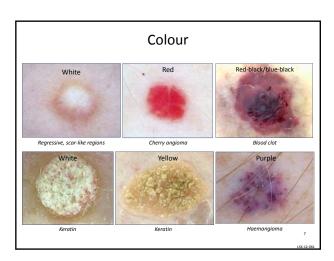




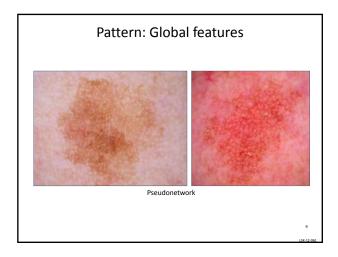
Dermoscopic criteria

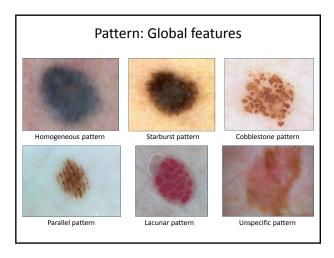
Terminology used in dermoscopy

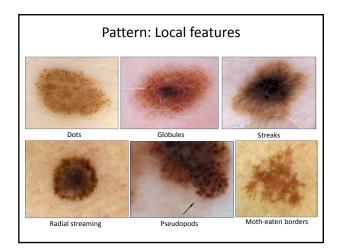


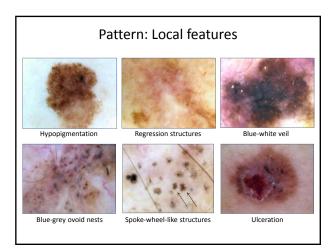


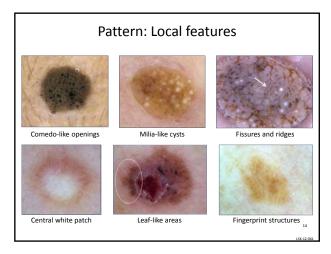
Pattern: Global features Reticular pattern Globular pattern









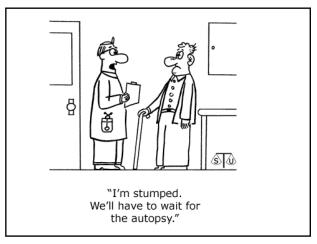


Pattern: Local features Wreath-like vessels Red lacuna Arborising vessels Comma vessels Dotted vessels Hairpin vessels

Melanoma features

- Multicomponent pattern (3 or more patterns)
- Parallel pattern (along ridges; palms & soles only)
- Atypical pigment network (branched, broken-up, thickened, asymmetrical) Dots/globules distributed irregularly and of different sizes and shapes

- Dots/globules distributed irregularly and of different sizes and shapes Asymmetrical blotches (featureless colours) focal irregular streaking or peripheral linear projections (radial streaming and pseudopods) Five or six colours (black, brown, tan, grey, blue, red, white) Blue-white veil over part of the lesion White scar-like depigmentation Blue pepper-like granules Irregular linear or dotted vessels, or polymorphous vascular pattern especially with milky-red areas On face: grey dots, pseudonetwork, rhomboidal structures, asymmetrical pigmented follicles, annular-granular structures



Approach to diagnosing pigmented lesions

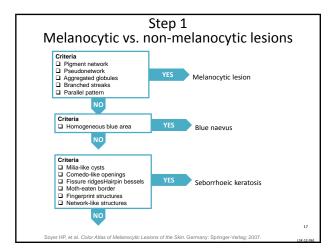
- Two-step procedure for differential diagnosis of pigmented skin lesions:
 - Step 1:

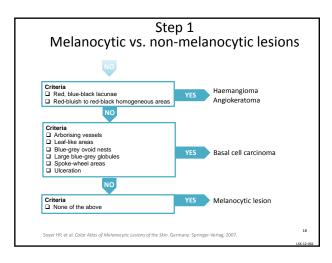
Differentiate between melanocytic and non-melanocytic lesions

- Step 2:

Differentiate between benign melanocytic lesions and melanoma

Stolz W, et al. In: Argenziano G, et al., eds. First Congress of the International Dermoscopy Society (IDS). 2006 Apr 27–29; Naples. Dermatology. 2006;212:265-320.





Diagnostic algorithms Second step

- Pattern analysis Pehamberger et al. J Inv Dermatol 1993
- ABCD rule Stolz et al. Eur J Dermatol 1994
- Menzies method Menzies et al. Arch Dermatol 1996
- 7 point check list Argenziano et al. Arch Dermatol 1998
- Modified ABC rule JAAD 2001
- 3 point checklist Argenziano 2003
- CASH JAAD 2007

	Step 2	
Benign vs.	malignant melanocytic l	esions

- 3-point checklist^{1,2}
 - □ Asymmetry
 - Atypical network
 - ☐ Blue-white structures
- If lesion fulfils ≥2 criteria = suspicious lesion; biopsy

7-point checklist	
Major criteria	Points
Atypical pigment network	2
Blue-white veil	2
Atypical vascular pattern	2
Minor criteria	
Irregular streaks	1
Irregular pigmentation	1
Irregular dots/globules	1
Regression structures	1
Score < 3 = Benign Score ≥ 3 = Malignant melanoma	

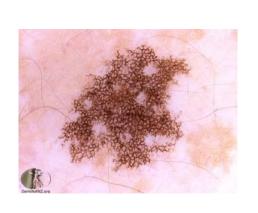
 Campos-do-Carmo G, Ramos-e-Silva M. Int J Dermotol. 2008;47:712-19. 2. DermNet NZ. Three-point checklist. 2010. http://www.dermnetru.org/doctors/dermoscopy-course/3-point-checklist.html.
 A. Argenialno G, et al. Arch Dermotol. 1998;134:11563-70.

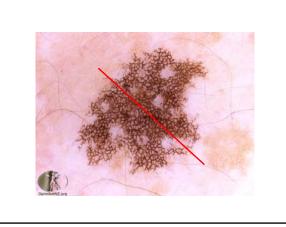
3 point checklist

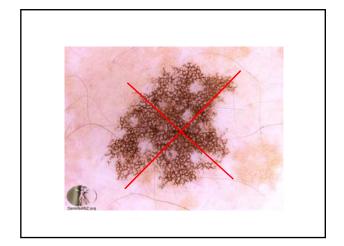
3 point checklist • Sensitivity 96.3 %	
3 point checklist • Sensitivity 96.3 % • Specificity LOW	
3 point checklist • 1. Asymmetry	

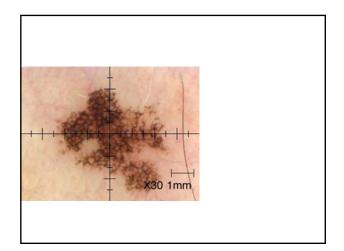
3 point checklist

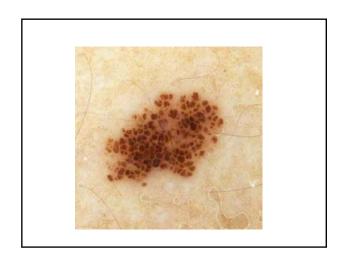
• 1. Asymmetry (Asymmetry of colour and structure in one or two perpendicular axes. NOT shape)

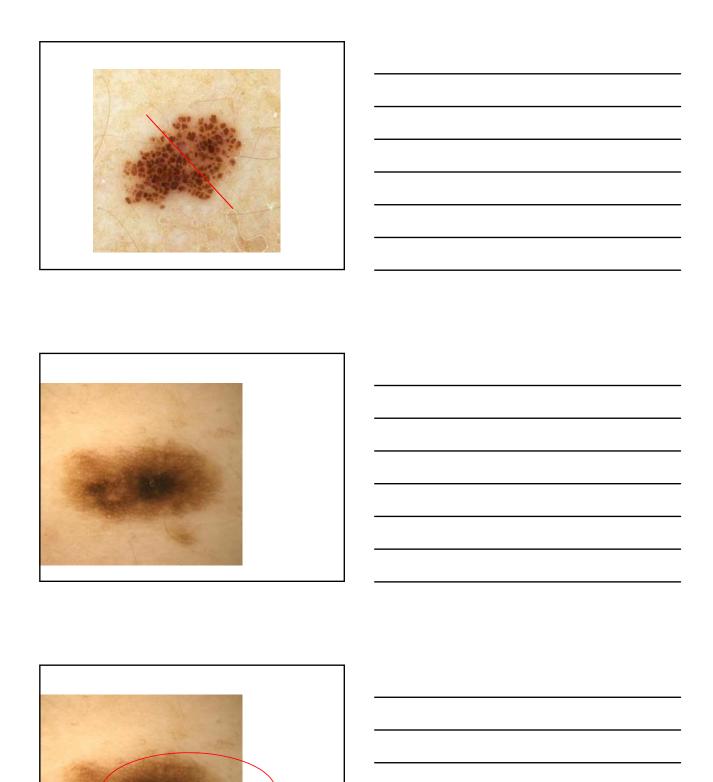


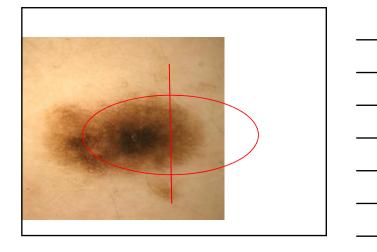










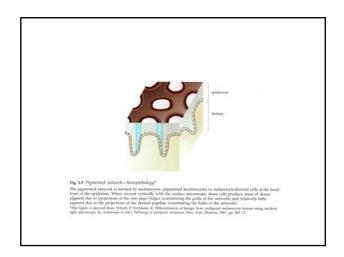


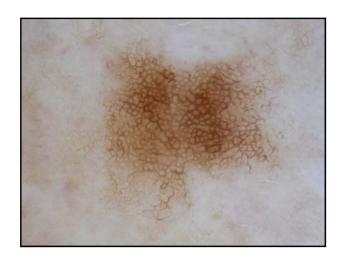
3 point checklist

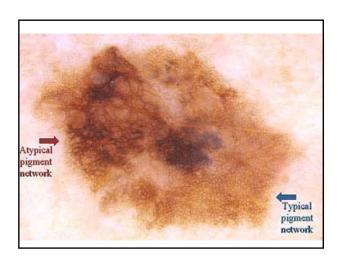
- 1. Asymmetry (Asymmetry of colour and structure in one or two perpendicular axes. NOT shape)
- 2. Atypical network

3 point checklist

- 1. Asymmetry (Asymmetry of colour and structure in one or two perpendicular axes)
- 2. Atypical network (Pigment network with irregular holes and thick lines)









Typical pigment network



Atypical pigment network

3 point checklist

- 1. Asymmetry (Asymmetry of colour and structure in one or two perpendicular axes)
- 2. Atypical network (Pigment network with irregular holes and thick lines)
- 3. Blue-white structures

3 point checklist

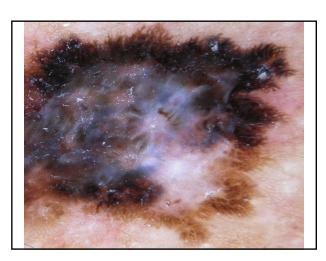
- 1. Asymmetry (Asymmetry of colour and structure in one or two perpendicular axes)
- 2. Atypical network (Pigment network with irregular holes and thick lines)
- 3. Blue-white structures (Any type of blue and/or white colour. Unless it occupies entire lesion)

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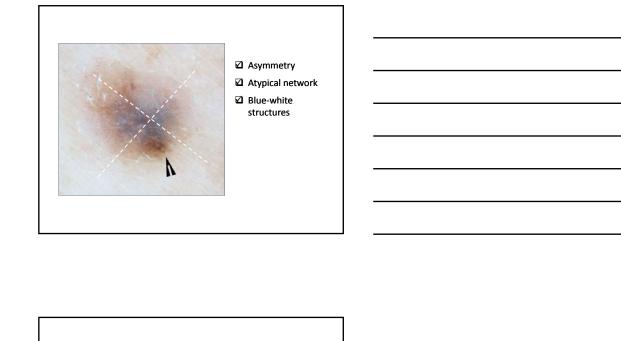
Blue-white structures

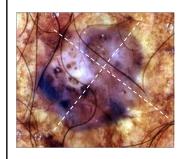
- Pigmented melanophages or melanocytes of the dermis blue
- Thickened stratum corneum white
- Single most significant dermoscopic finding of invasive melanoma.
- Sensitivity of 51% and specificity of 97%
- If occupies entire lesion NOT blue white structures as in blue naevus





3 point checklist	
• ≥2 out of 3 = bx	
3 point checklist	
• ≥2 out of 3 = bx	
because	
CM2 CARTOONSTOCK	
"Hmmyes, I'm afraid it is a sign of cancer."	
3-point checklist	
Using the 2 point shocklist	
Using the 3-point checklist, determine if the following lesions require biopsy	



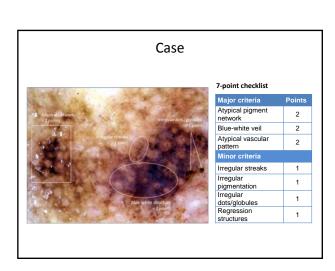


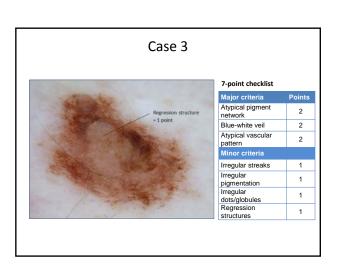
- ☑ Asymmetry
- ☐ Atypical broad pigment network
- ☑ Blue-white structures

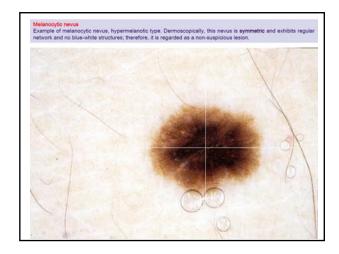
7-point checklist

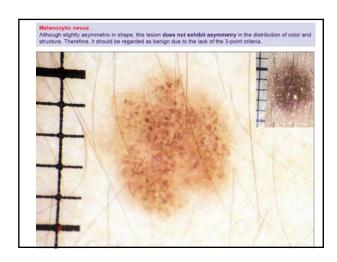
Using the 7-point checklist, determine if the following lesions require biopsy

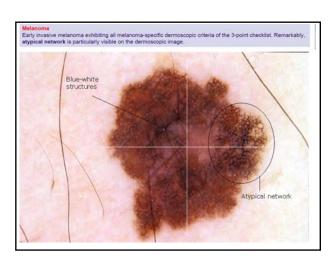
T-point checklist Major criteria Points Atypical pigment network Blue-white veil 2 Atypical vascular pattern Inspector point of the point of the pattern pattern Irregular prigmentation Irregular pigmentation Irregular pigmentation I regular pigmentati



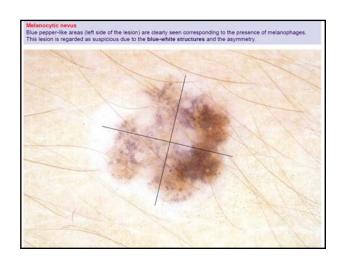


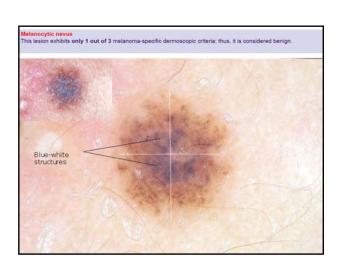




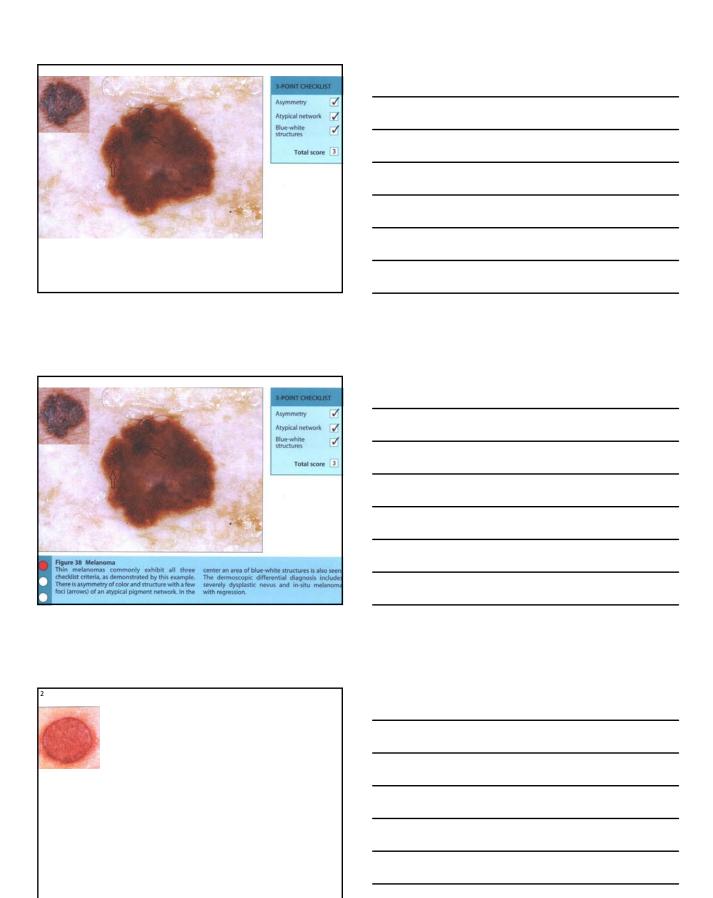


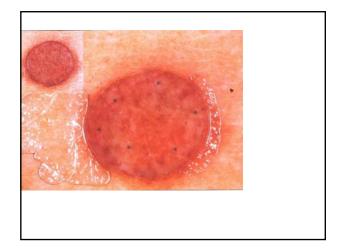


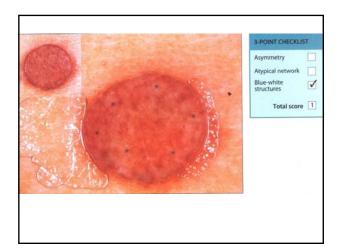


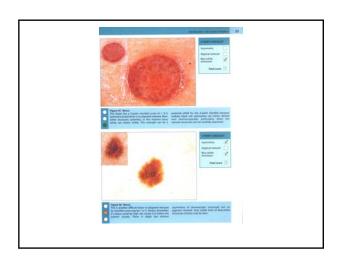


Cases	
"Dermoscopy: The essentials"	
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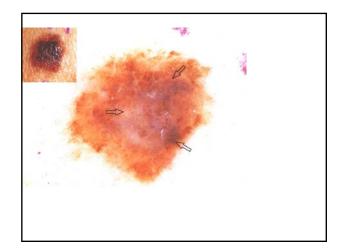


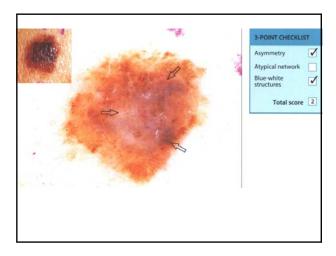


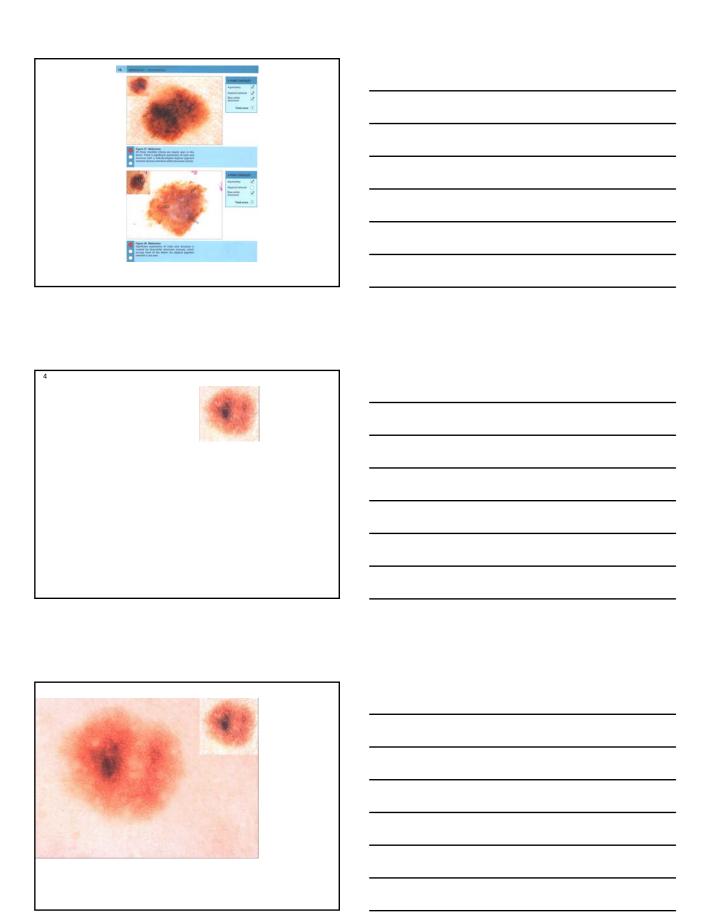


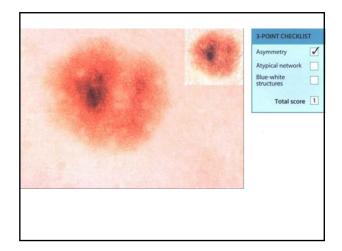


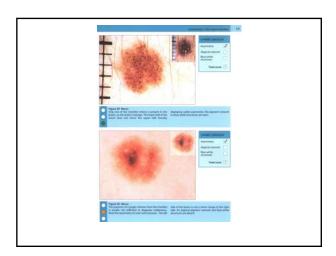


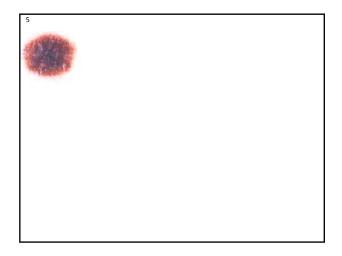


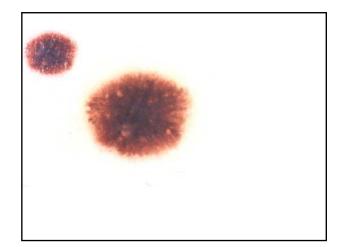


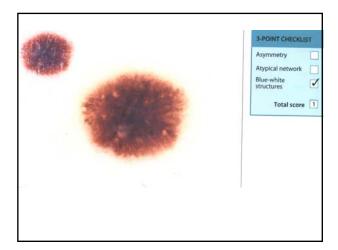


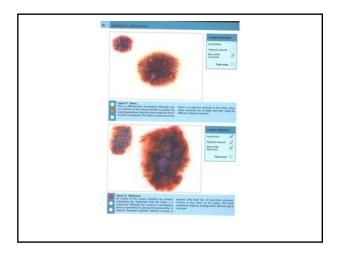


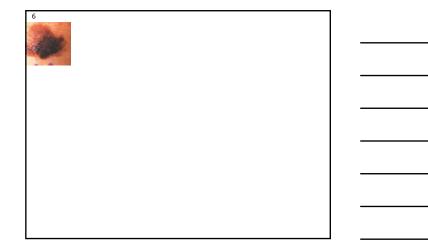


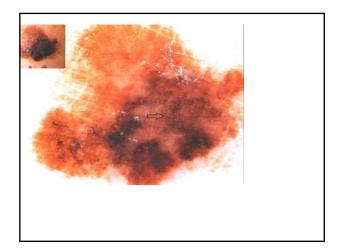


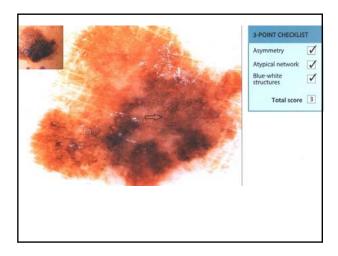


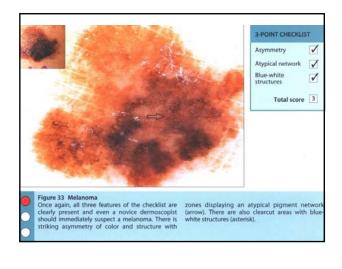


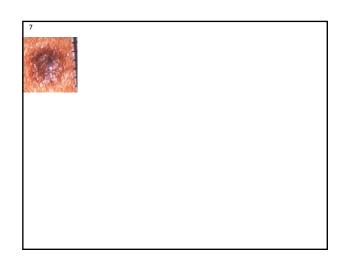


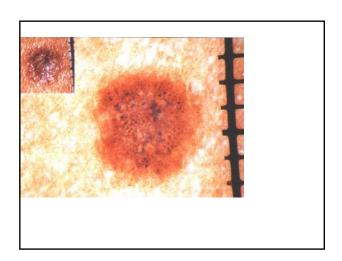


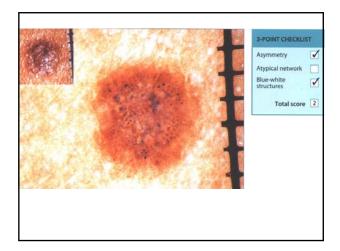


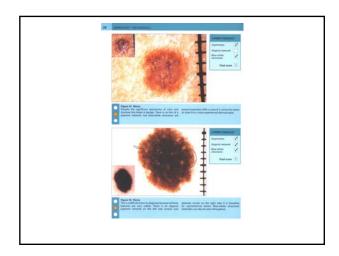




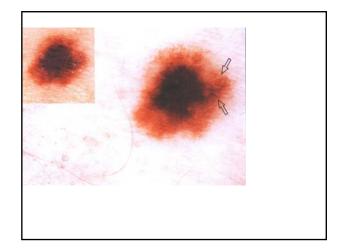


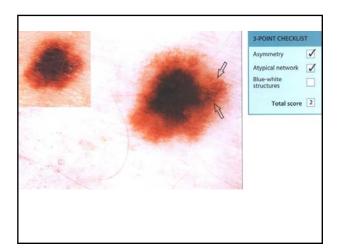


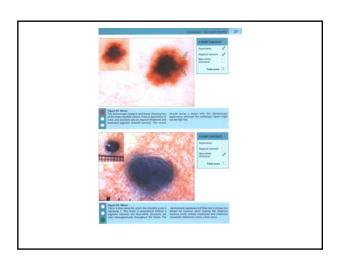


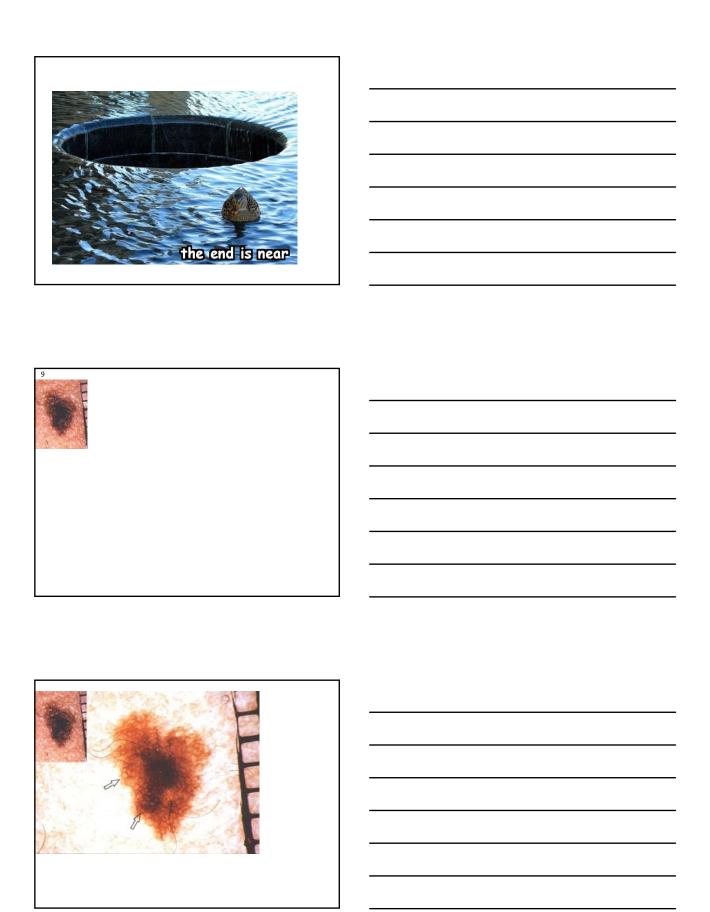


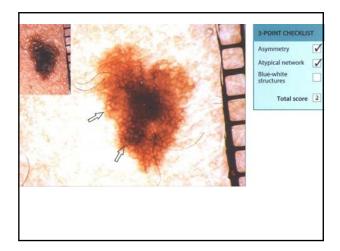


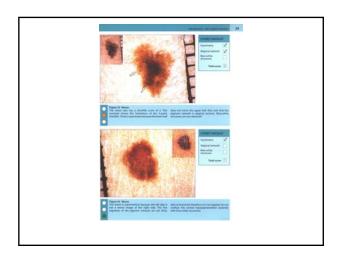


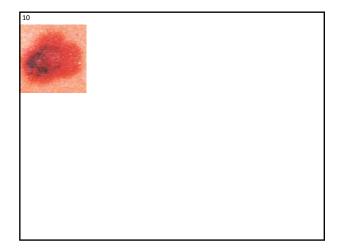


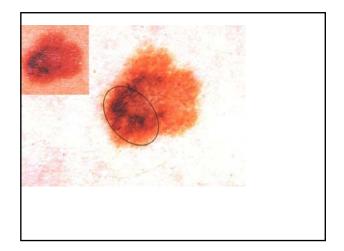


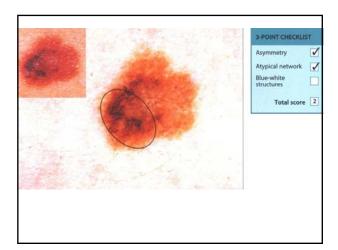


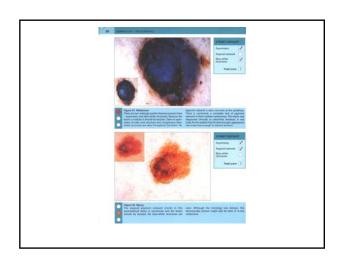












Other uses of dermoscopy in general practice Burrows Common wart Cutaneous lupus Lichen planus Porokeratosis Sebaceous hyperplasia

Summary

- Use dermatoscope in correct manner
- Step 1 ?Pigmented lesion
- Step 2 Use algorythm
- Correlate clinically!

