

Transverse-Section Histology for Parallel-Ridge Pattern: Reply

Sección histológica horizontal para el patrón de la cresta: réplica

To the Editor:

We do appreciate Dr. Torchia's comments about our recently published article,¹ suggesting new methods to optimize the diagnosis of suspect pigmented lesions featuring a parallel-ridge pattern.

Dr. Torchia suggests a diagnostic algorithm for these suspicious lesions. In his approach, the specimen should initially be split into 2 halves in order to process each one in a different way. However, we wish to point out that the split of the biopsy specimen would make it impossible to evaluate the architectural features,^{2,3} which nowadays constitute a fundamental aspect in the differential diagnosis of acral melanocytic lesions.

He also proposes that transverse histologic sectioning of biopsy specimens of patients suspected of having acral melanoma can demonstrate more efficiently the diagnostic features. In fact, the transverse section method is a cheap and affordable tool that allows examination of all the eccrine ducts contained in a given specimen, and consequently provides more detailed information.⁴ Nevertheless, this technique presents some disadvantages. First, the processing and evaluation of horizontal sections can be more complicated and requires technical experience. Secondly, the dermal-epidermic junction (including stratum granulosum) is poorly represented.⁵ These 2 factors could easily lead to an incorrect evaluation of melanoma thickness and, hence, of tumor staging. In view of these considerations, we do not consider that a serial horizontal cross-sectioning technique is the most appropriate tool in the diagnosis of pigmented lesions. However, in future its use could be considered in some cases if tumor thickness was previously evaluated using specific imaging techniques such as in vivo confocal microscopy.^{6,7}

We thank Dr. Torchia for his contribution, as he enriches our article and raises new issues and ideas for future studies.

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