



IMAGE IN DERMATOLOGY

[Translated article] Reflectance Confocal Microscopy in  
Desmoplastic Melanoma

La microscopia confocal de reflectancia en el melanoma desmoplásico

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A 71-year-old woman presented with a several-year history of a whitish area with atypical vessels (Fig. 1C), while with confocal reflectance microscopy (CRM), a honeycomb pattern thickened without pagetoid cells was observed in the epidermis, and large disorganized areas at the dermoepidermal/dermal junction (Fig. 1A and B). At the periphery,

of a whitish area with atypical vessels (Fig. 1C), while with confocal reflectance microscopy (CRM), a honeycomb pattern thickened without pagetoid cells was observed in the epidermis, and large disorganized areas at the dermoepidermal/dermal junction (Fig. 1A and B). At the periphery,

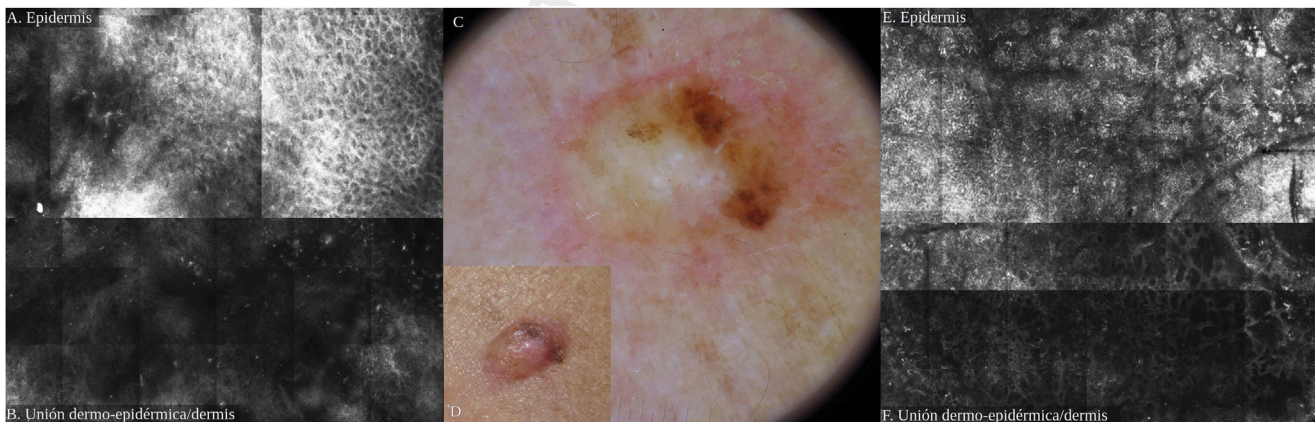


Figure 1

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16 an atypical reticular pattern was observed. Here the CRM  
17 showed abundant dendritic and round cells in the epider-  
18 mis, and an atypical mesh in the dermoepidermal/dermal  
19 junction (Fig. 1E and F). Histopathological diagnosis was  
20 desmoplastic melanoma (DM) with a Breslow thickness of  
21 3.3 mm, associated with a malignant lentigo.

22 DM is a rare type of invasive melanoma with a challenging  
23 diagnosis, associated with chronic sun exposure and malig-  
24 nant lentigo. Dermoscopy of our case showed whitish areas  
25 with atypical vascularization in the central zone and an atyp-  
26 ical reticulum in the zone consistent with malignant lentigo.  
CRM has described the presence of spindle cells intermixed

27 with collagen fibers in the superficial dermis of DM. In our  
28 case, the areas with desmoplasia showed large disorganiza-  
29 tion on CRM, with pagetoid cells and atypical mesh at the  
30 periphery, corresponding to the malignant lentigo area.

31 In conclusion, DM often evolves from a pigmented macule  
32 in an elderly patient and in a chronically sun-exposed area.  
33 Therefore, for diagnostic purposes, it is essential to conduct  
34 a correct medical history and consider DM if atypical vessels  
35 are observed in dermoscopy, and marked disorganization is  
36 noted on the CRM, as well as signs of malignant lentigo on  
37 both dermoscopy and CRM at the periphery of the lesion.

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