

## Hidden Melanoma

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**Key words:** melanoma, dermoscopy, melanoma incognito, diagnosis

**Citation:** Salerni G, Alonso C. Hidden melanoma. *Dermatol Pract Concept*. 2020;10(2):e2020047. DOI: <https://doi.org/10.5826/dpc.1002a47>

**Accepted:** February 13, 2020; **Published:** April 3, 2020

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**Funding:** None.

**Competing interests:** The authors have no conflicts of interest to disclose.

**Authorship:** Both authors have contributed significantly to this publication.

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### Case Presentation

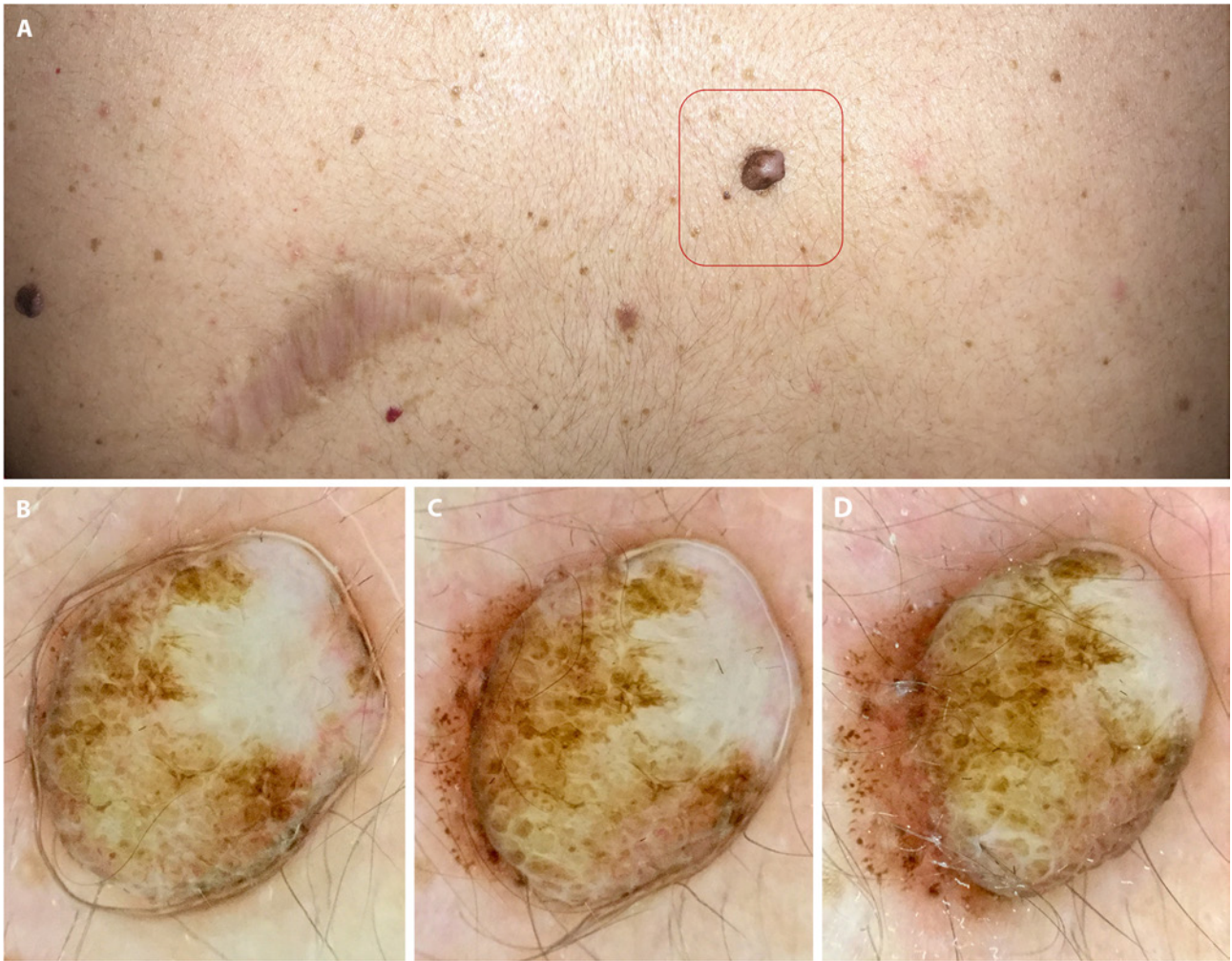
A 55-year-old woman with a personal history of 2 previous melanomas was referred for assessment. Full-skin examination revealed few nevi, mostly dome-shaped dermal subtype, cherry angiomas, and seborrheic keratosis. On her back, a clinically banal-looking lesion was found close to a melanoma scar (Figure 1A). Dermoscopy initially revealed typical findings pointing to intradermal nevus with cobblestone pattern and area of fibroses attributed to trauma; when lateral pressure was exerted, the basis of the lesion was exposed, revealing pseudopods and globules irregularly distributed at the periphery of the lesion (Figure 1, B-D). The lesion was excised and histopathology reported in situ melanoma associated with dermal nevus.

### Teaching Point

Training and utilization of dermoscopy is recommended for clinicians routinely examining skin lesions. Dermoscopy must be applied to all lesions and not just to those suspicious from a clinical point of view [1]. When facing raised or pedunculated lesions, the base of the lesion must be examined. In this case, dermoscopy additionally provided crucial information for early recognition of a melanoma that might have been overlooked if it had been assessed solely by the naked eye.

### Reference

1. Seidenari S, Longo C, Giusti F, Pellacani G. Clinical selection of melanocytic lesions for dermoscopy decreases the identification of suspicious lesions in comparison with dermoscopy without clinical preselection. *Br J Dermatol*. 2006;154(5):873-879.



**Figure 1.** (A) Banal-looking lesion, clinically consistent with dermal nevus, close to melanoma scar. (B-D) With lateral pressure, globules and pseudopods irregularly distributed at the periphery were observed in the base upon dermoscopy.