

## Desmoplastic Melanoma: Report of Three Cases with Dermatoscopic Findings

Pınar Yüksel Başak,<sup>1</sup> MD, Rainer Hofmann-Wellenhof,<sup>2</sup> MD, Cesare Massone,<sup>2</sup> MD

Address: <sup>1</sup>Dr Lütfi Kırdar Education and Research Hospital, Department of Dermatology, Istanbul, Turkey

<sup>2</sup>Medical University of Graz, Department of Dermatology, Graz, Austria,

E-mail: pinarbasak@hotmail.com

\* Corresponding Author: Dr. Pınar Yüksel Başak, Dr Lütfi Kırdar Kartal Education and Research Hospital Department of Dermatology Istanbul Turkey.

Published:

*J Turk Acad Dermatol* 2017; **11** (2): 17112c3

This article is available from: <http://www.jtad.org/2017/2/jtad17112c3.pdf>

**Keywords:** Dermoscopy, desmoplastic melanoma

### Abstract

**Observation:** Dermatoscopic findings of desmoplastic melanoma were areas of scar-like depigmentation, peppering and multiple colors. Three patients histopathologically diagnosed as desmoplastic melanoma with dermatoscopic features were presented.

### Introduction

Desmoplastic melanoma (DM) is a rare histopathological variant of cutaneous melanoma characterized by spindle shaped malignant melanocytes and dense dermal collagenous stroma, representing less than 5% of all melanomas. DMs are clinically nonpigmented or hypomelanotic, which leads to inaccurate diagnosis [1].

Dermoscopy of DM include mostly areas of white scar-like depigmentation, peppering images and four or more multiple colors [1, 2, 3]. Three patients with ages of 76, 43 and 83 years, histopathologically diagnosed as DM were presented with their dermatoscopic findings.

### Case Reports

**Case 1:** A 76-year-old male was admitted with atypical pigmented lesion on the right temporal region (Figure 1a). Dermoscopy revealed atypical

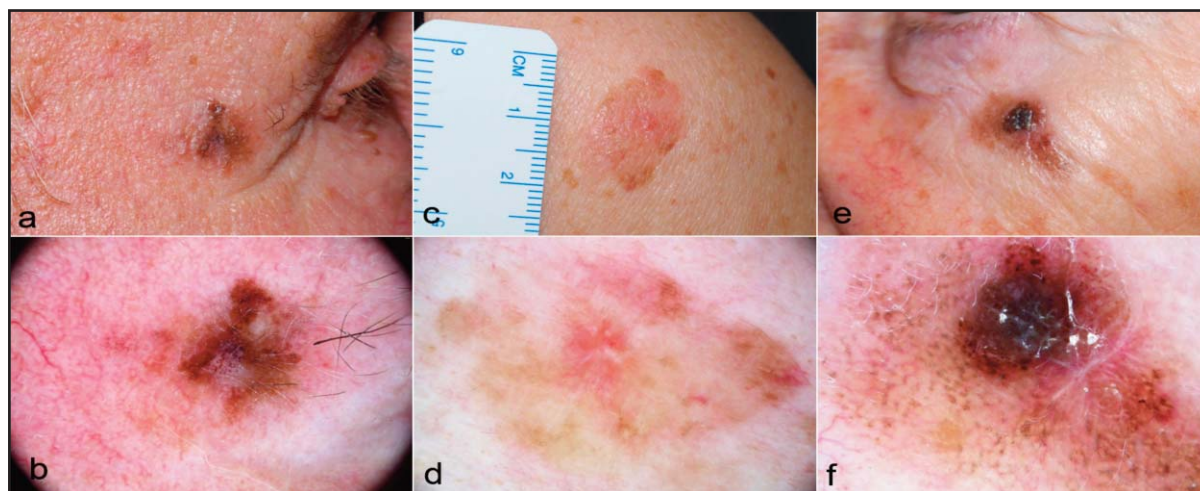
pigment network, annular granular pattern and whitish veil at two peripheral areas (Figure 1b).

**Case 2:** A 43-year-old female was presented with a slightly brown and centrally pinkish plaque on the left shoulder (Figure 1c). On dermatoscopic examination, peripheral atypical pigment network, scattered atypical vessels, and central scar-like depigmentation surrounded with atypical vessels were observed (Figure 1d).

**Case 3:** A 83-year-old female, with atypical pigmented lesion on the left cheek was admitted. The lesion was darker and elevated on the center (Figure 1e). Dermoscopy revealed atypical pigment network peripherally, whitish veil on a black background centrally surrounded by brown dots and globules. Another area of scar-like depigmentation surrounded with irregular vessels next to this veil was observed (Figure 1f).

### Discussion

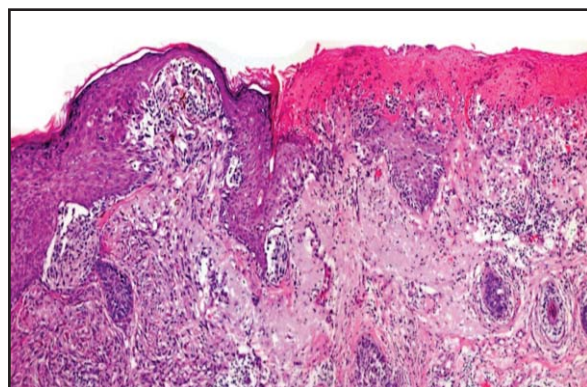
Histopathological findings of the three cases were almost identical. There were asymmetrical melanocytic proliferation occasionally complicated with ulceration, atypical mela-



**Figures 1a, b, c, d, e, and f.** Clinical photos and dermatoscopic features of patients.

nocytes in nests and single units in the epidermis, sheets of atypical melanocytes in the dermis with in part spindle cell morphology and various degrees of fibroplasia (**Figure 2**). The tumor staging was T2a, T1a and T2b in cases 1,2 and 3 respectively, according to AJCC 2002.

Although DMs were reported to be often misdiagnosed and therefore may be significantly thicker than cutaneous melanoma when first excised [3,4]. Our cases were not diagnosed in advanced stages. This might be partially due to the aid of dermatoscopy and clinical atypical view as well. In addition, while clinically less suspicious than the other cases, histopathological staging was earlier in case 2. In the mentioned case, dermatoscopy revealed impression of melanoma so that a young patient was diagnosed in stage T1a which was a very low thickness for a DM.



**Figure 2.** Atypical melanocytes in nests and single units in the epidermis, sheets of atypical melanocytes in the dermis with in part spindle cell morphology and various degrees of fibroplasia

In cases 1 and 3, the pigmented lesions with facial localisation were clinically suspicious for melanoma as supported with dermatoscopic findings. The head and neck were reported as the most common sites of DM [4]. However, in case 2, a younger patient was presented with a pale plaque on the shoulder which was an unusual localisation for DM and not clinically as suspicious as the other cases. Therefore, dermatoscopy was a very useful pre-diagnostic device in case 2. Recently, a similar case with a reddish plaque on the arm was reported and dermatoscopy was suggested also for distinguishing DM from lesions such as dermatofibroma and scars [5].

All three presented cases histopathologically diagnosed as DM revealed common dermatoscopic features, namely scar-like depigmentation or whitish veil and atypical vessels. Dermatoscopic clues for DM were reported as white scar-like structureless areas, abnormal vascular structures and milky red areas [1, 2, 3]. It may be suggested that, even in the absence of clear-cut dermatoscopic criteria for a melanocytic lesion, careful focus on at least one melanoma-specific structure, mostly regression features and melanoma-related vascular patterns such as linear-irregular vessels can be often considered as dermatoscopic criterion in favour of DM.

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