Case 3: a pitfall due to lack of clinical information!

- 52-year old woman
- pigmented lesion located on the big toe,
- biopsy
to summarize...

- 52 yrs old woman
- acral lesion
- Intraepidermal lentiginous proliferation without enough atypia to diagnose an ALM!

BUT...
Clinical comparison+++ (biopsy)

- Clinical comparison essential
- Ask for complete excision of the lesion or, exceptionally, multiple biopsies
**P1:** lentiginous melanocytic proliferation, atypical melanocytes with dendrites

**P2:** lentiginous melanocytic proliferation with atypia

**P3:** like P1

**P4:** few melanocytic cells

**P5:** cytological atypia and extension into sweat ducts

No invasive component on the various biopsies
Without knowledge of clinical context

Lentigo...

Lentiginous proliferation without atypia

Nested proliferation without atypia

After clinical comparison

ALM?

Complete surgical excision
Acral site: 2 other misleading entities (if absence of clinical comparison)

- **MANIAC** (melanocytic acral nevus with intraepidermal ascent of cells)
  - small lesion, not clinically atypical
  - young patient
  - ascent of cells+++ (benign DD with SSM)
Acral lesions: 2 other misleading reasons in absence of clinical comparison

• Acrolentiginous nevus (Clemente)
  – Small lesion (50%<5mm), not clinically atypical
  – Young adult (<30 yrs old)

  – Histologically regular with a predominantly lentiginous intraepidermal architecture, moderate nest formation and limited single cell migration through the epidermis.
Conclusion: how to deal with acral lesion pitfalls?

- If biopsy specimen: ask for clinical comparison and for complete excision if necessary

- Don’t worry about melanocytic ascent of cells in a small lesion (MANIAC)

- Don’t forget the “acral lentiginous nevus” entity