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An Unlucky Case or a Lucky Follow-Up?

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Dear Editor,

Primary melanoma of the eyelid represents a small proportion of melanomas. In literature, only few cases have been reported, probably because its location and the resistance of patients to surgery make its diagnosis difficult. We present a peculiar case of an 80-years-old patient with a lesion of the left lower eyelid. The lesion had appeared a few months before as a millimetric blue macule. A dermoscopic examination showed an ill-defined lesion with fine irregular vessels on bluish background (figure 1). Differential diagnosis was between blue nevus and melanoma. The histologic exam confirmed the diagnosis of blue nevus. Due to the several nevi and the fair phototype, the patient underwent the usual follow up at our clinic. Four years later, the patient showed two new suspected pigmented lesions on the left lower eyelid and on the left cheekbone (figure 2). Dermoscopy of the first lesion revealed structureless gray and white color, remnants of pigmentation, teleangectasie and lack of cilia. Differential diagnoses included pigmented basal cell carcinoma (pBCC) and melanoma. Physical examination of the lesion of the left cheekbone showed a variable pigmented macule with irregular shape, longer than 6 mm in diameter. On dermoscopy, it revealed a pseudo network, structureless areas, gray and concentric circles on sun-damaged skin. Histopathological reports revealed lentigo maligna. It was a case of multifocal melanoma. As a result, radical excision and skin grafting were performed by colleagues of plastic surgery.

Eyelid blue nevus is a rare solitary lesion that does not require follow up due to its benign nature. In literature, there are some reported cases that have described malignant melanomas arising from, in association with, or resembling blue nevi [1]. In our case, the patient had developed a multifocal lentigo maligna, of which one part arose at the site of the previously excised blue nevus. Multifocality is a rare event occurring in cutaneous melanoma: in literature few cases were described, concerning especially mucosal area [2, 3]. It is interesting that even if our patient showed a suspicious malignant melanocytic lesion on the left cheekbone at clinical and dermoscopic exams, we also analyzed the eyelid with high resolution video-dermoscopy. That examination allowed us to find out a suspected lesion, that showed a similar aspect of pBCC [4], but turned out to be a multifocal lentigo maligna. The lentiginous pattern of multifocal melanoma is common to other mucosal melanomas, of conjunctiva, vagina, urethra, penis, and anus. Surgical approach remains the first choice, when it is possible; in cases of inoperable or relapsing disease, topical therapy with imiquimod has been reported with a variable clinical response [5].

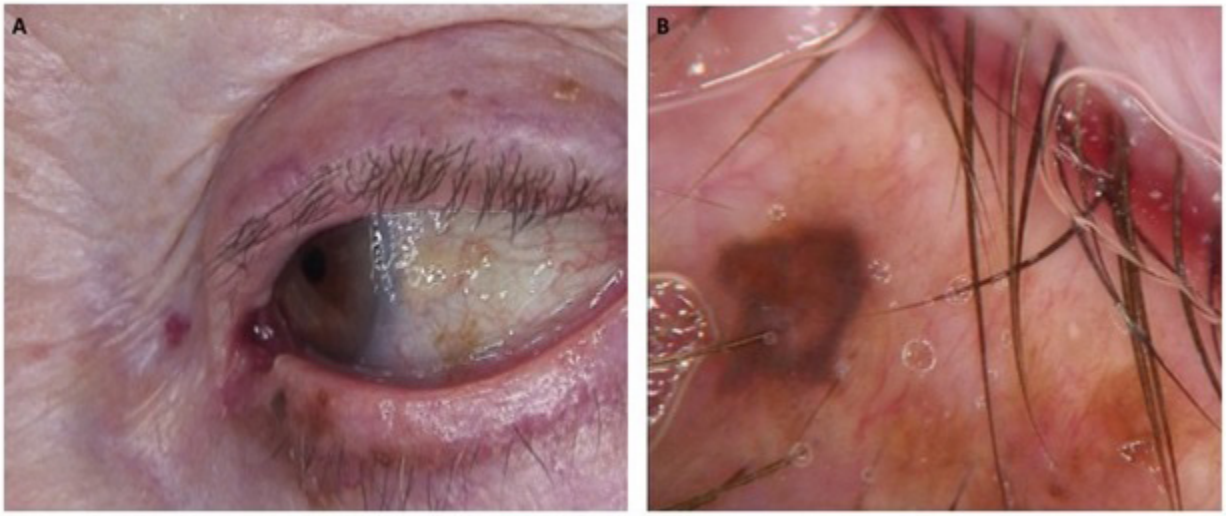

Figure 1: Clinical and dermatoscopic aspect of the blu lesion of the left lower eyelid margin.

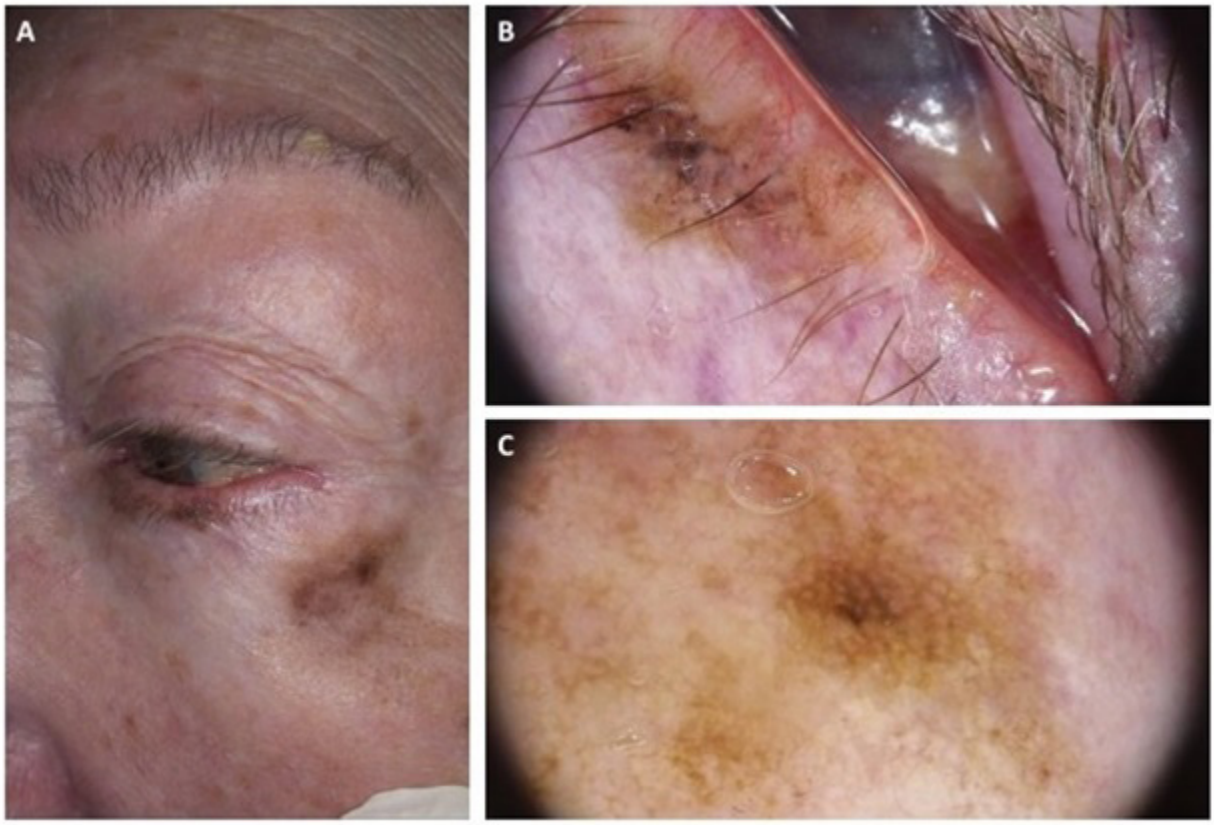

Figure 2: a: Physical exam shows two pigmented lesions of the left lower eyelid margin and on the left cheekbone; Dermoscopic examination shows: b) on the left lower eyelid margin, structureless gray and white color, teleangectasie and lack of eyelashes; c) on the left cheekbone, a pseudo network and gray and concentric circles [Fotofinder, 40x].

References

1. Borgenvik TL, Karlsvik TM, Ray S, Fawzy M, James N. Blue nevus-like and blue nevus-associated melanoma: a comprehensive review of the literature. ANZ J Surg. 2017; 87(5): 345-9
2. Napolitano M, Annessi G, Didona D, Didona B. Multifocal melanoma in situ of the penis treated with topical Imiquimod. J Eur Acad Dermatol Venereol. 2016; 30(3): 458-60.
3. Lotem M, Anteby S, Peretz T, Ingber A, Avinoach I, Prus D. Mucosal melanoma of the female genital tract is a multifocal disorder. Gynecol Oncol. 2003; 88(1): 45-50.
4. Vaccari S, Barisani A, Schiavi C, Baraldi C, Pepe F, Roda M, et al. Basal cell carcinoma of the eyelid margin: Dermoscopic clues in a case series. Dermatol Ther. 2021; 34(4): e15006.
5. Vaccari S, Barisani A, Dika E, Fanti PA, De Iaco P, Gurioli C, et al. Management and treatment of mucosal melanoma of the genital tract. G Ital Dermatol Venereol. 2017; 152: 270-3.