

NEWSLETTER

www.dermoscopy-ids.org

Welcome to the IDS Newsletter!

In my role as president of the [International Dermoscopy Society](#) it is my responsibility and pleasure to write a few words about this inaugural newsletter. The idea was recently born by Iris Zalaudek and a small group of friends at the General Assembly of the Society in San Antonio during the AAD meeting in February. Iris has since been invited to realize this idea and to take charge as the first editor-in-chief of this quarterly publication.

The aim of the newsletter is to share news and data about the society and society-related activities with the members and other colleagues interested in the art and science of dermoscopy. In addition, each publication will present an interesting dermoscopic case of the quarter as well as abstracts of recent publications on the selected theme.

Remarkably, 33 publications on dermoscopy have already been published this year. Therefore, we thought that the IDS members would appreciate reading a few selected abstracts plus a commentary provided by an expert in the field.

It would be most certainly appreciated if you forward this newsletter to friends or colleagues all over the world who are interested in the fascinating universe of dermoscopy and invite them to join our Society.

Finally, please be good enough to let us know your comments and provide your feedback as this newsletter is intended to be a dynamic avenue for the International Dermoscopy Society.

In this spirit, I hope you find this first edition stimulating reading.

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Notes by the Editor

We are happy to launch the first IDS Newsletter that aims to provide space for all IDS members to send their own cases or to express their opinion about the IDS and dermoscopy in general.

The IDS Newsletter will be published 4 times a year and will give updates about the activities of the IDS including official meetings and recent publications in the field of dermoscopy.

Finally, we are excited to announce the 2nd World Congress of the IDS to be held in Barcelona, Spain, on November 12-14, 2009.

We look forward to receiving your feedback because the IDS Newsletter will be based on the contribution of all of us!

-Iris Zalaudek-
Editor-in-chief

SAFE THE DATE!!!

2nd congress
of the international
dermoscopy society

12-14 november 2009

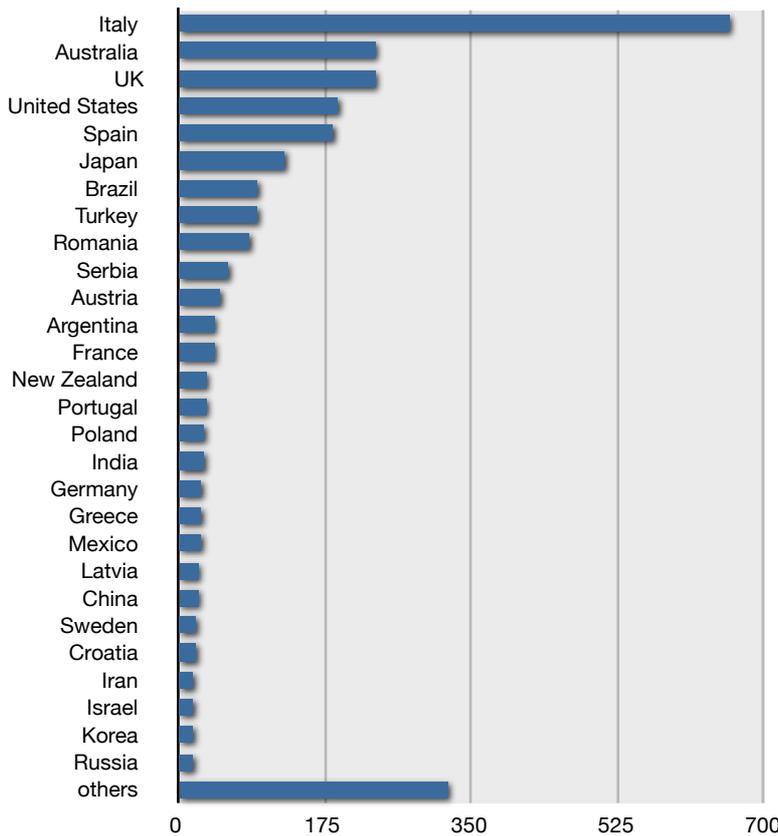
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Some statistical data around the IDS and dermoscopy

IDS MEMBERS: April 2008

Our membership is worldwide. Currently 2831 members from 107 different countries are represented. 28 countries are represented by more than 15 members.

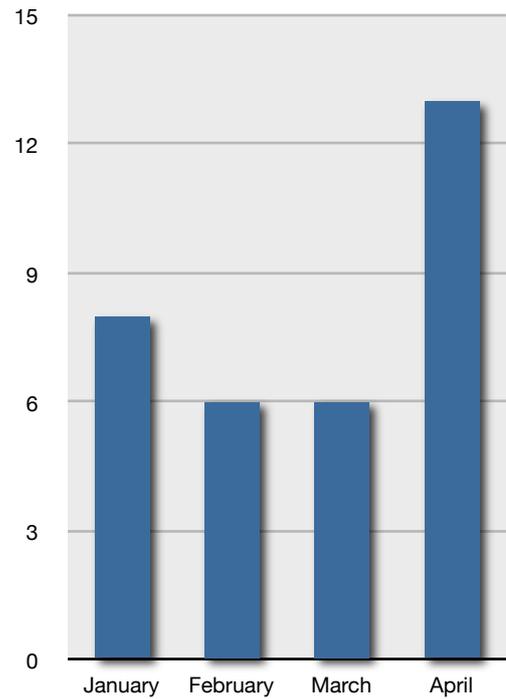


NUMBER OF PUBLICATIONS in PubMed in the year 2008:

January : 8
 February : 6
 March: 6
 April: 13

Total: 33 publications

Search words: dermoscopy AND 2008



Meetings

17th September 2008: Sub-Specialty Meeting - EADV Congress in Paris: Title: dermoscopy update (preliminary program)

- Giuseppe Argenziano (Italy): IDS studies update
- Ralph Braun (Switzerland): The furrow ink test for the diagnosis of acral melanoma
- Harald Kittler (Austria): Pattern analysis revisited and revised.
- Rainer Hofmann-Wellenhof (Austria): Dermoscopic patterns of nevi on the scalp
- Josep Malvehy (Spain): Development of a combined algorithm dermoscopy/confocal microscopy for the management of cutaneous tumors
- Giovanni Pellacani (Italy): Dermoscopy and confocal microscopy: in-vivo methods for the evaluation of the biology and evolution of melanocytic nevi
- Ketty Peris (Italy): Dermoscopic features of basal cell carcinoma: morphologic variability and interobserver agreement on dermoscopic patterns and diagnosis.
- Susana Puig (Spain): New insights in the dermoscopic and molecular characterization of melanoma.
- Pietro Rubegni (Italy): Objective melanoma changes.
- Stefania Seidenari (Italy): Dermoscopy of in situ melanomas.
- H. Peter Soyer (Australia): The impact of clinical information in the histopathologic diagnosis of melanocytic skin neoplasms
- Wilhelm Stolz (Germany): Lentigo penis. A hypothesis for pathogenesis
- Luc Thomas (France): Dermoscopy of fully regressive melanoma
- Pedro Zaballos (Spain): The thousand faces of dermatofibromas
- Iris Zalaudek (Austria): 3 roots of melanoma

The Case of the Quarter

Discussion Forum of the IDS

Are you interested in publishing one of your cases in the IDS Newsletter? Do you wish to comment on some topics recently published in the field of dermoscopy?

The section of the Case of the Quarter is dedicated to special cases provided by members of the IDS.

If you are interested in publishing your case, please contact the Editor-in-chief (iris.zalaudek@gmail.com).

Case related literature

Blum A, Metzler G, Caroli U. Melanosis of the areola in dermoscopy. J Am Acad Dermatol. 2004;51:664-5.

Summary:

The authors report on a 32-year-old woman who had noticed a new pigmentation on her left areola. Clinically the lesion appeared as an asymmetric macular tumor with irregular borders, light and dark brown colors, and a size of 25 x 28 mm.

Dermoscopy revealed a homogenously light to dark brown, partly slate gray color and cobblestone pattern as well as slightly narrow parallel lines. Because of this dermoscopic pattern no malignancy was assumed, but the lesion was totally excised.

Histopathologic examination showed a melanosis of the areola.

1st quarter 2008

*By Gabriella Campos-do-Carmo
Discussion Forum of the IDS*



Age: 18 years

Sex: male

Location: mamilla, side not specified.

History: The mother noticed a pigmented lesion on the left nipple of her young son. He couldn't inform when the lesion has appeared.

Question: A compound nevus of the nipple. Not a melanosis or a melanoma.

Answers:

Pyne John (2/18/2008):

Interesting case and good resolution. Agree, melanocytic. Not frequently seen enough in this location for pattern recognition. At this age, benign. Also at this age, the Histopathologists may have difficulty assessing this as potentially malignant because benign things in this age group can often have a more sinister look on histology.

Drljevic Irdina (2/18/2008):

Agree with you Gabriella.

Muir James (2/18/2008):

Very unusual! Never seen one on the 'bullseye' so to speak. This would make me nervous [admittedly not hard]. Having said that I agree it is most likely benign. The big reason being that accurate clinical/dermoscopic analysis is rendered impossible by the geography of the area.

I'd be sorely tempted to have it removed as I suspect that it will be eventually anyway especially if it continues to change.

Nipples in men are after all useless. I only use mine to store my spare ear, nose and 'other' rings.

Campos do Carmo Gabriella (2/25/2008):

Thanks all for your comments.

The histopathology report of the lesion confirmed a compound nevus, without atypical changes. Before the dermoscopy, the mother had looked for eight dermatologists, all had said the lesion was a melanoma and they were programming a mutilated surgery.

Selected Abstracts

Lipoff JB, Scope A, Dusza SW, Marghob AA, Oliveria SA, Halpern AC. Complex dermoscopic pattern: a potential risk marker for melanoma. Br J Dermatol. 2008 Apr;158(4):821-4

Background Dysplastic naevi have repeatedly been shown to be an independent risk factor for melanoma; however, risk estimates vary. Dermoscopy has allowed for more elaborate classification of naevi based on global patterns. **Objectives** To assess dermoscopic images of naevi from patients with melanoma and controls to explore dermoscopic patterns that are associated with melanoma risk. **Methods** Dermoscopic images of naevi from the backs of 20 patients with melanoma and 20 age- and sex-matched controls were reviewed for dermoscopic patterns and structures. An unblinded review of 187 naevi of patients and 150 naevi of controls was completed. Complex global dermoscopic pattern was defined in naevi presenting both network and globules, with or without structureless areas. **Results** Complex global dermoscopic pattern was observed more frequently in melanoma patients than controls (odds ratio, OR 2.9, $P = 0.003$). As for specific dermoscopic structures, presence of globules was observed more frequently in patients than controls (OR 2.3, $P = 0.0001$), whereas presence of dots was inversely associated with case status (OR 0.5, $P = 0.002$). **Conclusions** These pilot data suggest that dermoscopic pattern may serve as a more robust and specific marker of melanoma risk than clinical naevus phenotype.

Zaballos P, Puig S, Llambrich A, Malveyh J. Dermoscopy of dermatofibromas: a prospective morphological study of 412 cases. Arch Dermatol. 2008 Jan;144(1):75-83.

OBJECTIVE: To describe the dermoscopic features, including vascular structures and patterns associated with dermatofibromas in a large series of cases. **DESIGN:** Digital dermoscopic images of the prospectively collected dermatofibromas were evaluated for the presence of multiple structures and patterns. **SETTINGS:** Dermatofibromas were collected in the Departments of Dermatology of the Hospital de Sant Pau i Santa Tecla, Tarragona, Spain, and Hospital de Sant Llatzer, Palma de Mallorca, Spain. **PATIENTS:** A total of 412 dermatofibromas (from 292 patients) with complete documentation were collected. **MAIN OUTCOME MEASURES:** Frequency and intraobserver and interobserver agreement of the dermoscopic structures and patterns in dermatofibromas.

RESULTS: A total of 19 morphological dermoscopic structures were evaluated. Pigment network was observed in 71.8% (3% atypical pigment network), white scarlike patch in 57.0%, and a white network in 17.7%. Different vascular structures were observed in 49.5% (dotted vessels in 30.6%). Ten dermoscopic patterns were observed. The most common pattern seen in our series (34.7% of cases) was central white patch and peripheral pigment network, but in 65.3% of the cases, dermatofibromas presented different patterns including simulators of melanoma. **CONCLUSION:** The most common pattern associated with dermatofibroma is the classic dermoscopic pattern (pigment network and central white patch), but this tumor has a wide range of presentations.

Zalaudek I, Kittler H, Marghob AA, Balato A, Blum A, Dalle S, Ferrara G, Fink-Puches R, Giorgio CM, Hofmann-Wellenhof R, Malveyh J, Moscarella E, Puig S, Scalvenzi M, Thomas L, Argenziano G. Time required for a complete skin examination with and without dermoscopy: a prospective, randomized multicenter study. Arch Dermatol. 2008 Apr;144(4):509-13.

OBJECTIVE: To determine the time required to perform a complete skin examination (CSE) as a means of opportunistic screening for skin cancer both without and with dermoscopy. **DESIGN:** Randomized, prospective multicenter study. **SETTING:** Eight referral pigmented lesion clinics. Patients From June 2006 to January 2007, 1359 patients with at least 1 melanocytic or nonmelanocytic skin lesion were randomly selected to receive a CSE without dermoscopy or CSE with dermoscopy. For each patient, the total number of lesions and the duration of the CSE were recorded. A total of 1328 patients were eligible for analysis (31 were excluded because of missing data). **MAIN OUTCOME MEASURES:** The median time (measured in seconds) needed for CSE with and without dermoscopy and according to total cutaneous lesion count. **RESULTS:** The median time needed for CSE without dermoscopy was 70 seconds and with dermoscopy was 142 seconds, a significant difference of 72 seconds ($P < .001$). The use of dermoscopy increased the duration of CSE, and this increase was in direct proportion to the patient's total lesion count. In contrast, the time required to perform a CSE without dermoscopy remained the same irrespective of whether the patients had few or many lesions. **CONCLUSIONS:** A CSE aided by dermoscopy takes significantly longer than a CSE without dermoscopy. However, a thorough CSE, with or without dermoscopy, requires less than 3 minutes, which is a reasonable amount of added time to potentially prevent the morbidity and mortality associated with skin cancer.

Representatives

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