Dear readers,
during the last Congress of the European Academy of Dermatology and Venereology, the Subspecialty meeting of the International Dermoscopy Society took place.

This was a very interesting meeting, with an intense scientific agenda. The starting point was an update of the current literature in the field of dermoscopy. All the speakers presented their latest investigation, ranging from conceptual papers to morphologic studies in the field of skin cancer detection but also inflammoscopy, and then on new strategies for melanoma prevention.

Dermoscopy of lentigo maligna was the topic of one of these talk, and will be the focus of the educational part of this newsletter.

Professor Iris Zalaudek is the new Editor in Chief. The Editorial Board of the journal was officially in the latest issue.

Please, visit the journal web page to read more and access the free online publication. You are all invited to actively contribute to the future content of the journal.

Finally, new study proposals were accepted by the board, don’t forget to visit our website to read more and actively participate to the studies.

Looking forward to seeing you soon in one of the next meetings.

With all my best regards
Elvira Moscarella

Profession Iris Zalaudek is the new Editor in Chief. The Editorial Board of the journal was officially in the latest issue.

Please, visit the journal web page to read more and access the free online publication. You are all invited to actively contribute to the future content of the journal.

Finally, new study proposals were accepted by the board, don’t forget to visit our website to read more and actively participate to the studies.

Looking forward to seeing you soon in one of the next meetings.

With all my best regards
Elvira Moscarella
DERMOSCOPY OF LENTIGO MALIGNA


Since then, only few studies have investigated the topic. Recently, a large series of LMM was studied by Pralong P et al., giving confirmation of the diagnostic value of the classical Stolz dermoscopic criteria and describing four additional original criteria.

In this large series, at least one of the classical Stolz criteria was present in 87% of cases (hyperpigmented follicular opening, annular-granular pattern, pigmented rhomboidal structures, obliterated hair follicles). Three original criteria were also present at a relatively high frequency: increased density of the vascular network, red rhomboidal structures, target-like patterns. Darkening at dermoscopic examination (when compared with naked-eye examination).

For the description of the new criteria we remind to the article:


Here we provide a quick reminder of the definition of the classical criteria, along with examples.

hyperpigmented follicular opening correspond to the first visually observable signs of the invasion of the hair shaft by pigmented tumoral melanocytes

annular-granular pattern brown, black, or gray curved and grainy pigment aggregates surrounding follicular hypopigmented holes

pigmented rhomboidal structures rhomboid (lozenge-shaped) pigmented areas in the areas located around the hair follicle openings.

obliterated hair follicles hyperpigmentation coalesces, and follicular opening are obliterated.
Salerni Gabriel:
I think it could be a seb. keratosis with inflammation. Right margins are quite abrupt, on the central region seems to be some melanofagia and inflammatory reaction, and on the left area: pinkish hue with hairpin (?) vessels. I would also prefer excision.

Giuseppe Argenziano:
I am happy too having this lesion in a bottle! Too flat clinically for a seb K and too many globules...

Bulinska Agata:
I can see chaotic lesion on a face, with gray color. "Gray on neck and face not OK", my first number in DD is melanoma, rather than pAK or LPLK; thank you for a case :-)

Baker Ron:
I suppose it could be a flat seb K but MIS seems more likely: it is very irregular in shape, has a lot of colour variation which is quite asymmetrical, there is quite a bit of grey, some pink, and some asymmetrically pigmented follicles, certainly needs excision.

Pyne John:
Don't trust loners on the central face in this age group. MIS more likely than solar lentigo with a lichenoid reaction.

Landi Christian:
SK in my view, but I guess I will have shaved it. Thanks, as usual, for the great images, JY.

Gourhant Jean-Yves:
Sorry, I have been away a few days. Path came back with the diagnosis of pigmented Bowen. Not many clues for that: the numerous dots, some being in rows at the periphery?

Fox Gary:
Considering some alternative possibilities, good dx for the patient. Doesn't look like we're going to put the pathologists out of business quite yet.

Baker Ron:
Hard to pick that as pigmented Bowen's, and nobody really did, but the dermoscopy did allow picking it for excision. Thanks for the case.

Cameron Alan:
Always easy in retrospect, but a couple of comments.
The clue to Bowen's of brown and/or grey dots arranged as lines was only established at non-facial sites. My feeling is it doesn't apply at facial sites but I haven't actually investigated this.
Second, the dermatoscopy here shows grey as arrangements of dots. Harald Kittler says that when grey is seen as dots, all 3 diagnoses are in play. It is only when grey is seen as confluent circles that a diagnosis of lentigo maligna is particularly favoured.
Of course in more advanced lesions all the other clues apply.
Here a summary of the Active Studies. All IDS members are invited to actively participate.

**Clinical and dermatoscopic features of very small melanomas**

Contributors - members of the I.D.S. and other physicians submitting cases of small melanomas to May Chan <mpchan@med.umich.edu>.

Study coordinator - David Blum M.D.; Pathology coordinator May Chan M.D. II. Study design

Registry analysis of melanomas 3 mm or less in diameter and a control group of small benign pigmented lesions up to 3 mm in diameter biopsied to rule out melanomas.

**EURODERMOSCOPY: PAN-EUROPEAN STUDY OF DERMOSCOPY USE**

The objective is to describe and compare the use of, training for and attitudes towards dermoscopy among dermatologists in different European countries.

To identify obstacles and opportunities for the use of dermoscopy and the necessities of training in dermoscopy, towards enhancing the use of dermoscopy for the diagnosis of skin diseases and the early detection of skin cancers in European countries.

Coordinator: Ana-Maria Forsea, aforsea@yahoo.com

**Funny or Rorschach Dermoscopy**

After the first collection of funny images on dermoscopy – which were presented during the IDS meeting in Brisbane in May 2012 – we like to continue this project.

Therefore we ask you for funny images on dermoscopy on which we do see other objects that skin tumors. If you have images which has not been submitted yet, please mail this with your name and address to Andreas Blum (a.blum@derma.de) – many thanks. The plan is to present this during the next IDS meeting in 2015.

**NEVOID MELANOMA**

Coordinator: Dr. Caterina Longo, longo.caterina@gmail.com

To evaluate the clinical and dermoscopic features of melanoma classified as “nevoid” in histopathology. International, multicenter, retrospective and observational study on nevoid melanoma. Please provide age, sex, location, clinical and dermoscopic image of cases of nevoid melanoma, as well as representative H&E stained images or slides. All cases will be reviewed by a Pathologist of the Coordinator centre (Reggio Emilia).

Confocal microscopic images can be included if available although they are not mandatory. Please provide only anonymized images (e.g. image-001 etc.). The collected data of nevoid melanoma will be analysed to determine the characteristic dermoscopic features.

**Register of nail unit congenital nevi**

Coordinated by L. Thomas (luc.thomas@chu-lyon.fr)

Nail unit congenital nevi can be very difficult to differentiate from melanoma both clinically and dermoscopically. The aim of this register is to assess patient characteristics and clinico-dermoscopic features of nail pigmentations present at birth or developing during prepuberal age.

Please send to Luc Thomas, the register coordinator, clinical and dermoscopic images of nail unit pigmentation present at birth or developing during prepuberal age. Data to be also collected are: age and sex of the patient, history of the lesion, eventual histopathologic diagnosis, and eventual follow-up images.
Balloon cell melanoma in primary care practice: a case report

Barksdale, Sarah; Inskip, Mike; Magee, Jill; Rosendahl, Cliff; Weedon, David

Summary

The authors report one case of this extremely rare melanoma subtype. Author DW has encountered only two cases in a career involving in excess of one million signed out dermatopathology reports. A search of the literature has not discovered any previously published dermatoscopy images of a balloon cell melanoma. Clinically the lesion was non-pigmented, nodular and centrally ulcerated being cov a yellow, dried, serous exudate. Dermatoscopically the lesion was a non-pigmented, structureless yellow with three terminal hairs emanating from it. Vessels observed dermatoscopically were very sparse curved vessels and dots. Histologic sections showed a compound melanocytic proliferation with two components, the first consisting of bland nevus cells, which matured with descent and tracked down adnexal structures in a congenital pattern. The second component, by contrast, was comprised of centrally positioned atypical aggregates of grossly distended epithelioid melanocytes, exhibiting a pseudo-xanthomatous balloon cell change in their cytoplasm, and pleomorphic vesicular nuclei with nucleoli.