Associated melanocytic lesion (Non-core)

Although of no known prognostic value, the recognition of an associated benign melanocytic lesion is relevant to the pathogenesis of melanoma, and may be important for clinicopathological correlation and epidemiological, clinical and genetic studies.[1] Documentation of associated benign melanocytic tumour is also of relevance where there may be residual melanocytic tumour in the re-excision specimen, and when knowledge of this may assist in the interpretation of the residual tumour overlying a scar as pseudomelanoma/ recurrent naevus, rather than melanoma.

In some instances, it can be difficult or even impossible to determine whether part of the dermal component of a melanocytic tumour represents melanoma or an associated naevus. This is particularly the situation in melanoma composed of small, minimally atypical 'naevoid' cells, or in cases in which the dermal component of a melanoma 'matures' with depth.[2] Careful assessment of cytological characteristics — including the presence of mitotic figures and the identification of a second discrete cell population — may assist in some cases.

References

1 Curtin JA, Fridlyand J, Kageshita T, Patel HN, Busam KJ, Kutzner H, Cho KH, Aiba S, Brocker EB, LeBoit PE, Pinkel D and Bastian BC (2005). Distinct sets of genetic alterations in melanoma. *New England Journal of Medicine* 353(20):2135–2147.

2 McCarthy SW and Scolyer RA (2010). Pitfalls and important issues in the pathologic diagnosis of melanocytic tumors. *Ochsner J* 10:66-74.