

Special Criteria for Special Locations 2

Scalp, Mucosal, and Milk Line

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KEYWORDS

• Nevi of special site • Dermoscopy • Melanoma • Nevus • Mucosal melanosis

KEY POINTS

- The anatomic region influences the dermoscopic features of lesions, resulting in specific criteria that help make correct management decisions for lesions located on the scalp, mucosal membranes, and milk-line and in flexural locations.
- Biopsy should be performed in lesions of the scalp if atypical pigment net or pseudopigment net in association with regression areas is present, if a homogeneous blue lesion lacks a convincing subjective history of no changes, and if there is a growing nodular tumor. Regular globular pattern and reticular pattern with central hypopigmentation (eclipse nevus) are most common in melanocytic nevi on the scalp of children and young adults.
- In mucosal lesions with diameter larger than 1 cm, gray color and the presence of structureless areas are highly suggestive for mucosal melanoma, whereas one color and regular dermoscopic structures are the main criteria of benign mucosal melanosis.
- Nevi located on the milk line and in flexural locations, such as axilla, inguinal region, popliteal, and antecubal fossa, can frequently display a prominent pigment net, sometimes with bizarre lines, and large globules mimicking features of melanoma.

LESIONS ON THE SCALP

A high concentration of pilosebaceous follicles and rich vascular and lymphatic supply form the special anatomic appearance of the skin of the scalp. Scalp tumors account for approximately 2% of all skin tumors and may derive from different cell types of the pilosebaceous unit, from the inter-follicular epidermis and dermis, or as cutaneous metastases from other tumors.^{1,2}

The great variety of scalp tumors consists of sebaceous nevus, seborrheic keratosis, basal cell carcinoma, actinic keratosis, squamous cell carcinoma, hemangioma, angiosarcoma, and rare adnexal tumors. The dermoscopic appearance of these tumors normally does not differ from that

on other body sites. Thus, this article concentrates on melanocytic lesions.

Melanocytic scalp tumors differ in some epidemiologic, morphologic, and biologic aspects from their counterparts on the trunk. For example, scalp melanoma has a poorer prognosis compared with thickness-matched melanomas of the trunk. Blue nevi are more frequently found on the scalp than on other body sites and histopathology of some melanocytic nevi may simulate melanoma.^{3,4}

Melanocytic Nevi

The prevalence of nevi of the scalp in children is approximately 10%.⁵ The morphology of nevi of the scalp changes according to the age of

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patients, and older people more frequently show less pigmented papillomatous nevi.

Large congenital nevi involving the scalp should always lead to a screening for neurocutaneous melanosis. Dermoscopy is not helpful in deciding further management of congenital nevi, especially those located on the scalp. In this location, hairs make an investigation of nevi sometimes impossible. The threshold for excision should be low (Fig. 1).

Scalp nevi in children may be a source of anxiety for parents. Clinically, these nevi can display large size, irregular borders, and color variation. Frequently, these nevi appear in the first years of life. Because of the sometime worrisome clinical appearance and the anxiety of parents, these nevi are unnecessarily excised.⁵ In their study, Tcheung and colleagues⁶ described 4 different clinical patterns of scalp nevi in children: homogeneous brown (48%), solid pink (28%), eclipse (21%), and cockade (3%). The predominant dermoscopic feature was globules, which was found in 57% of scalp nevi as the only dermoscopic feature. In addition, 27% of scalp nevi showed a combination of globular and reticular patterns. Only 9% of the nevi showed solely a reticular pattern, followed by 6% showing a homogenous pattern.

Perifollicular hypopigmentation was seen in the majority of nevi. This finding was confirmed in a study by Stanganelli and colleagues.¹ In this study, the investigators studied 323 excised tumors of the scalp (including 78 melanocytic nevi and 21 blue nevi) from 315 patients (mean age 52 years; range 3–88 years); 48% of melanocytic nevi were found to display hypopigmentation, which was perifollicular in 15 cases and central in 14. Perifollicular hypopigmentation was also present at the border of lesions, resulting in an irregular shape.

Because excision was an inclusion criterion of this study, the percentage of linear irregular

vessels was surprisingly high in this sample. In the author's experience, the main vascular pattern in scalp nevi is comma vessels and dotted vessels.

Clinically, scalp nevi in children and adolescents present as macule or flat nodule with homogeneous pink or brown color. Most of the lesions on the scalp are symmetric. Dermoscopy normally reveals a globular pattern, perifollicular hypopigmentation, and central hypopigmentation (eg, eclipse nevus) (Figs. 2 and 3), whereas most scalp nevi in adults are usually nodular and faint pigmented or skin colored with a smooth or papillomatous surface. Comma vessels and dotted vessels are found by dermoscopy (Figs. 4 and 5). All these lesions can be managed conservatively, because there is no documented risk for malignant transformation.⁷

Small congenital nevi with asymmetry and multiple colors or nevi displaying melanoma-specific criteria should be excised.

Blue Nevus of the Scalp

Blue nevi are common on the scalp and may develop at any age. Clinically, blue nevi present as flat to prominent blue nodules with a smooth surface. In most cases, the diameter is smaller than 1 cm but giant congenital forms are also described. Once developed, they do not change over a long time period.⁸

The homogeneous blue pattern is the stereotypical dermoscopic pattern of blue nevi, and lesions on the scalp are not an exception (Figs. 6 and 7). In their study, Stanganelli and colleagues¹ included 27 blue nevi, which showed in 89% a homogenous blue pigmentation and in almost half the cases areas of hypopigmentation. In contrast to blue nevi located on other body sites, the investigators found in 8 blue nevi on the scalp an atypical vascular pattern (ie, linear irregular vessels [see

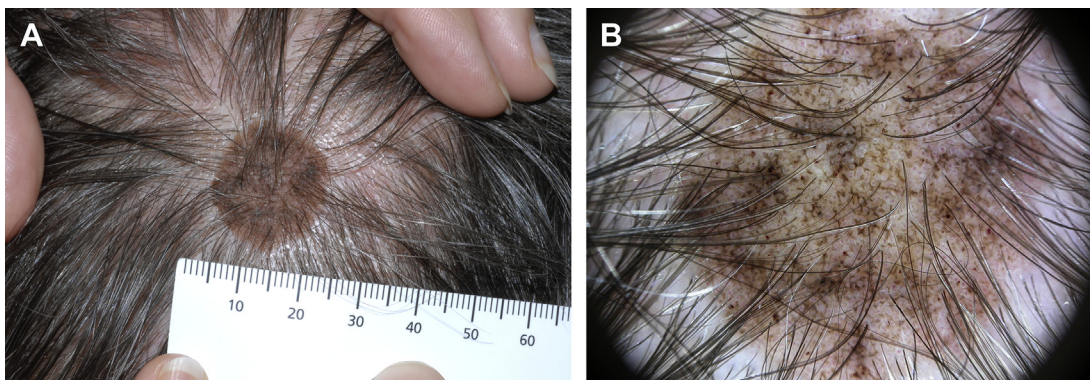


Fig. 1. (A) Clinical image of a congenital nevus: brown plaque with some darker areas, diameter 3.5 cm. (B) Dermoscopic image: cobblestone pattern with some irregular darker areas.

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