Early diagnosis of lentigo maligna (LM) is both critical and challenging. Biopsy at some sites can be problematic for functional and cosmetic reasons. Small specimens introduce sampling error and false negatives as a result of their heterogeneity, which can include collision with benign lesions and amelanotic components that conceal true margins extending beyond the pigmented edge. Diagnostic uncertainty causes unnecessary excisions of the benign imitators of lentigo maligna. These biopsies have a non-negligible surgical morbidity. Simultaneously, a missed LM that is read as benign can result in inappropriate management in a condition for which early detection is key. A balance is required in order to gather an adequate sample while also minimizing the sequelae of biopsies.

KEYWORDS: melanocytic lesions; melanocytic neoplasms; melanoma; microscopy; scalp
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