



DERMOSCOPY AND SKIN IMAGING

## NECK MELANOMA: CLINICAL, DERMOSCOPIC AND CONFOCAL FEATURES

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**Introduction:** Head and neck are considered a single anatomical unit. No data on clinical, dermoscopic and confocal aspects of neck melanoma are currently available.

**Objective:** To identify clinical, dermoscopic and confocal diagnostic features of neck melanomas.

**Materials and methods:** Consecutive pigmented skin lesions located on the neck, excised in the suspect of melanoma from March 2011 to February 2018, were retrospectively retrieved. Dermoscopic criteria of the 7-point checklist, integrated by other melanoma features (such as grey colour and irregular hyperpigmented areas) and by criteria of lentigo maligna melanoma (LMM) were assessed. RCM images were examined when available.

**Results:** 282 lesions located to the head and neck district were biopsied to rule out melanoma. Thirty-one out of 282 (11%) lesions were located on the neck: 21 melanomas and 10 nevi. Melanoma patients were older than patients with nevi (60.4 vs 37.9, p-value <0.01). Neck melanomas were more frequently located on sun-damaged skin compared to nevi (76.2% vs 30%, p-value 0.019). Dermoscopically, neck melanomas were characterized by irregular dots/globules, grey colour and regression (76.2%, 81% and 46.7% of cases) and showed criteria of LMM in 52.4% of cases. Regression, grey colour, irregular hyperpigmented areas and criteria of LMM typified melanomas on sun-damaged skin, whereas tumours located on non-sun-damaged areas were often characterized by irregular pigmentation. RCM, implemented to dermoscopy, correctly diagnosed 10/12 melanomas and 3/5 nevi.

**Conclusions:** Neck melanoma has peculiar clinical and dermoscopic aspects that could help clinicians to recognize it from nevi and to diagnose melanoma earlier.

