

# Melanoma Through The Malpractice Scope

Paul K. Shitabata, M.D.

Dermatopathologist

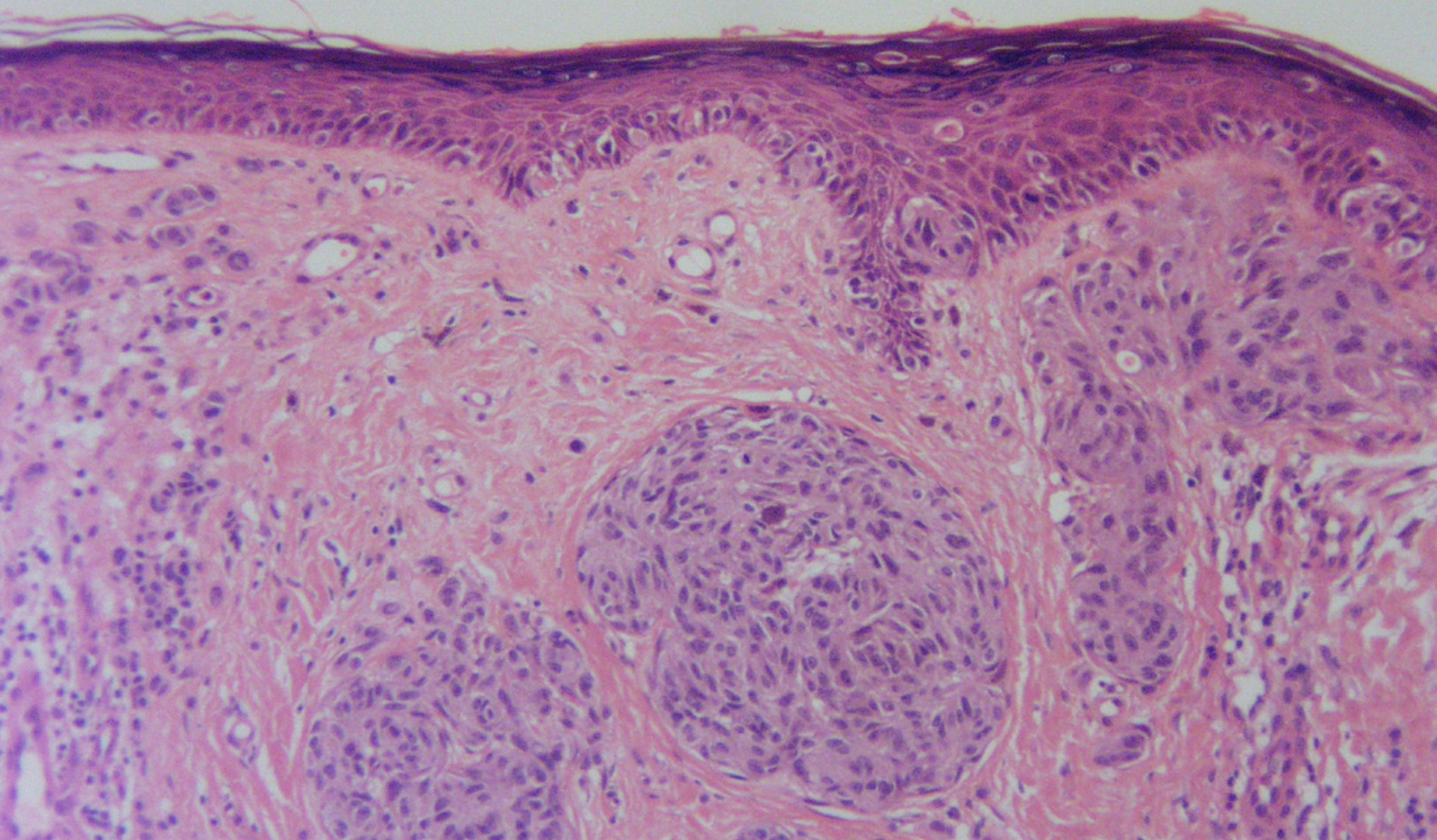
APMG

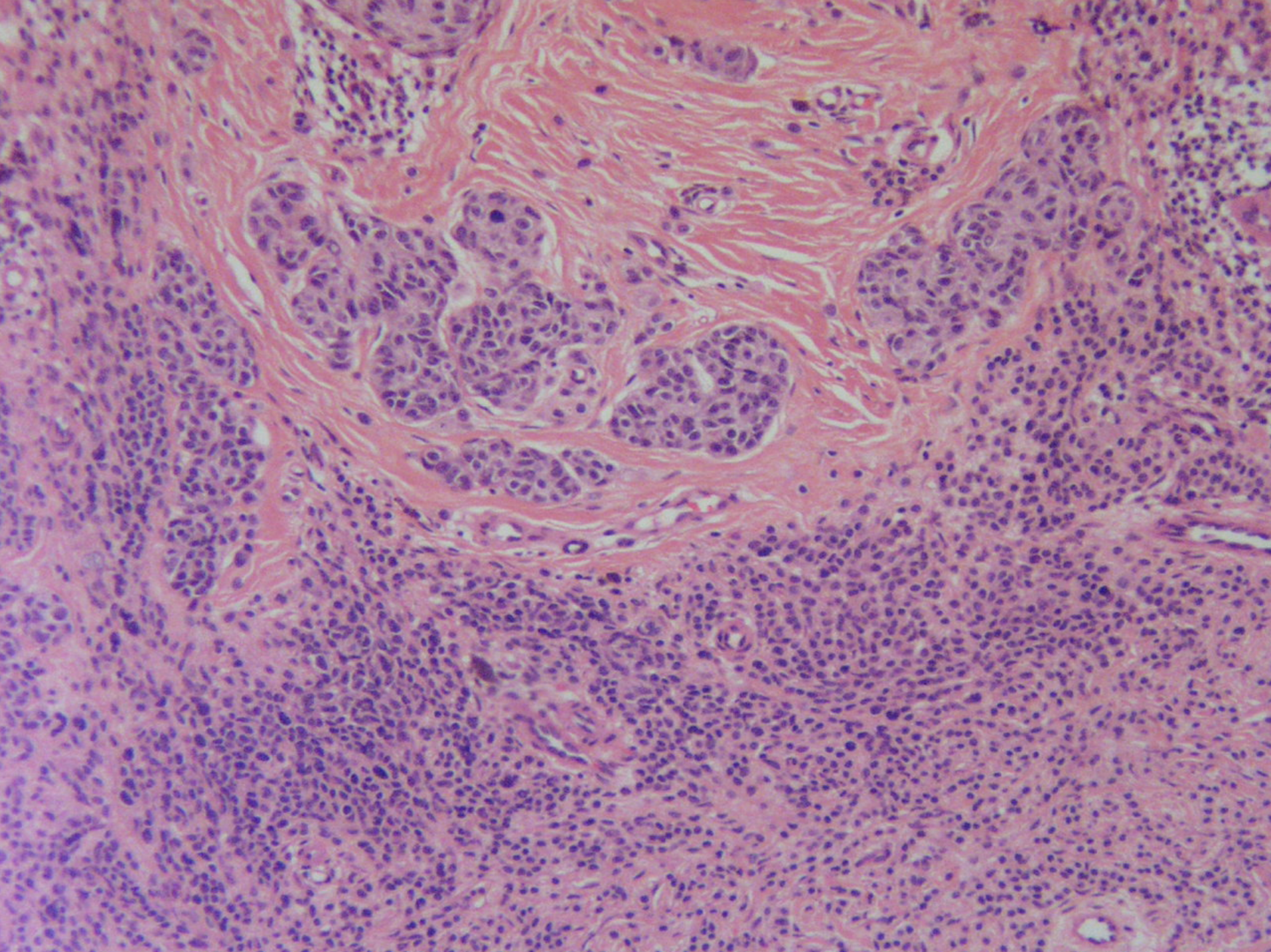
# The Doctors Company

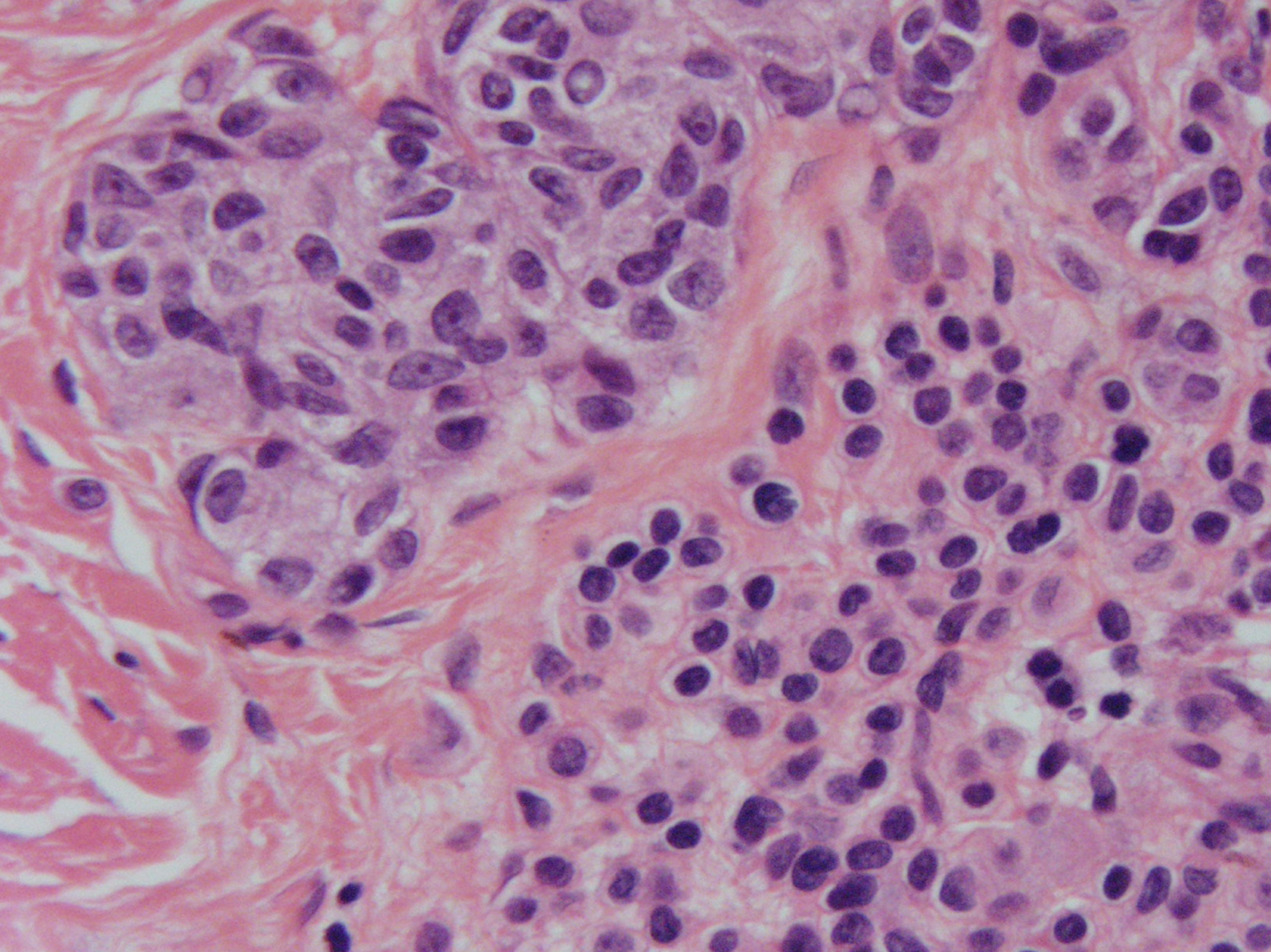
- 1995-1997 claims
- Pathology claims 8.6%
- Dermatology claims 14.2%

# Pathology Claims

- 218 biopsies and cytologies
  - 11% misdiagnosis of melanoma
  - 70% FN diagnosis
- Additional 144 claims reviewed from 1998-2001
  - 16% claims misdiagnosis of melanoma



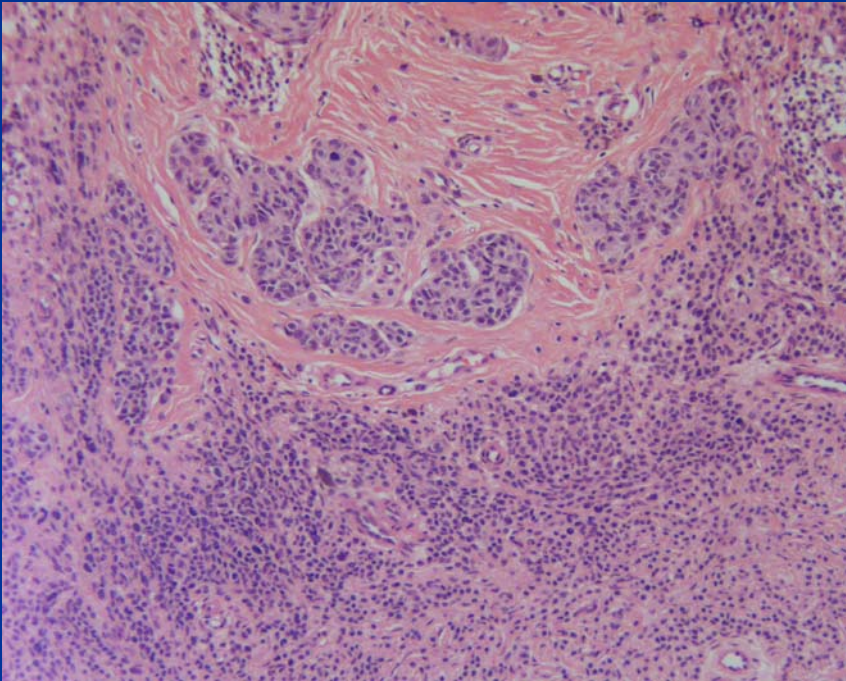




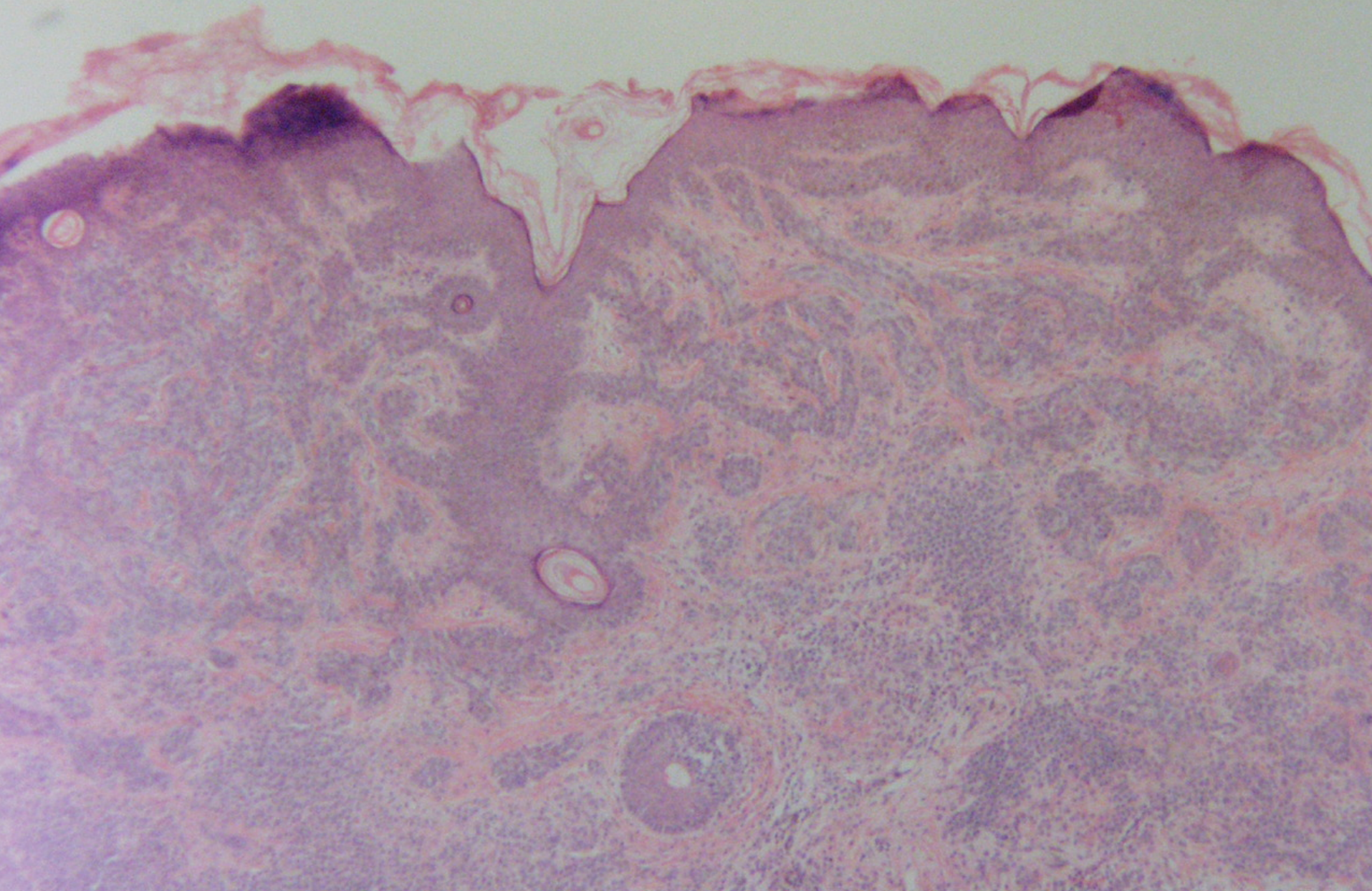
# Nodular melanoma misdiagnosed as melanocytic nevus

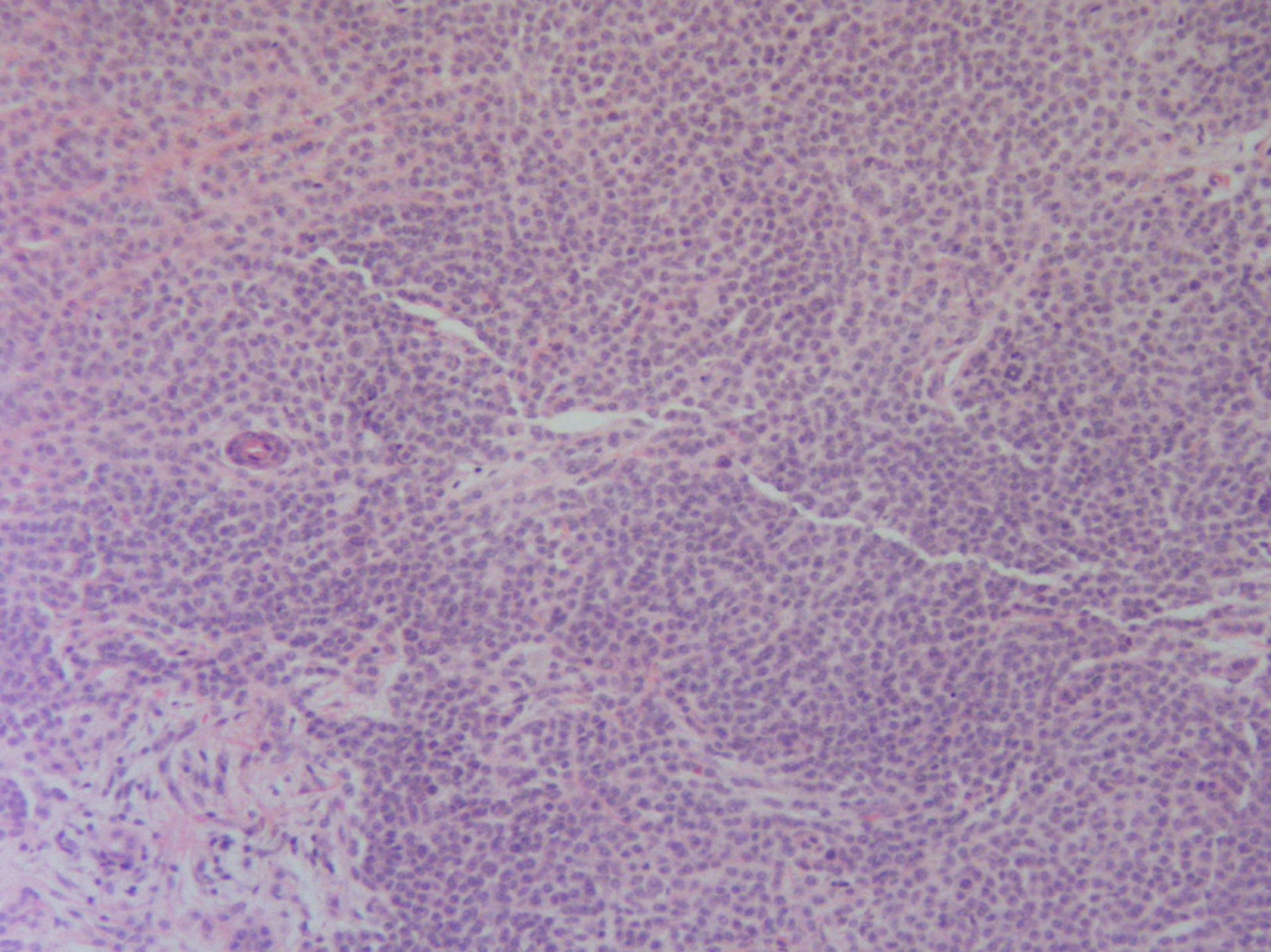
# Focus Points

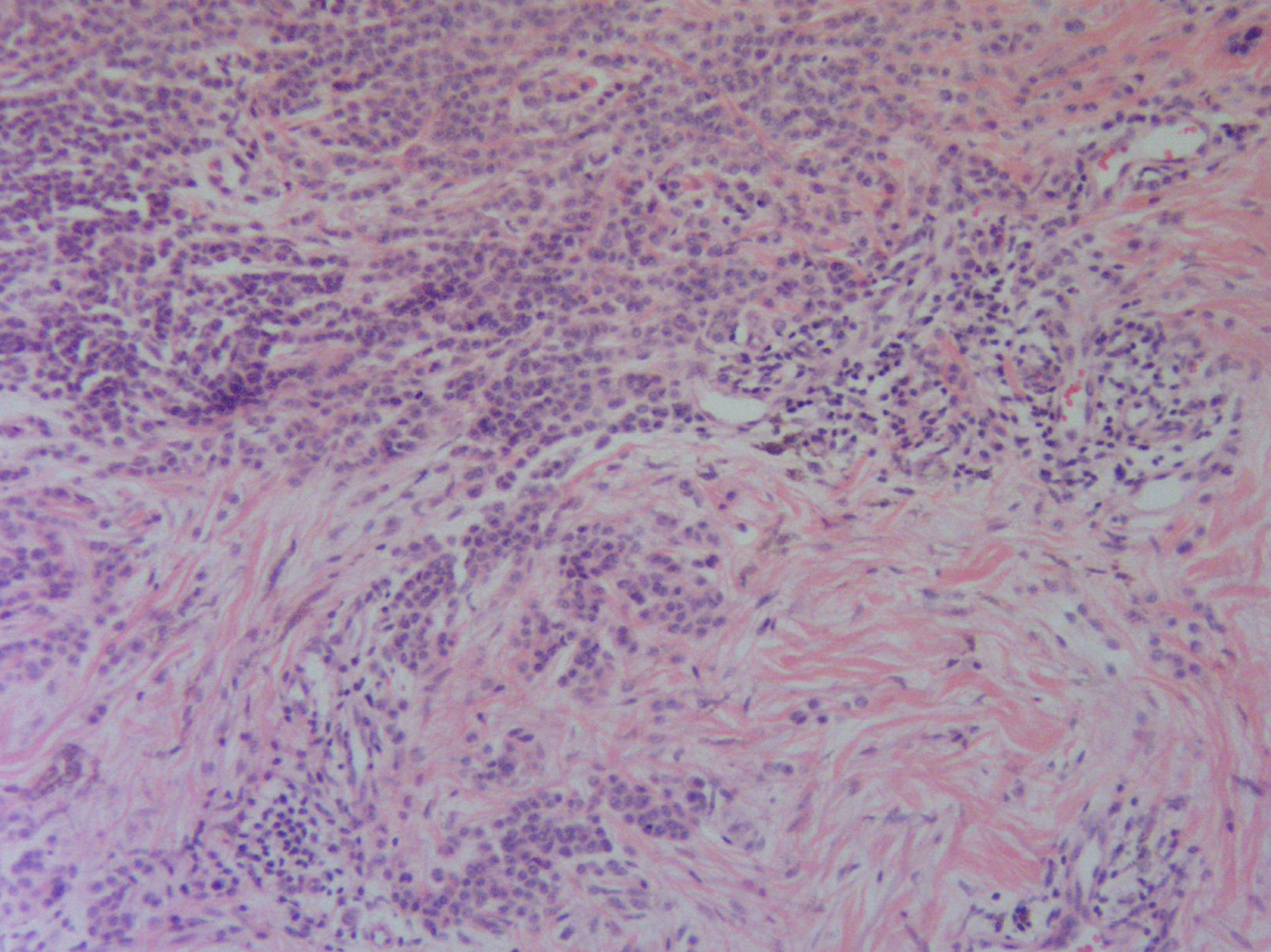
- Expansile nodules
- Different cytology
- Mitotic figures

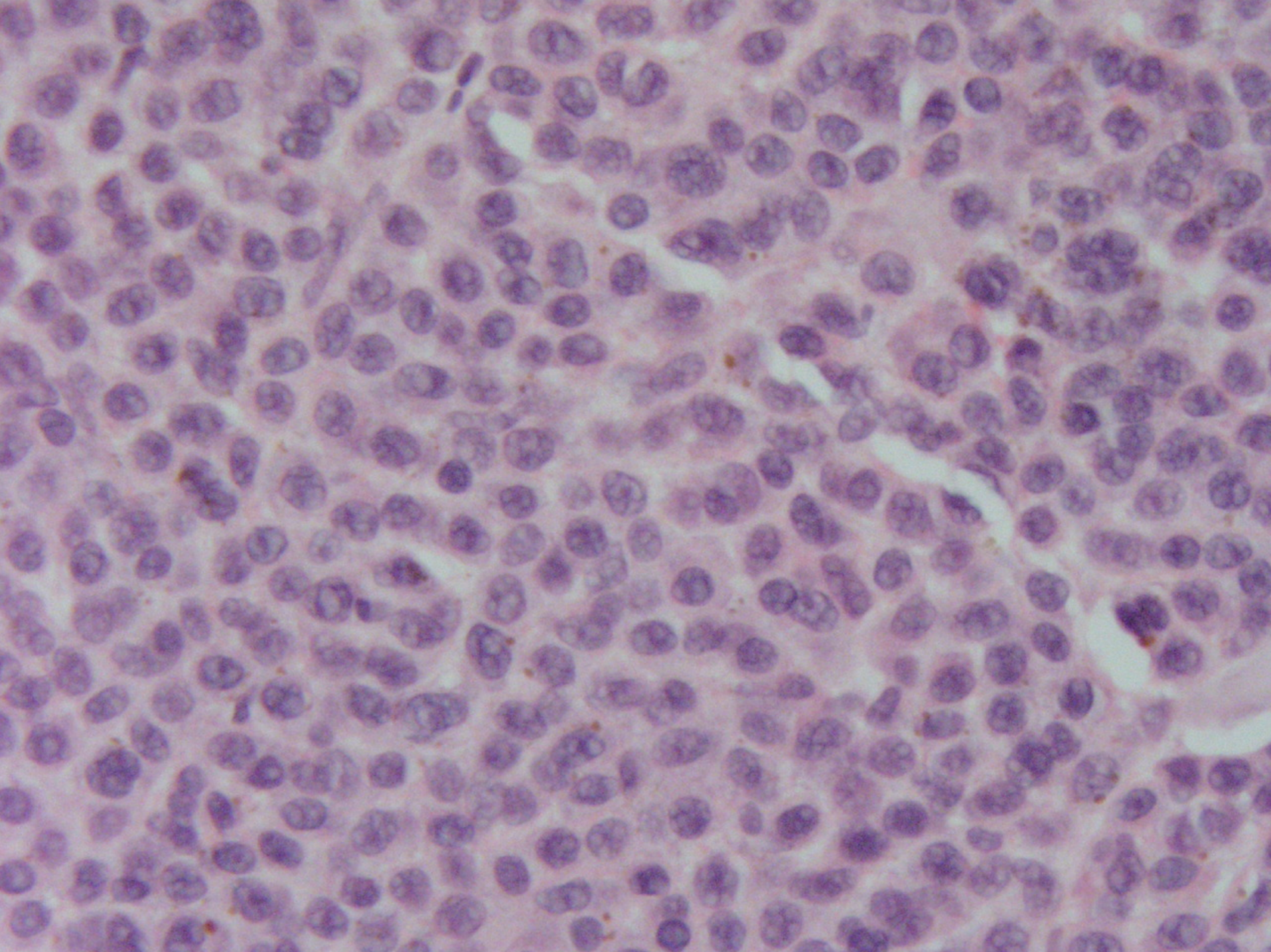


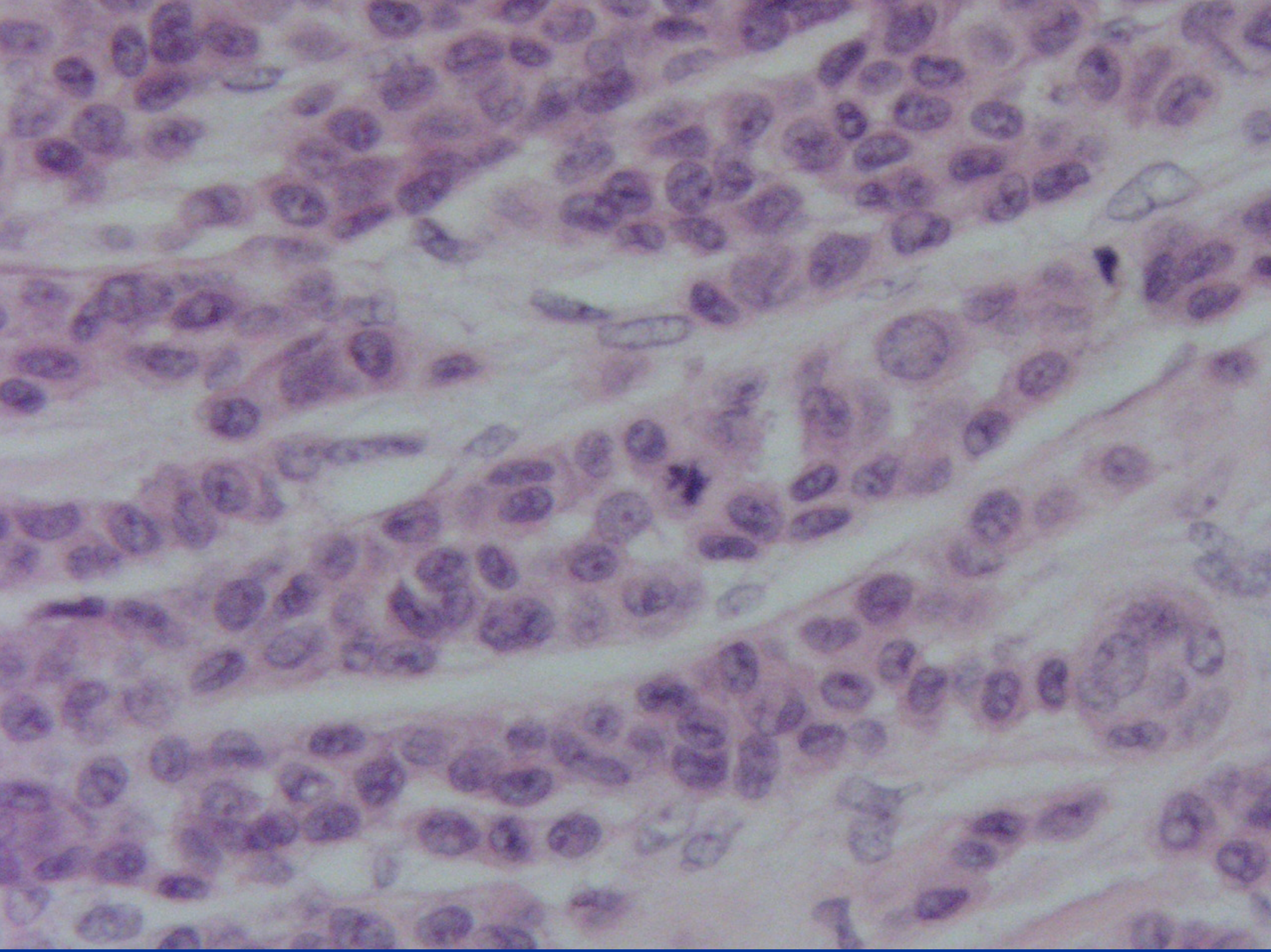






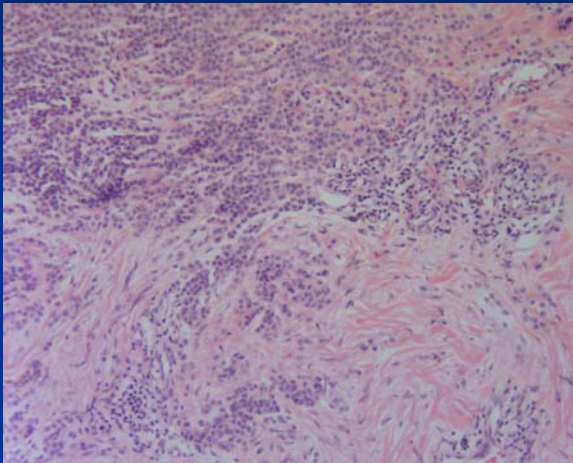






**Nodular melanoma with low power  
architecture of melanocytic nevus,  
but the cytologic features of  
melanoma (nevroid melanoma)**

# Focus Points

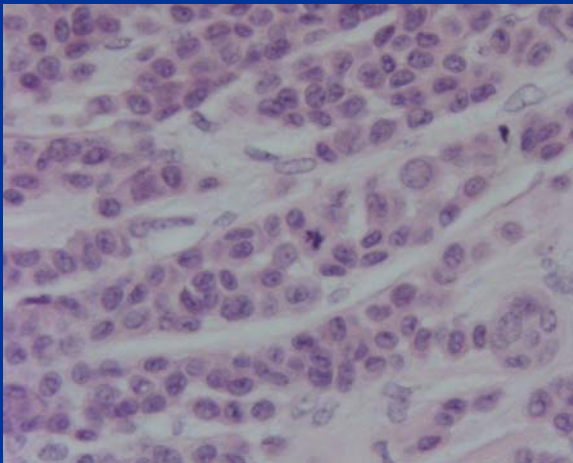


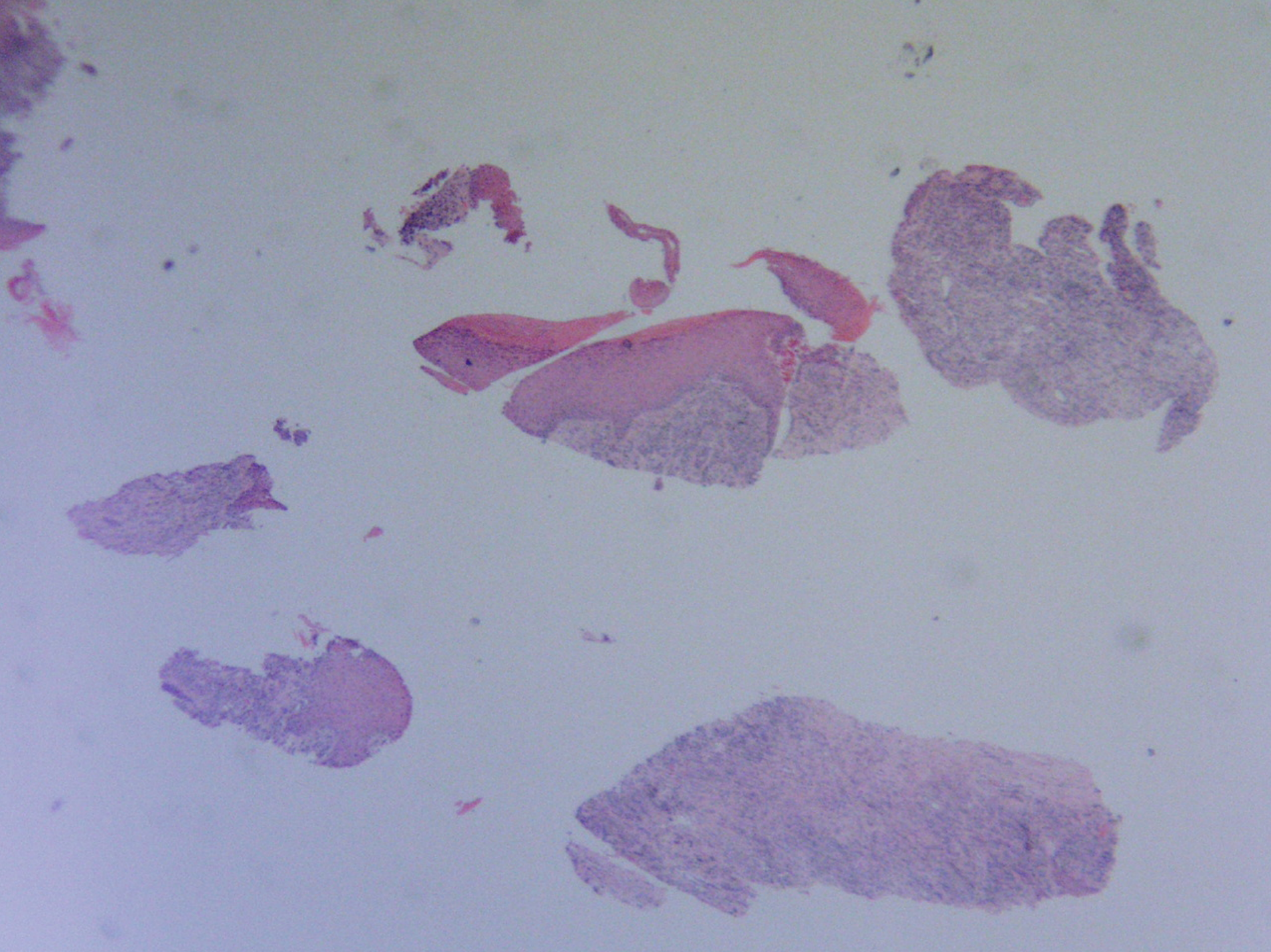
- Confluent growth

- Cytologic atypia

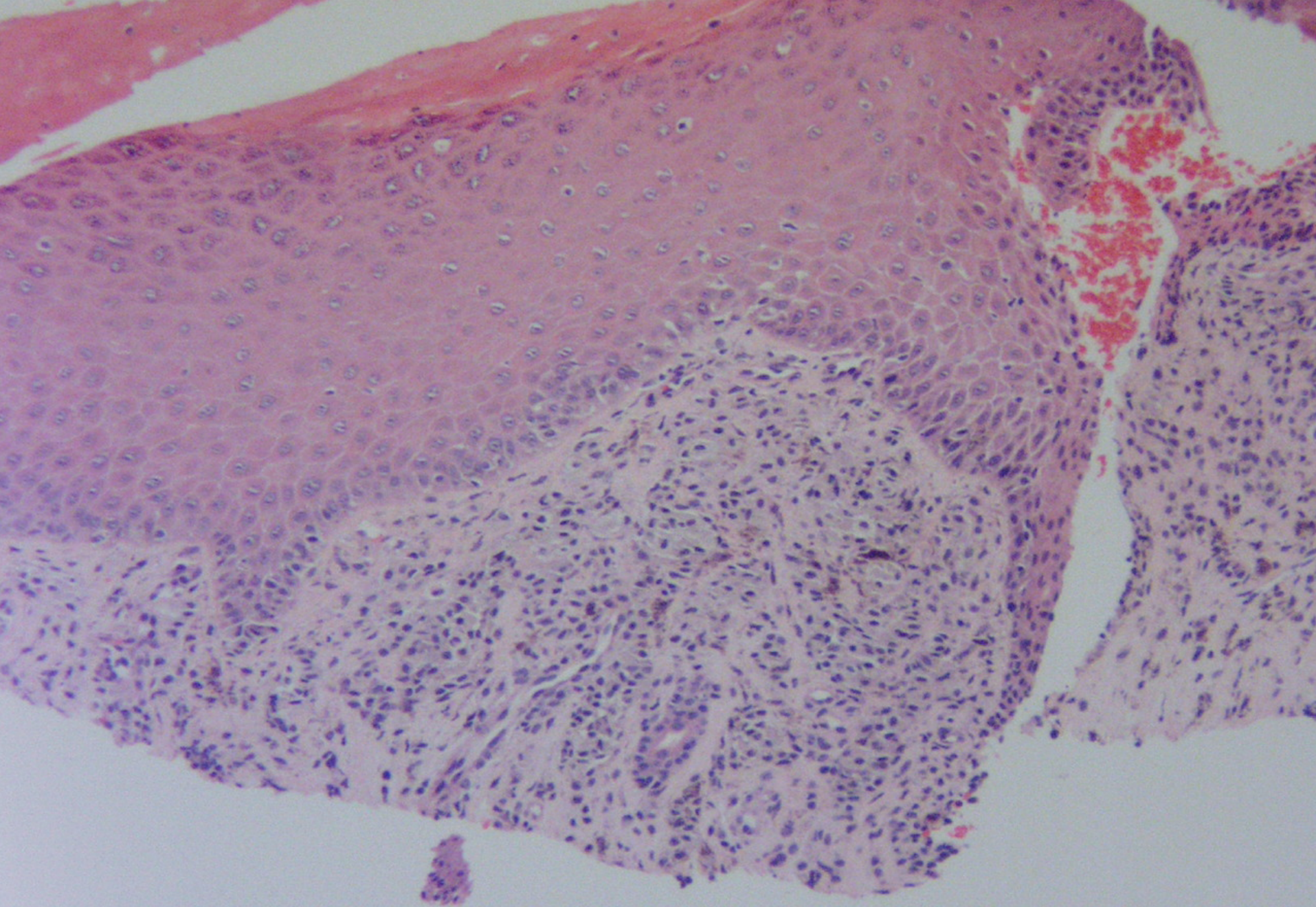
- Mitotic figures

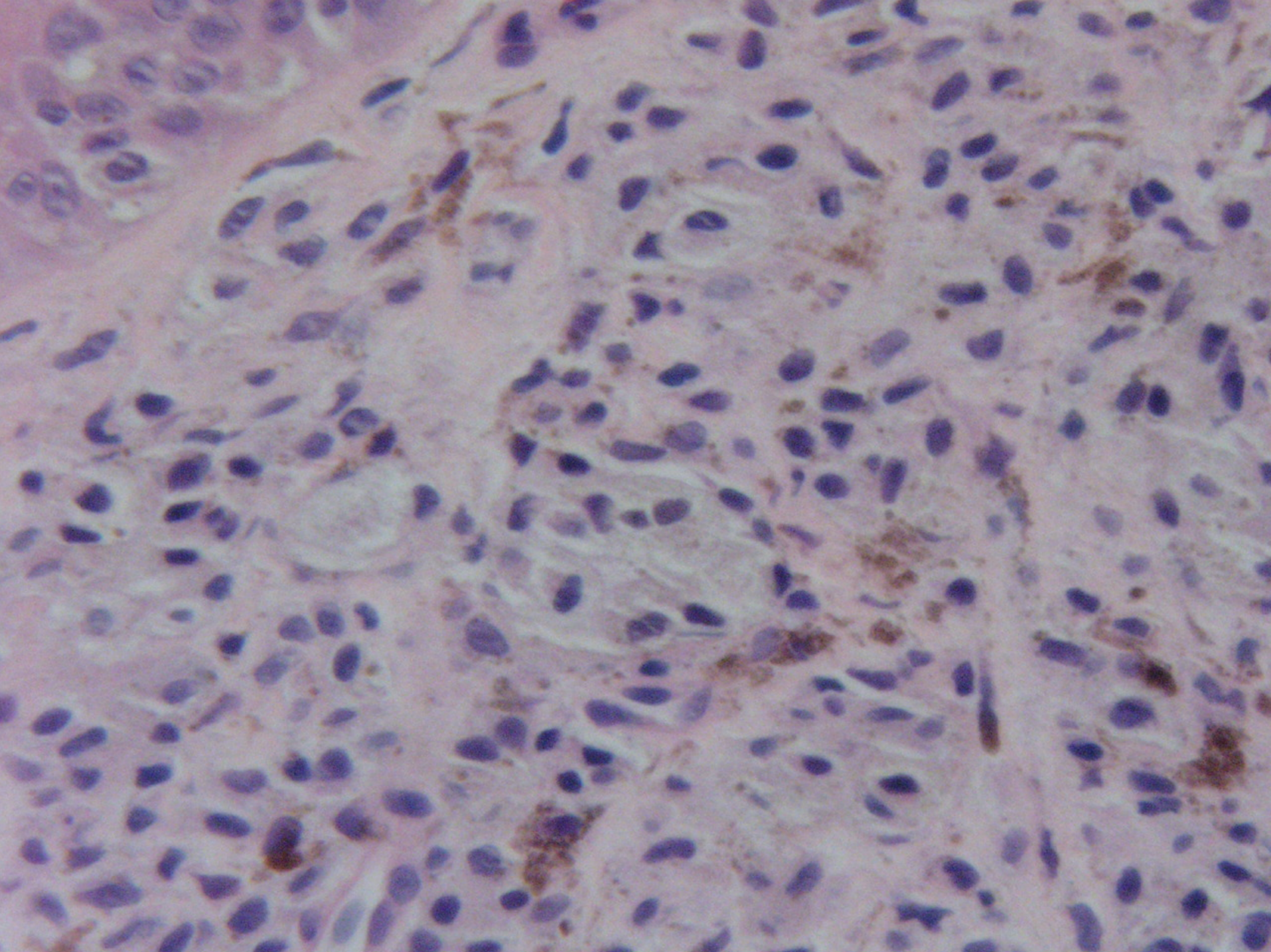
- Ki-67, p53

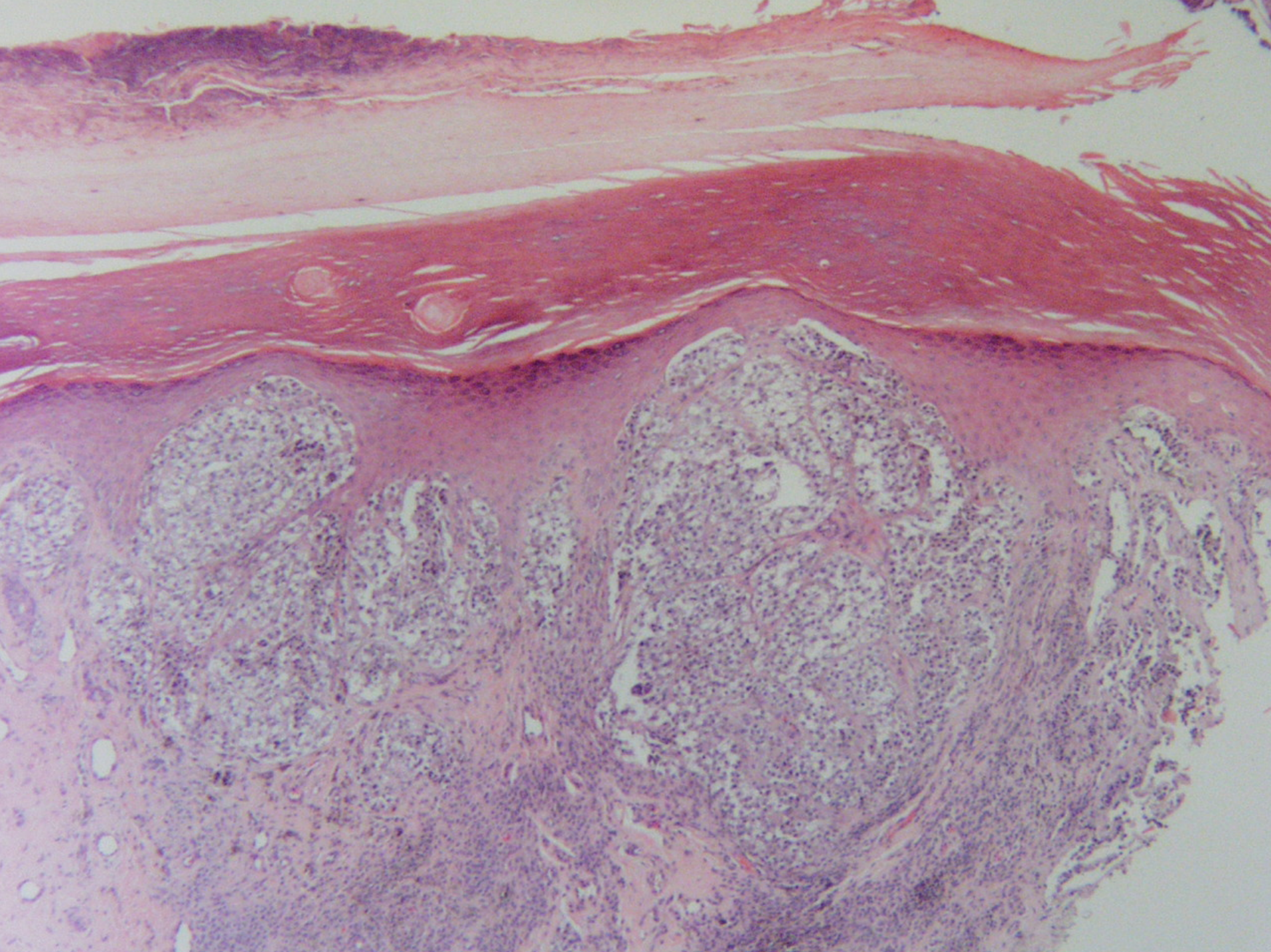


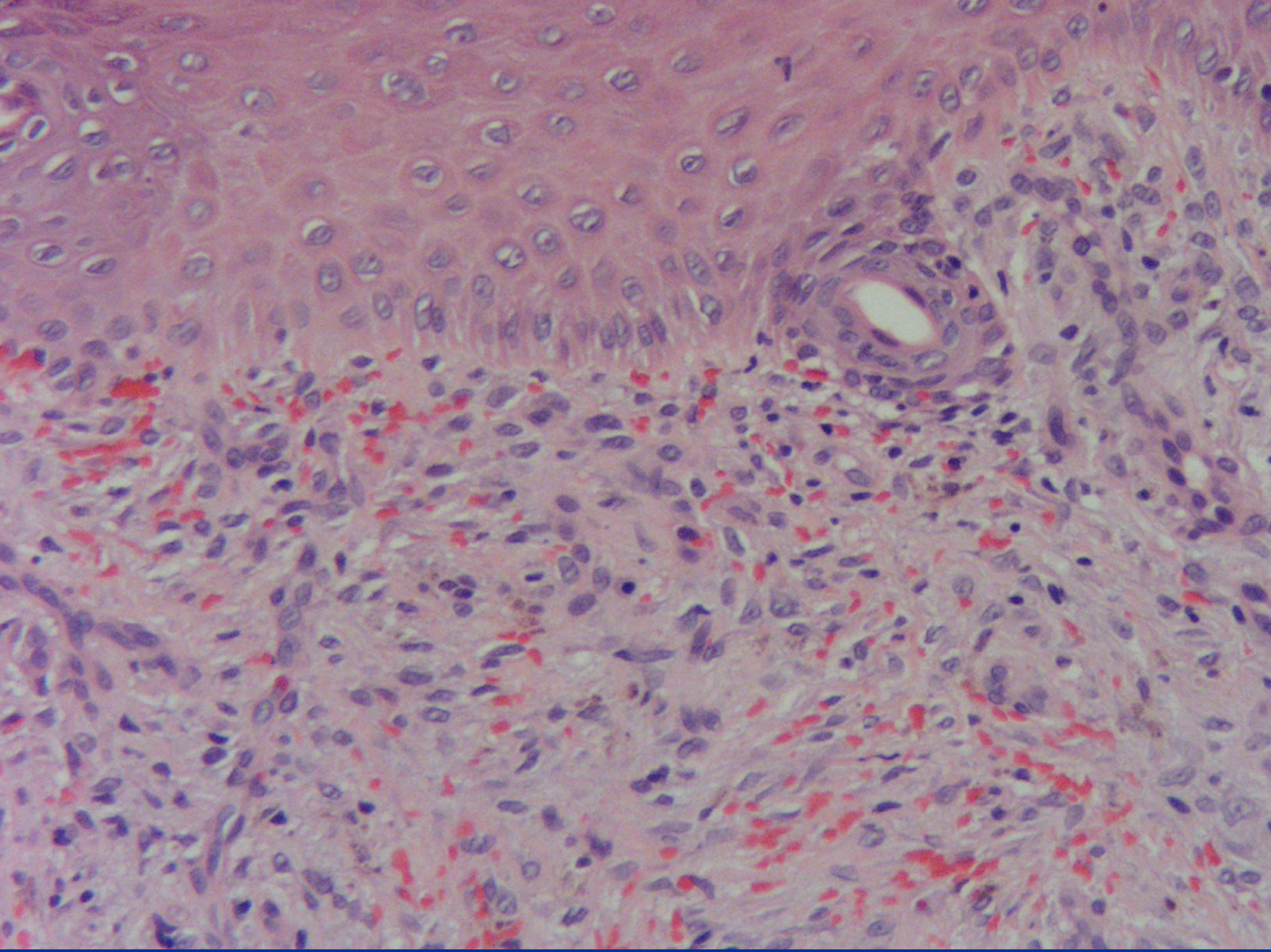


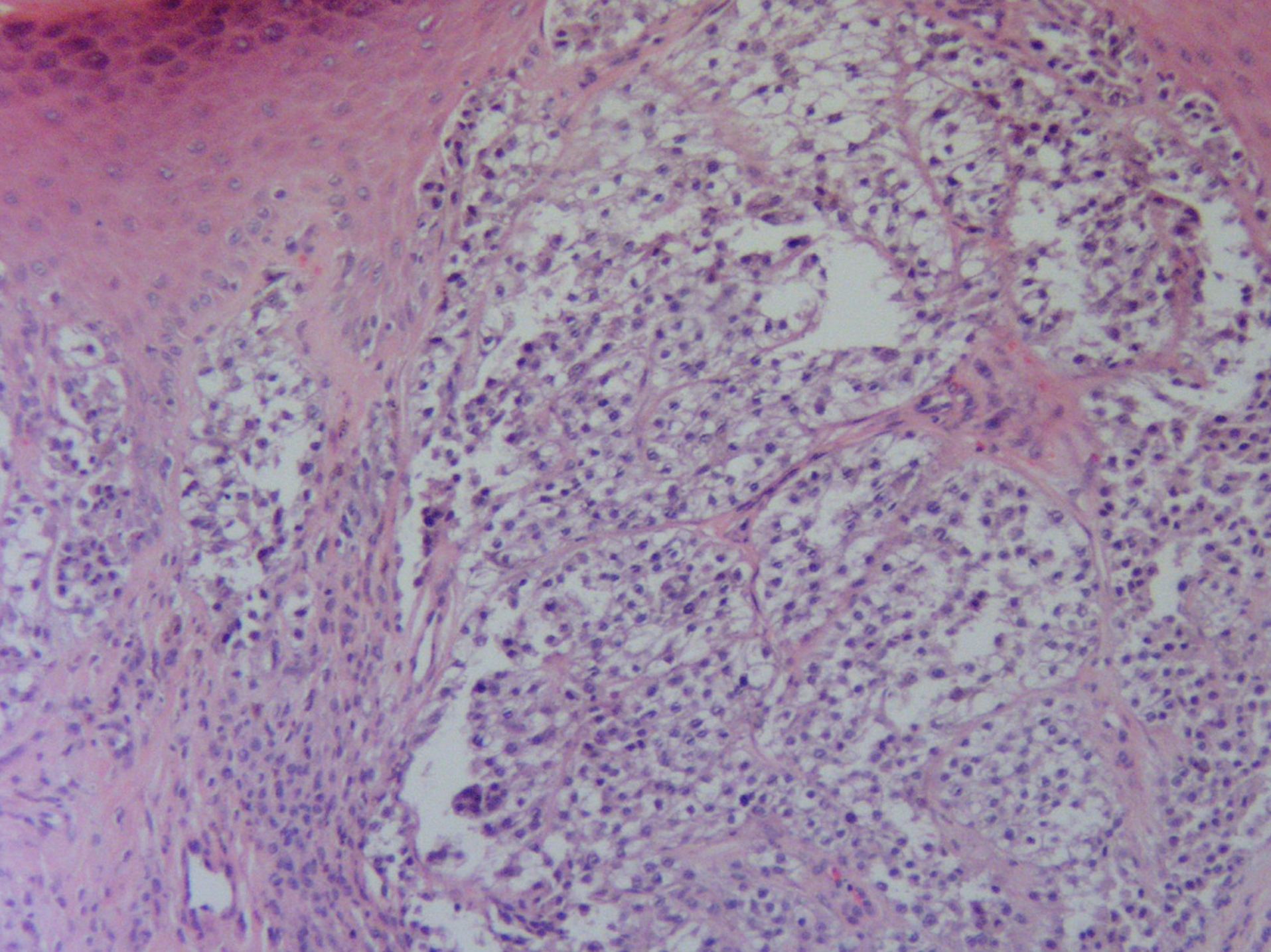


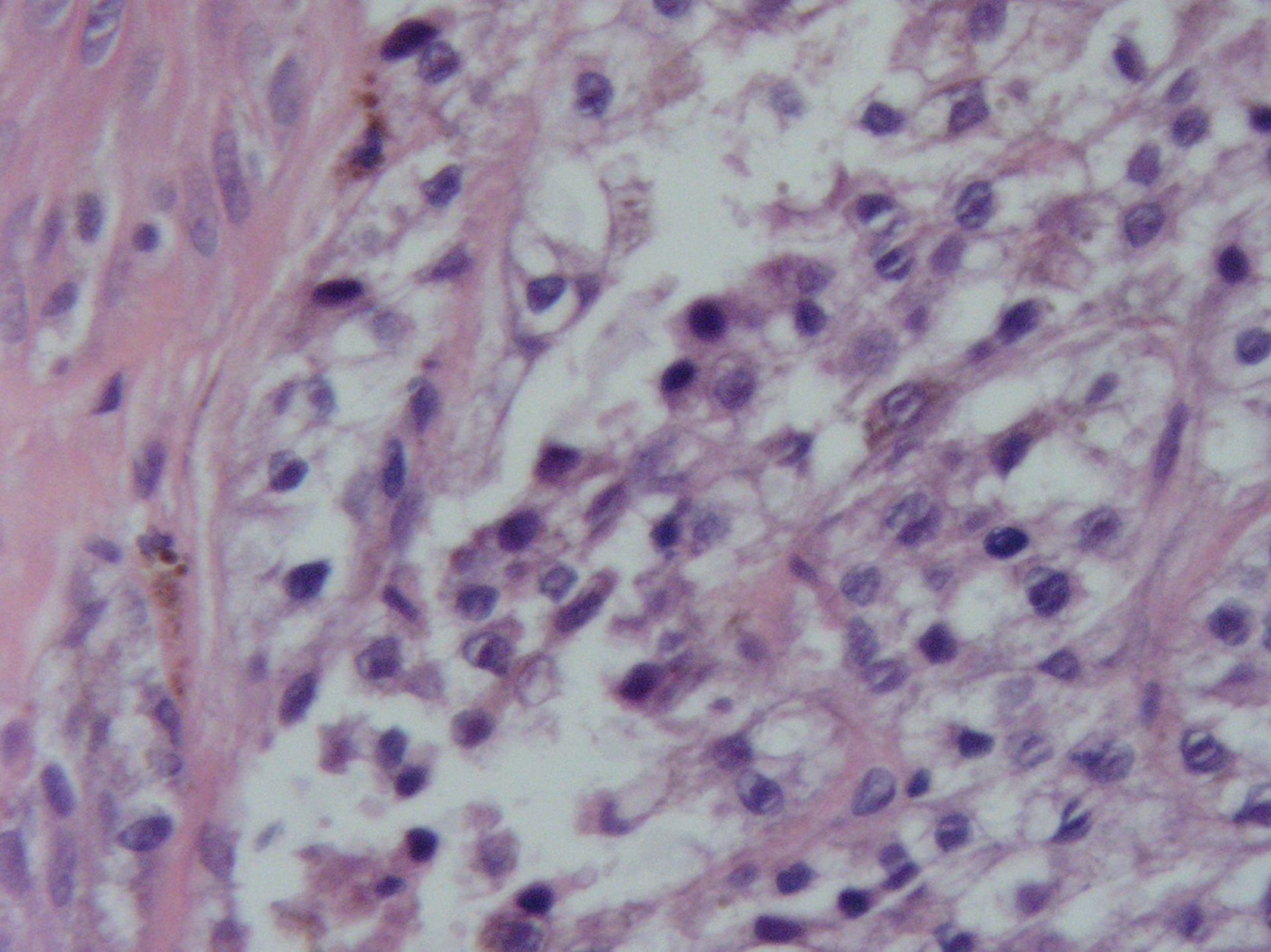






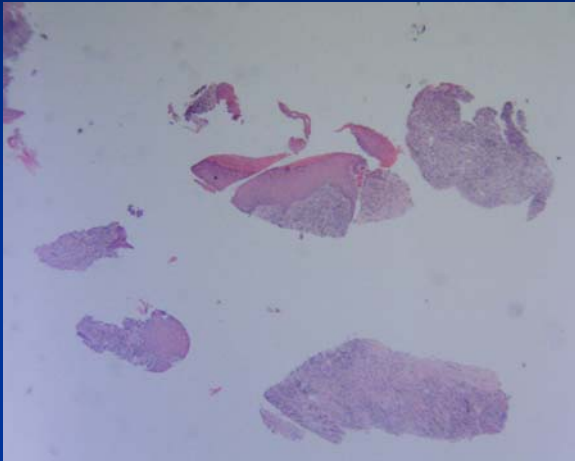




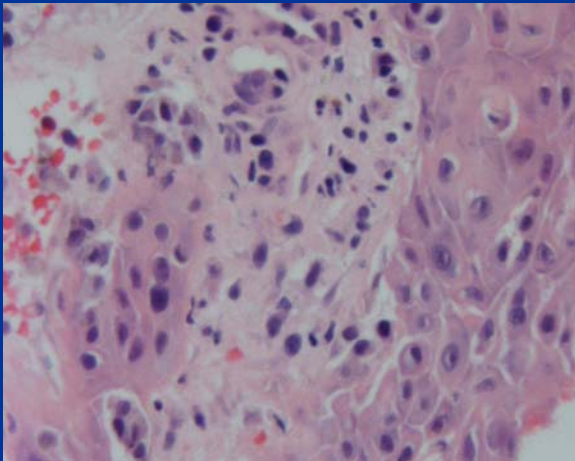


**Partial biopsies**  
**(shave or punch biopsies)**

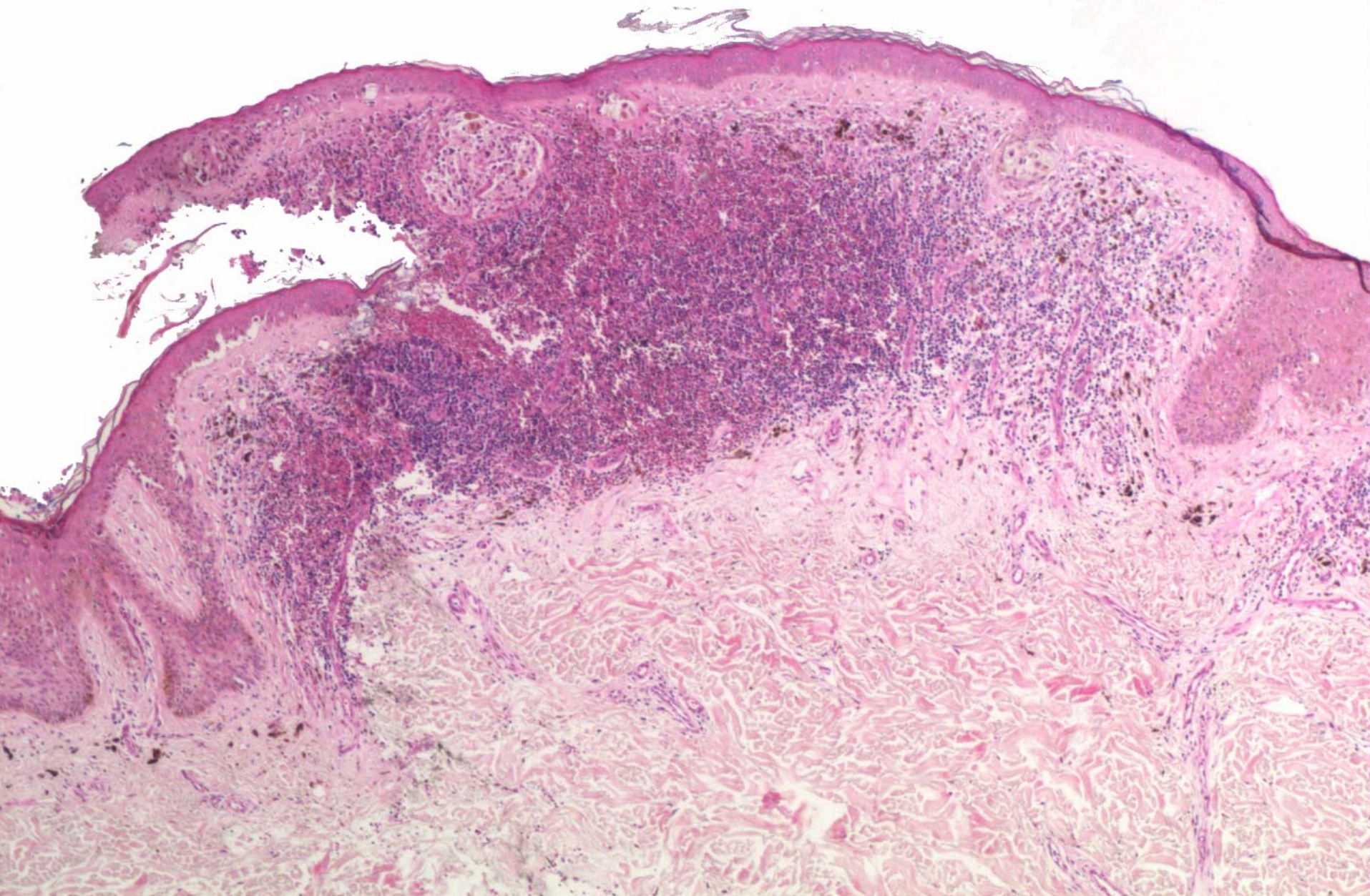
# Focus Points

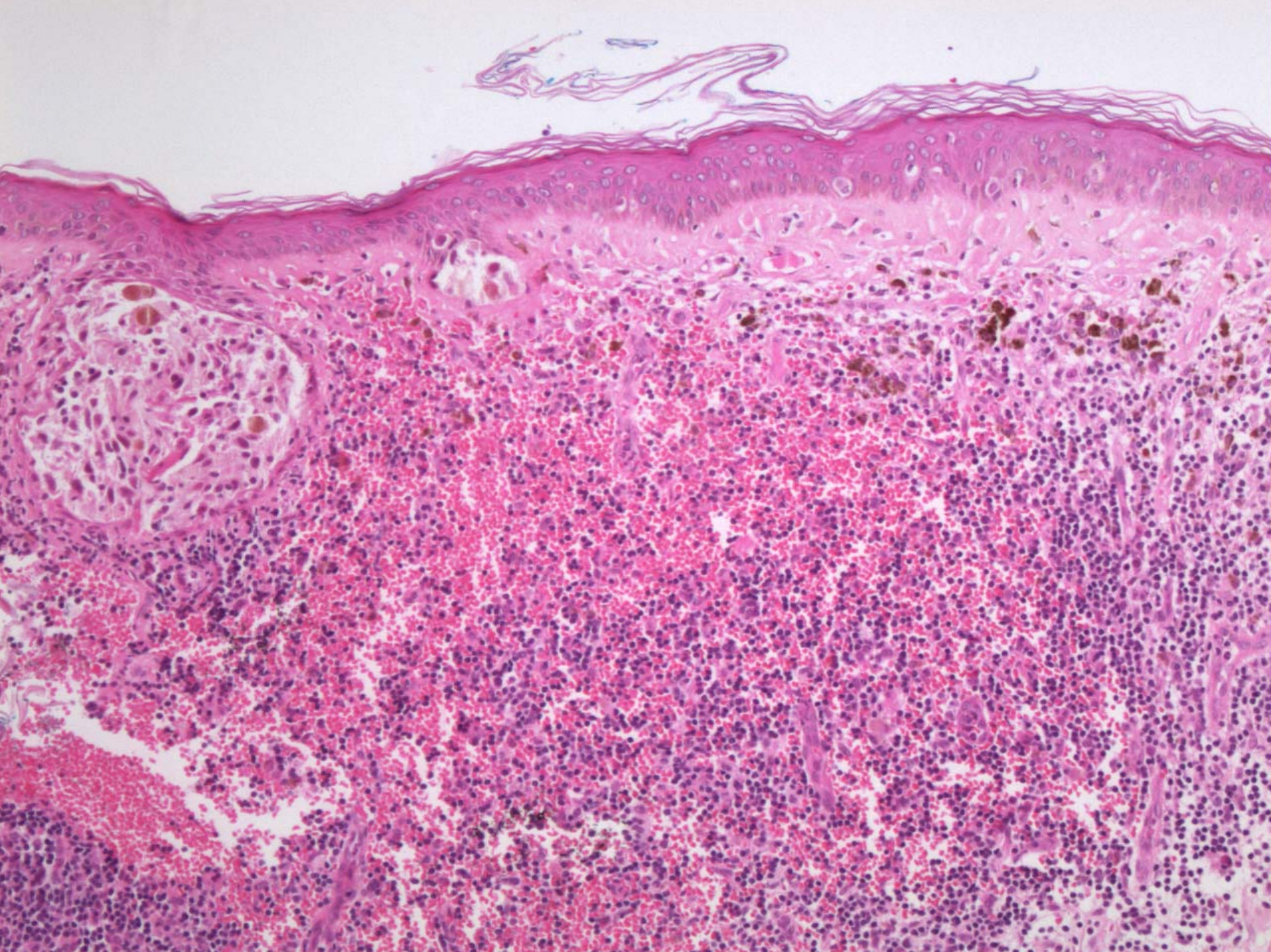


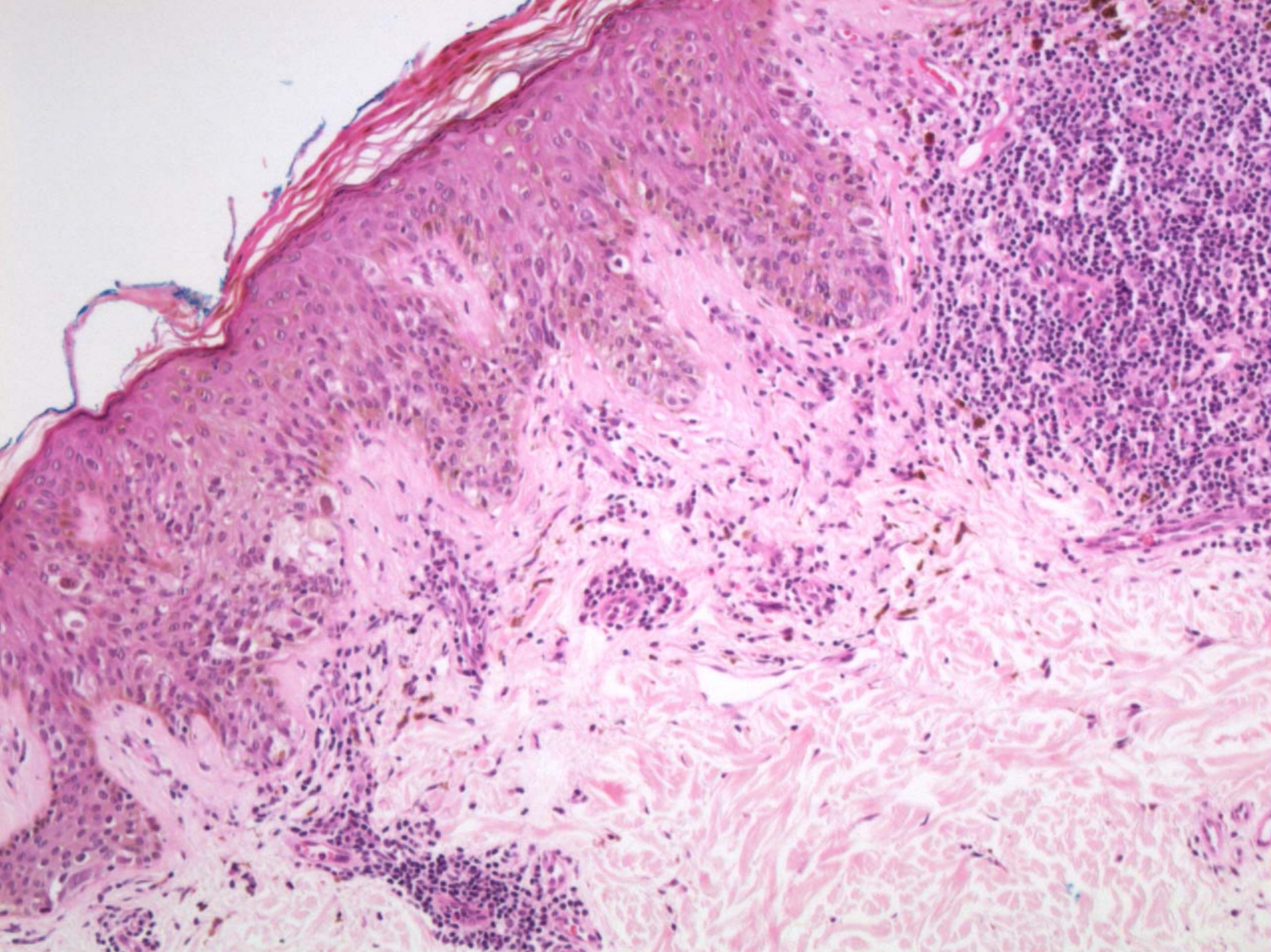
- Caution in assessing small biopsies
- Look for junctional component
- Cytologic atypia

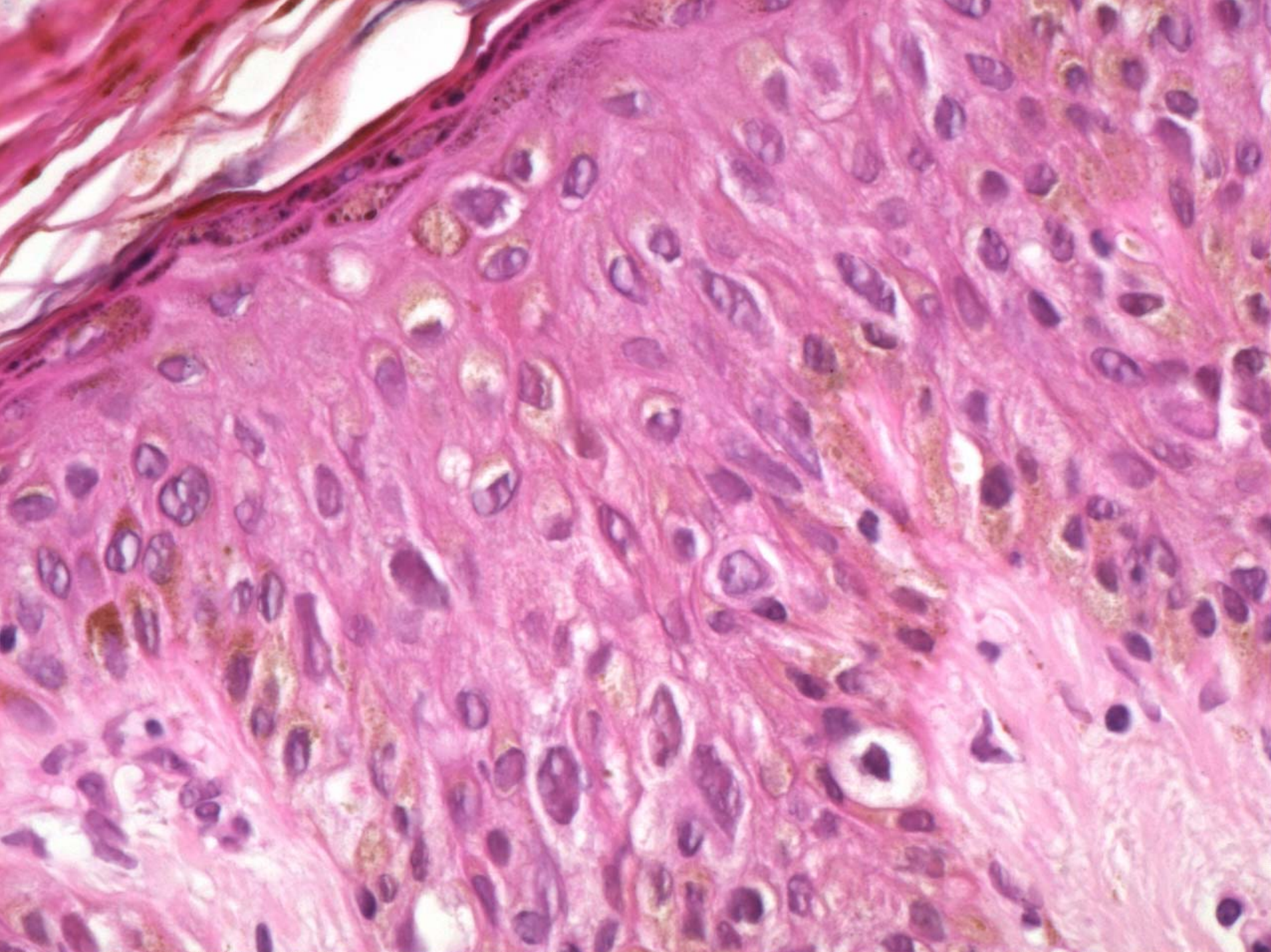


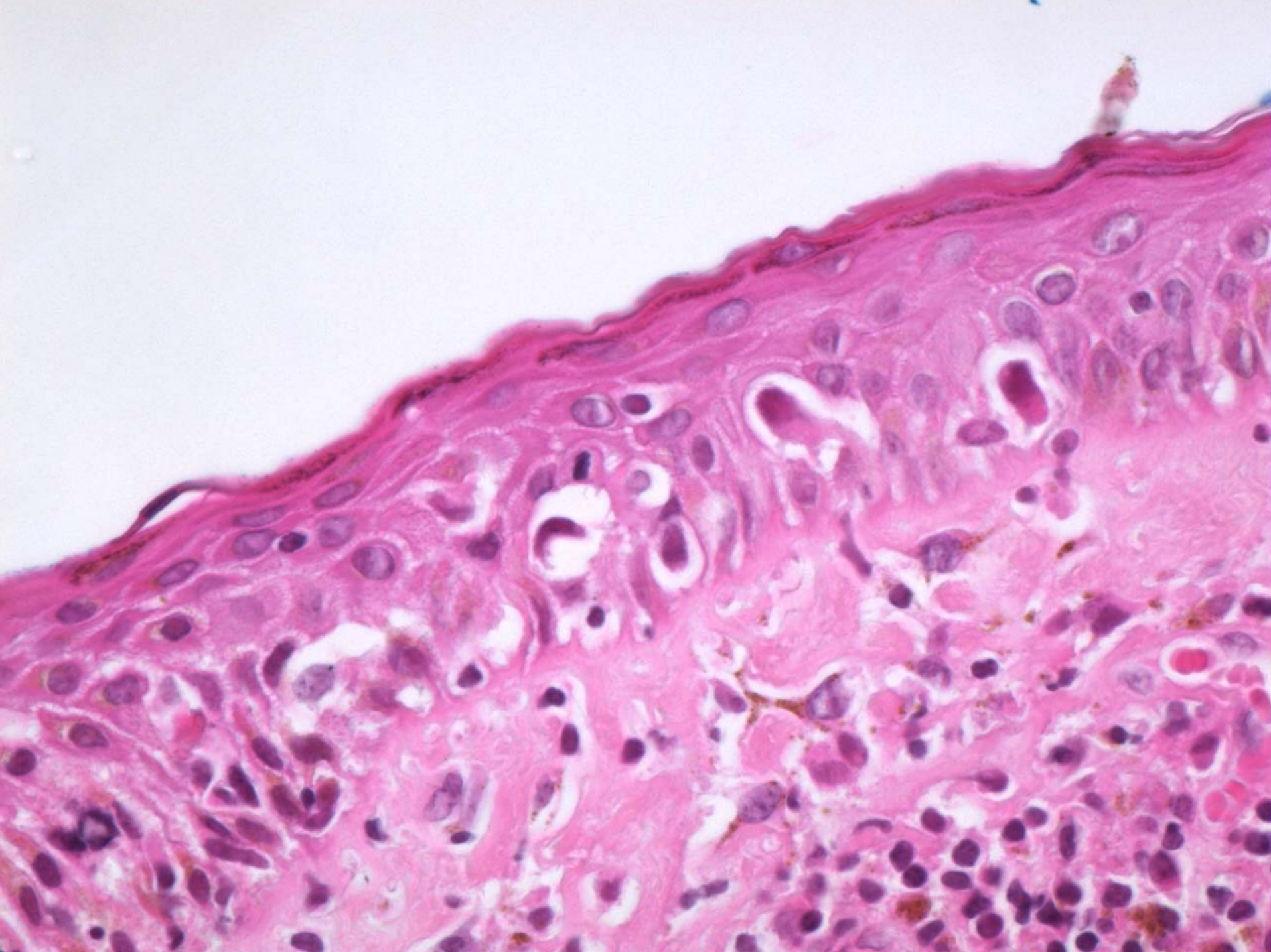






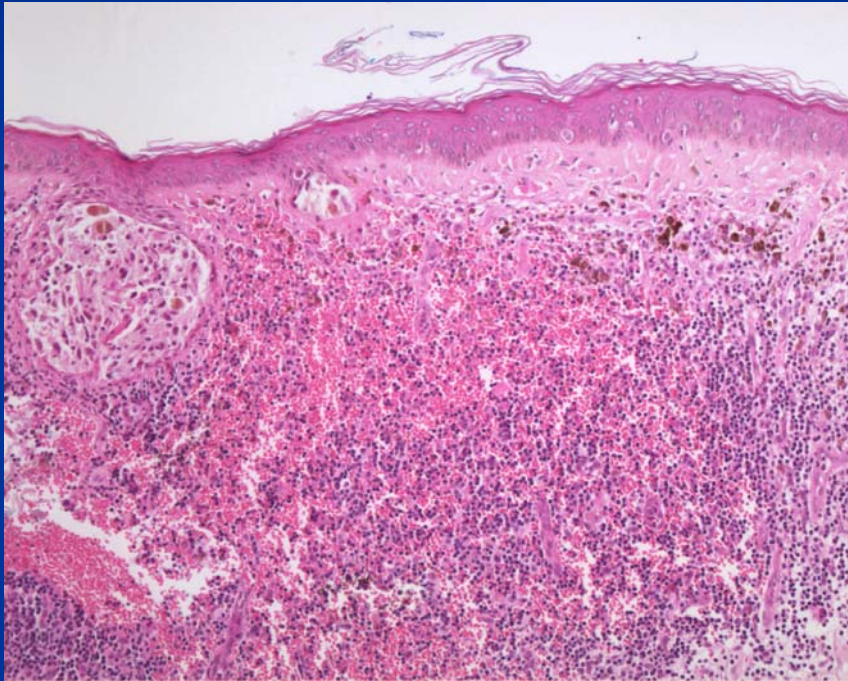




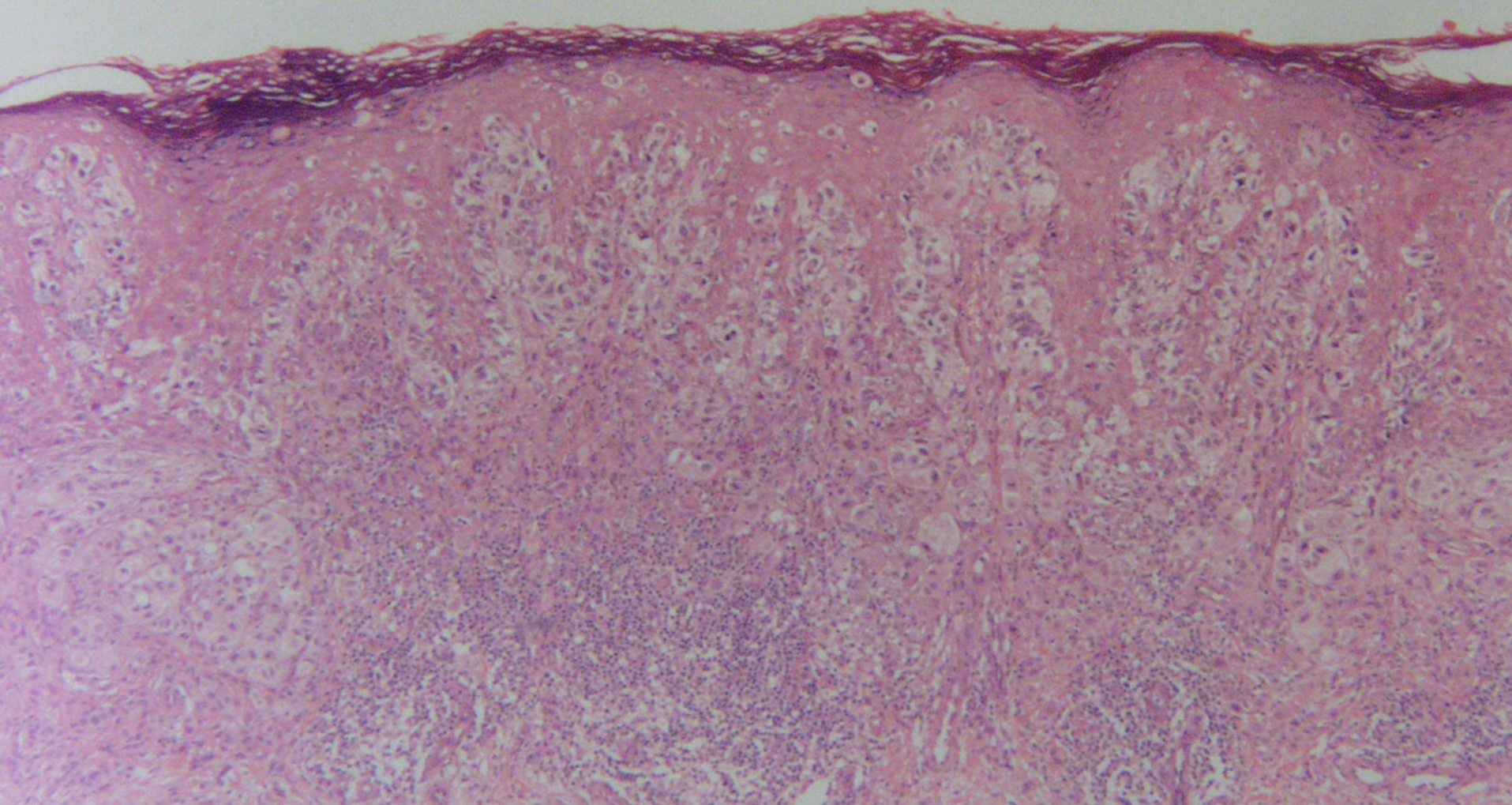


Superficial spreading melanoma  
misinterpreted as chronically  
inflamed nevus

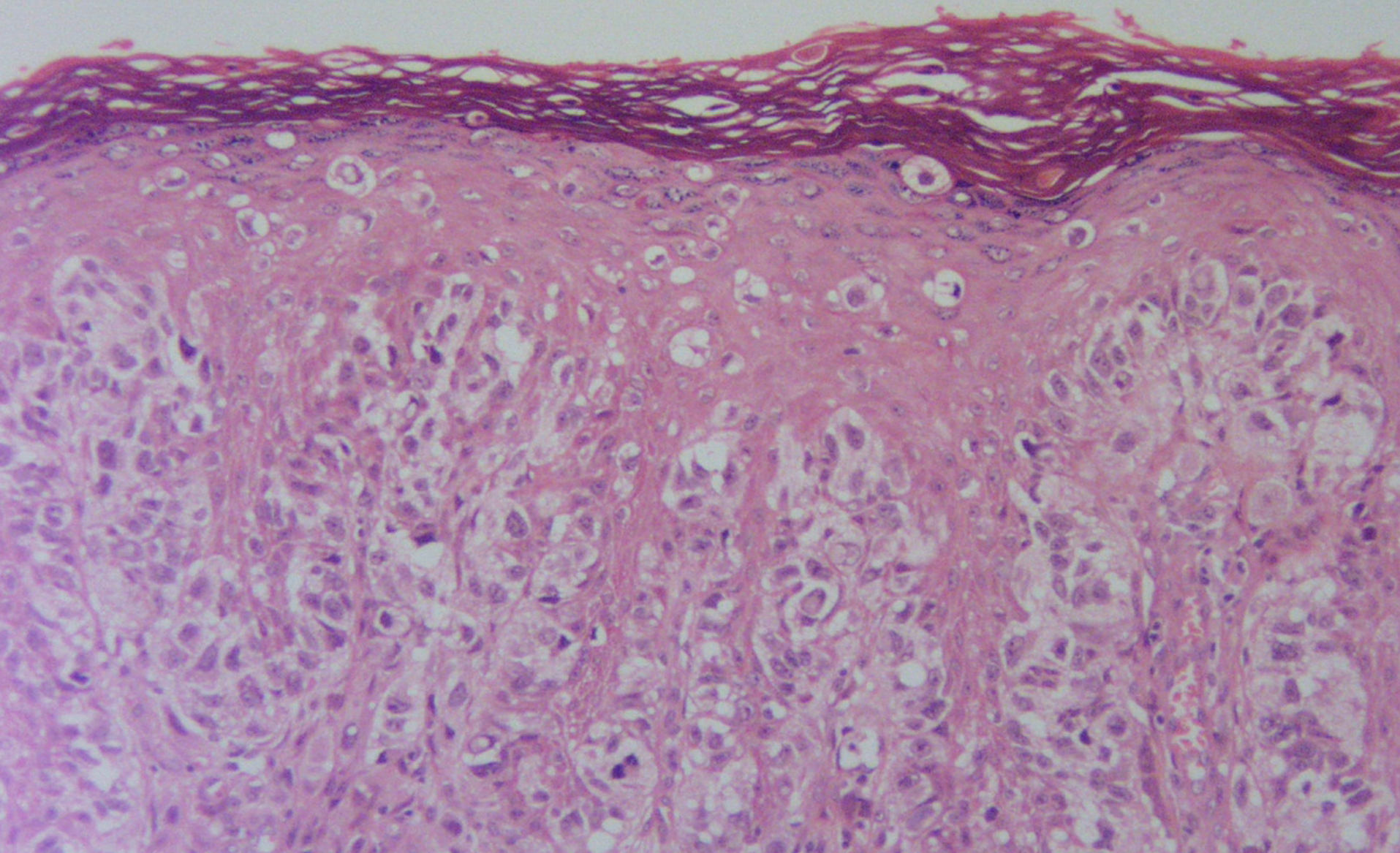
# Focus Points

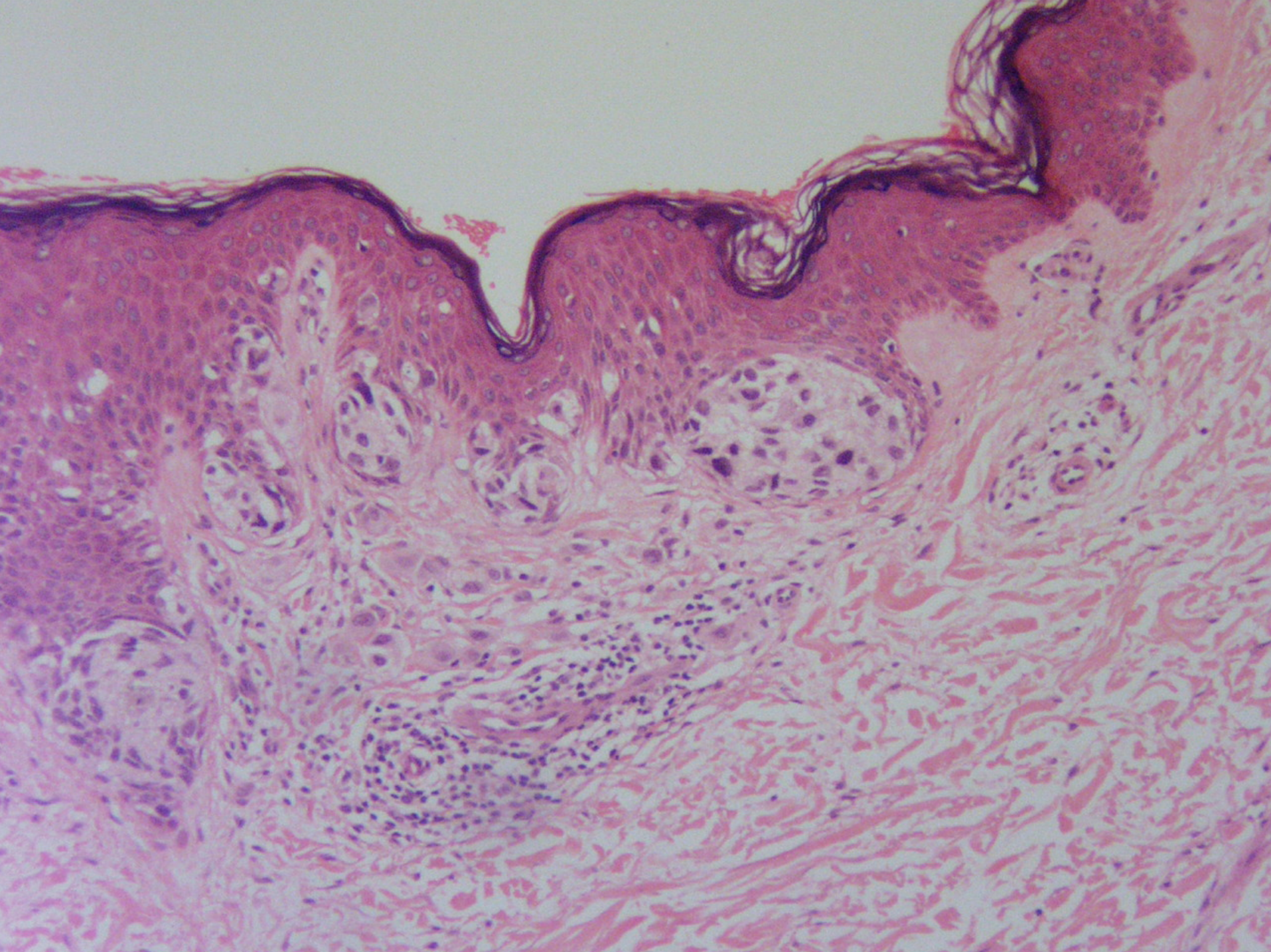


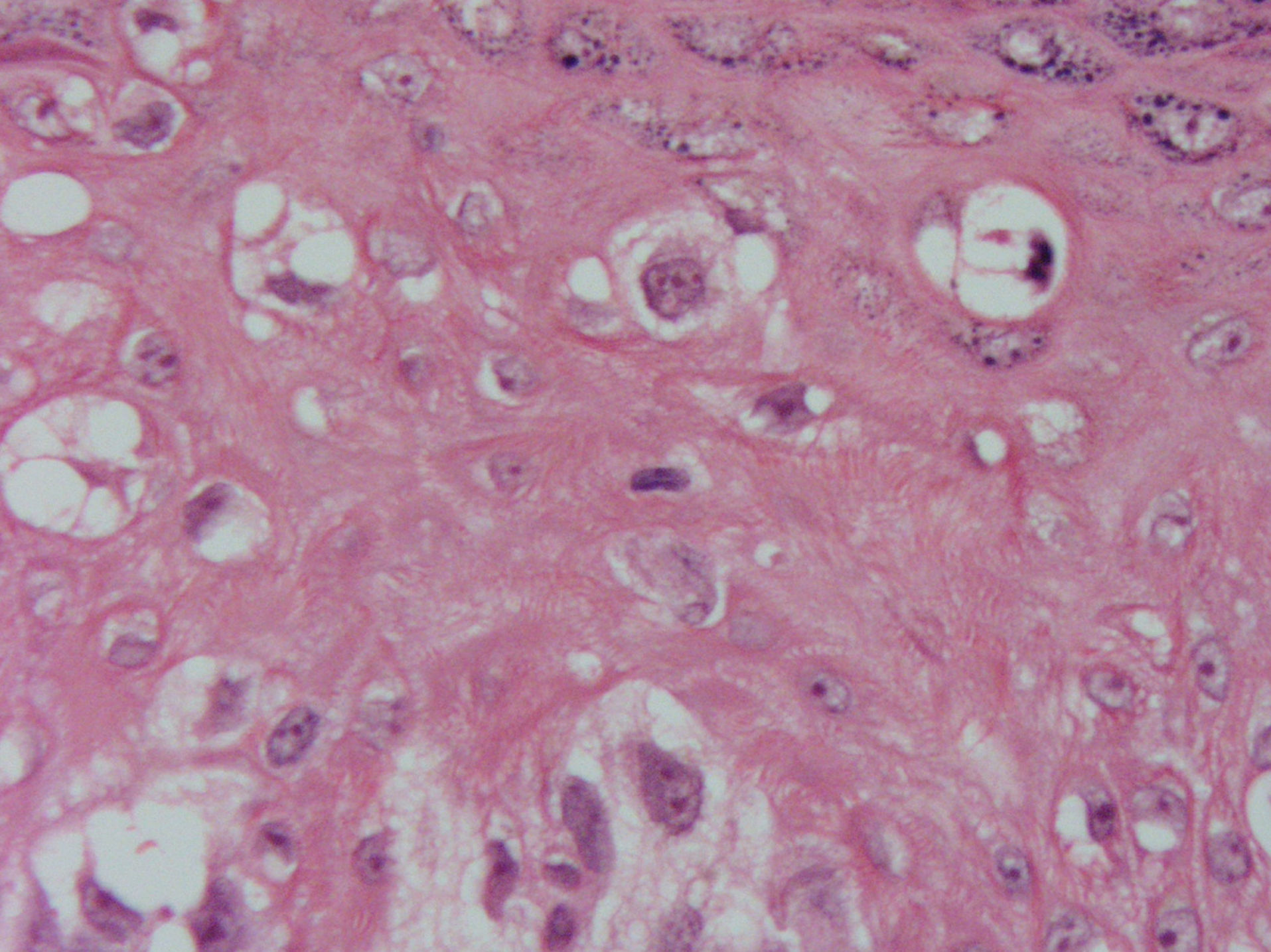
- Halo infiltrate in benign and malignant
- Epidermal component esp. away from dermal component
- Irregular pigment or inflammatory cell distribution

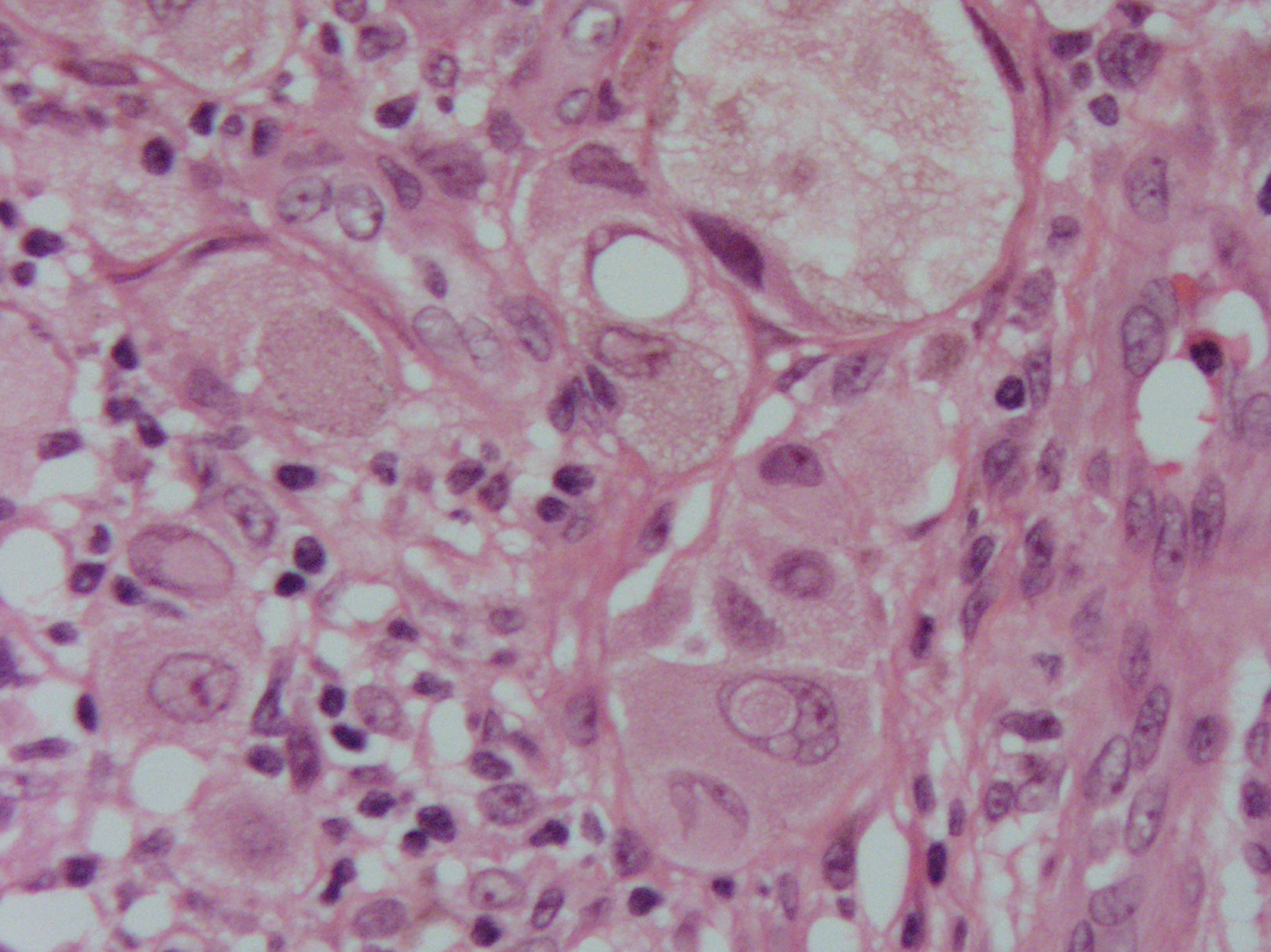






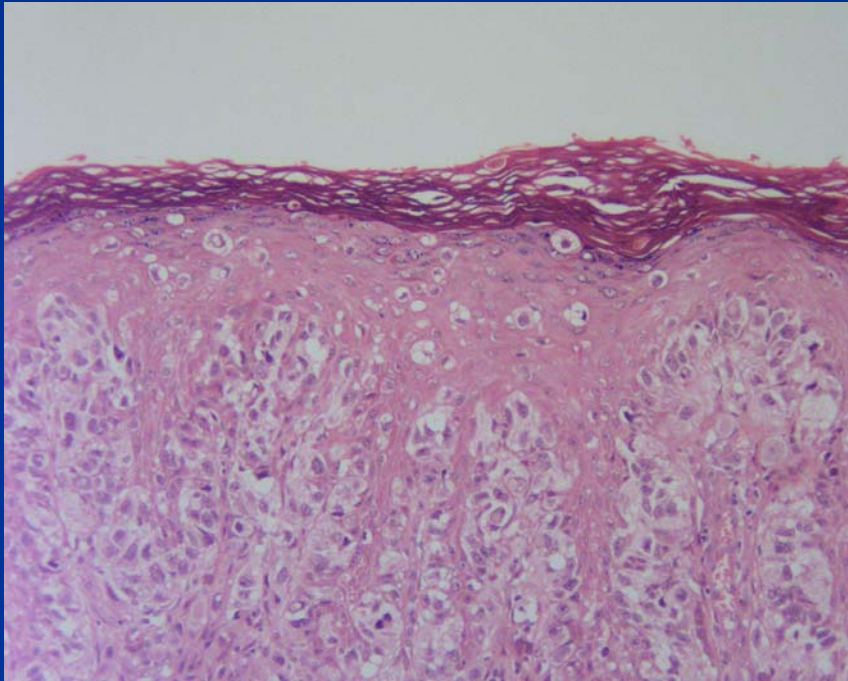




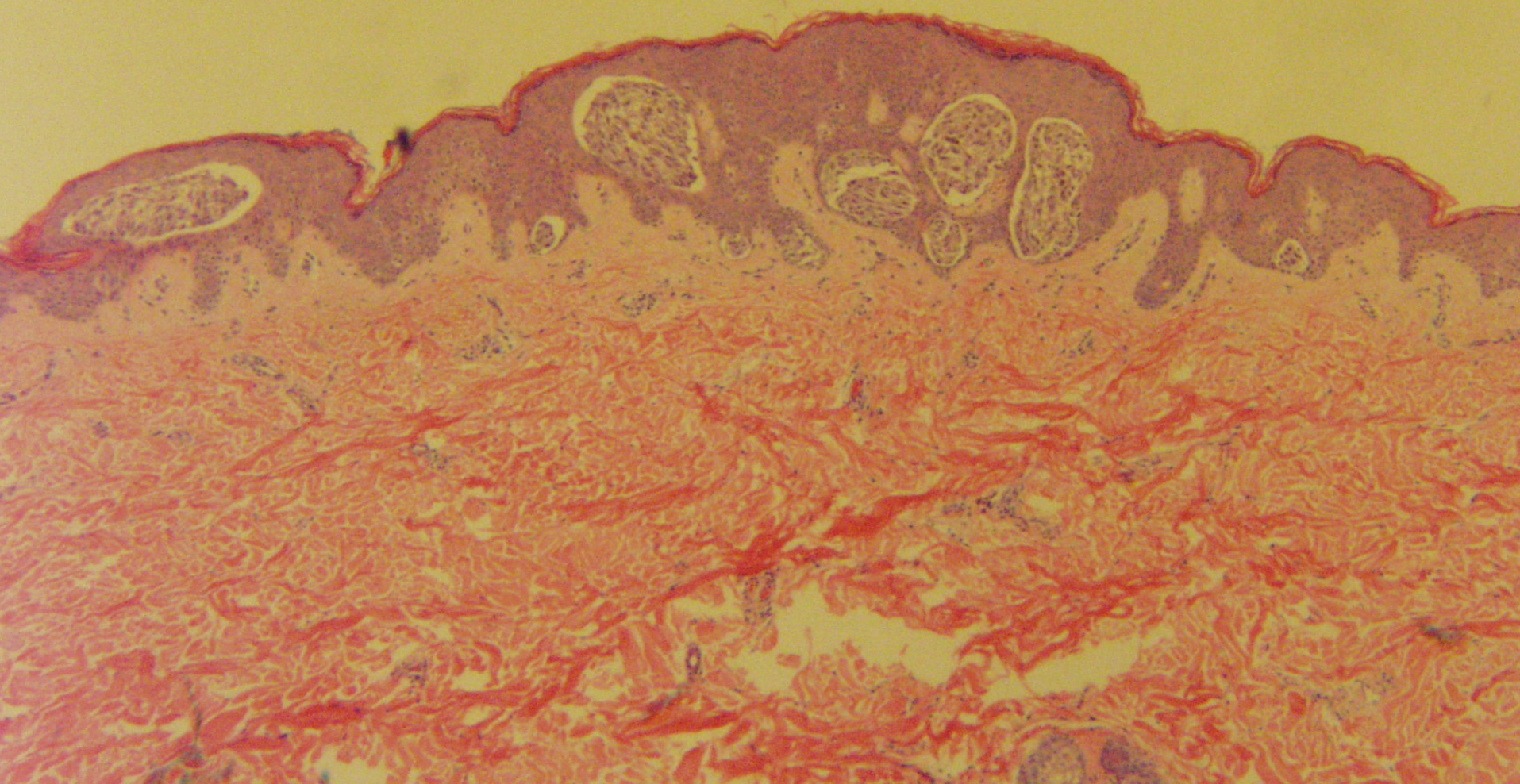


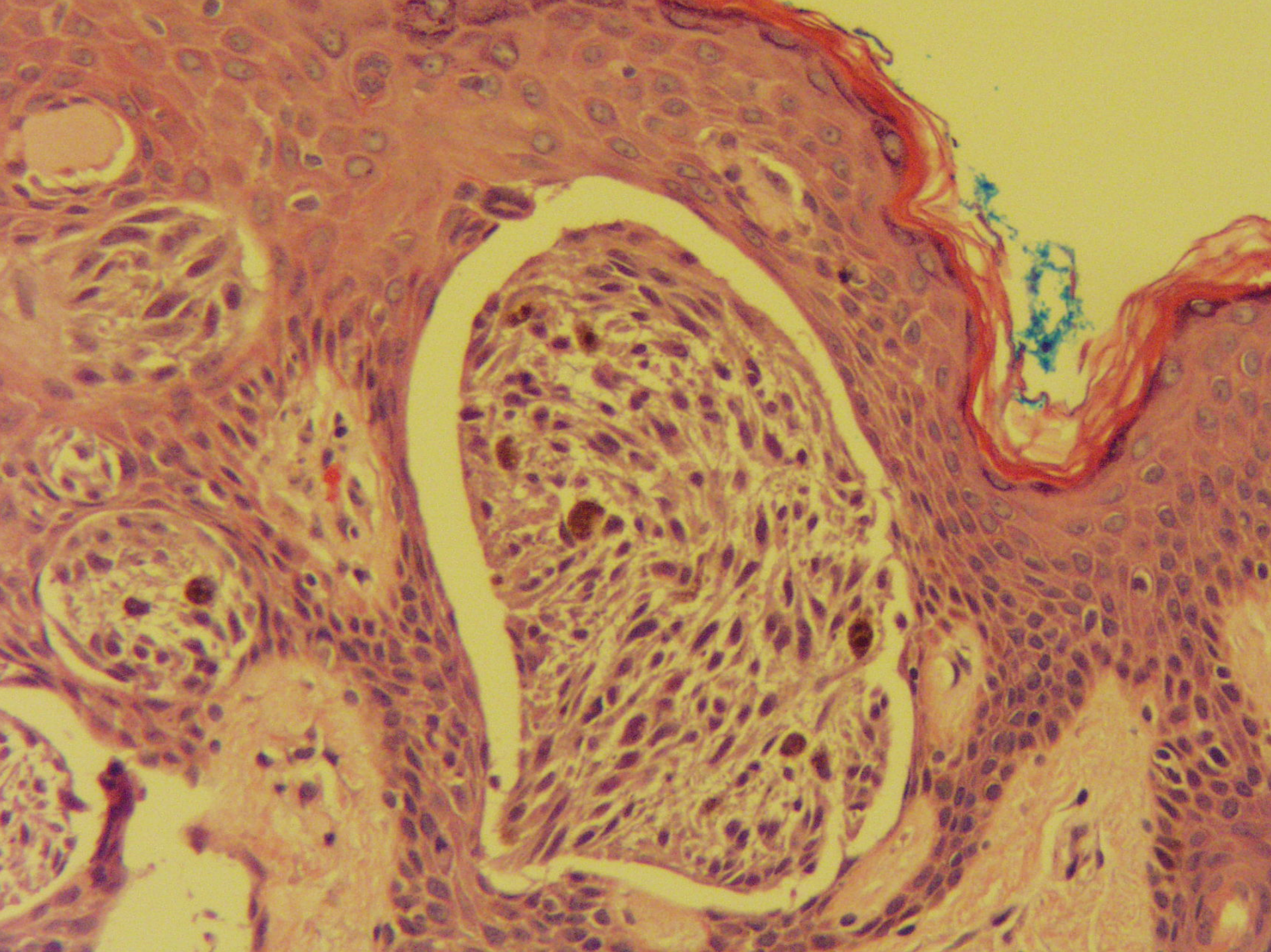
# Melanoma misdiagnosed as Spitz nevus

# Focus Points

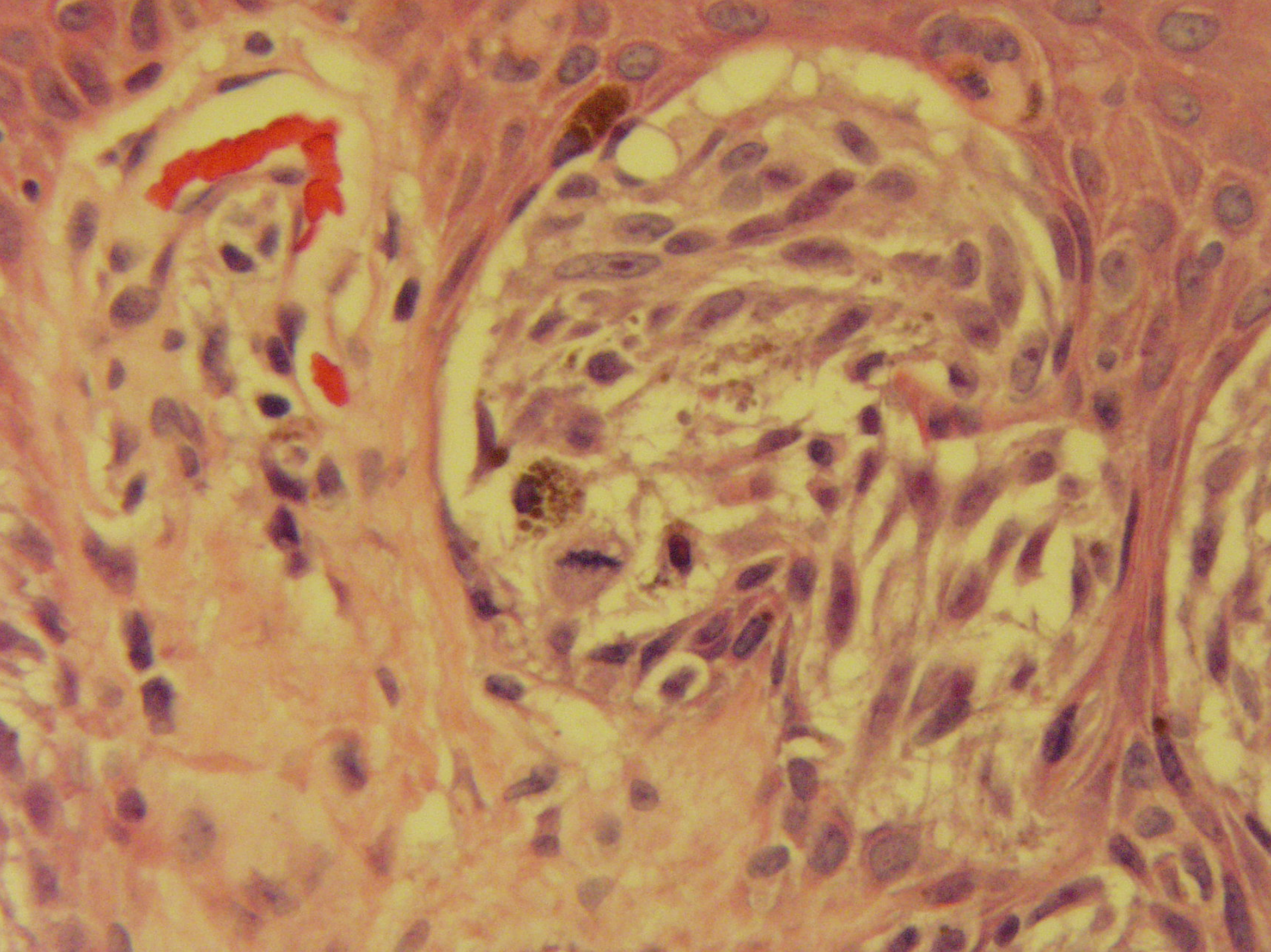


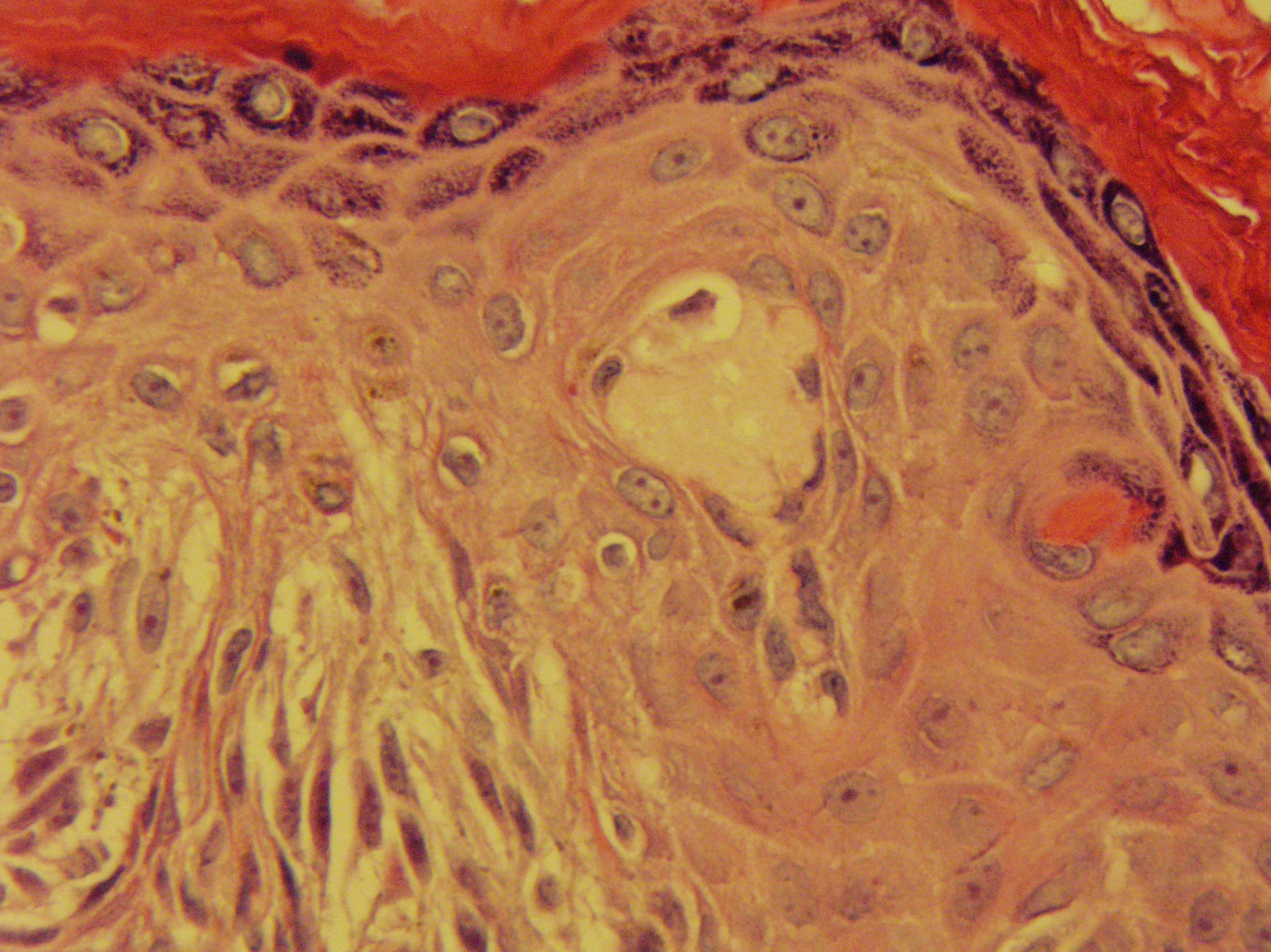
- Kamino bodies usually absent
- Lack of peripheral circumscription
- Mitotic figures deep dermis
- Lack of maturation



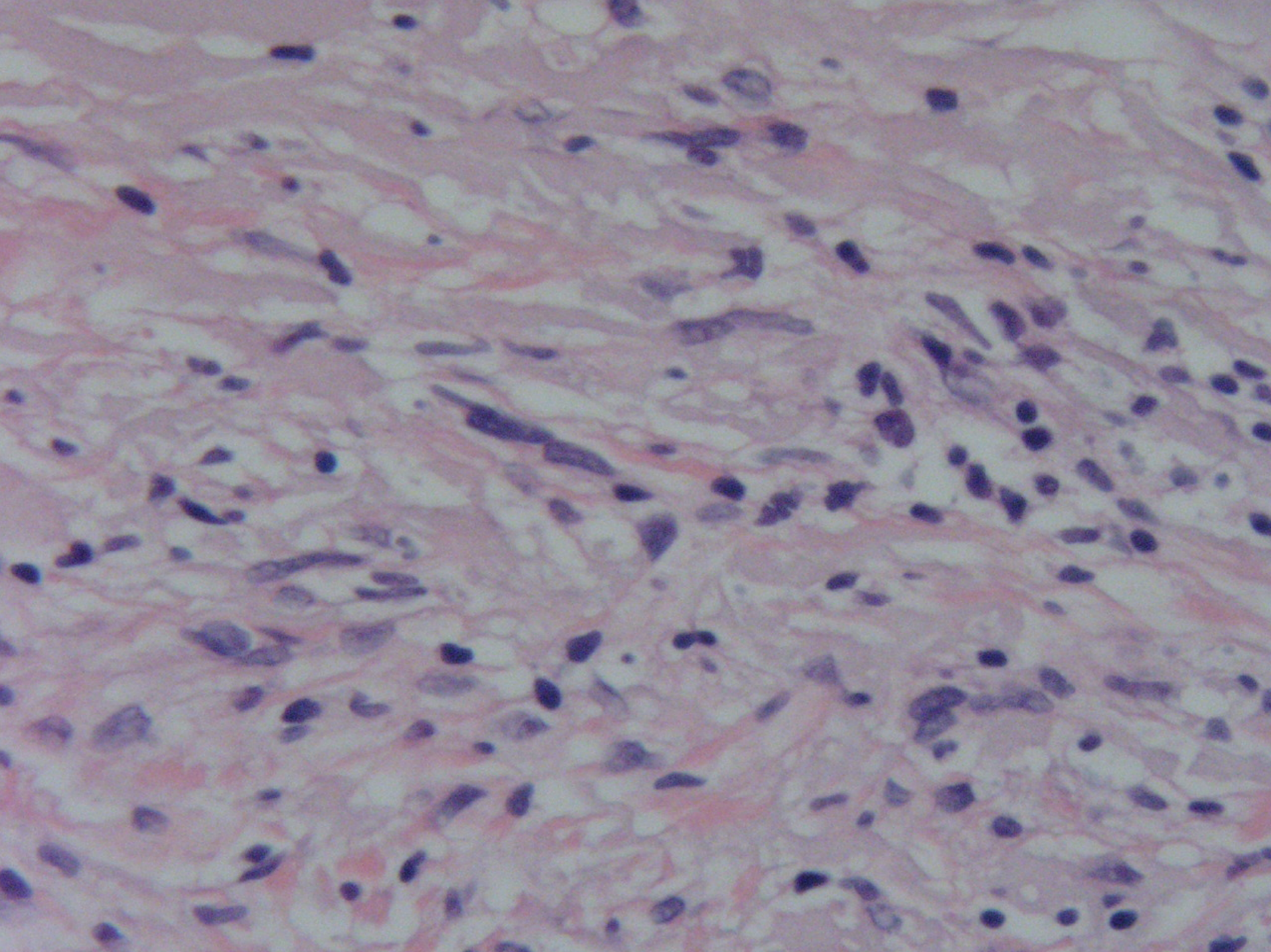


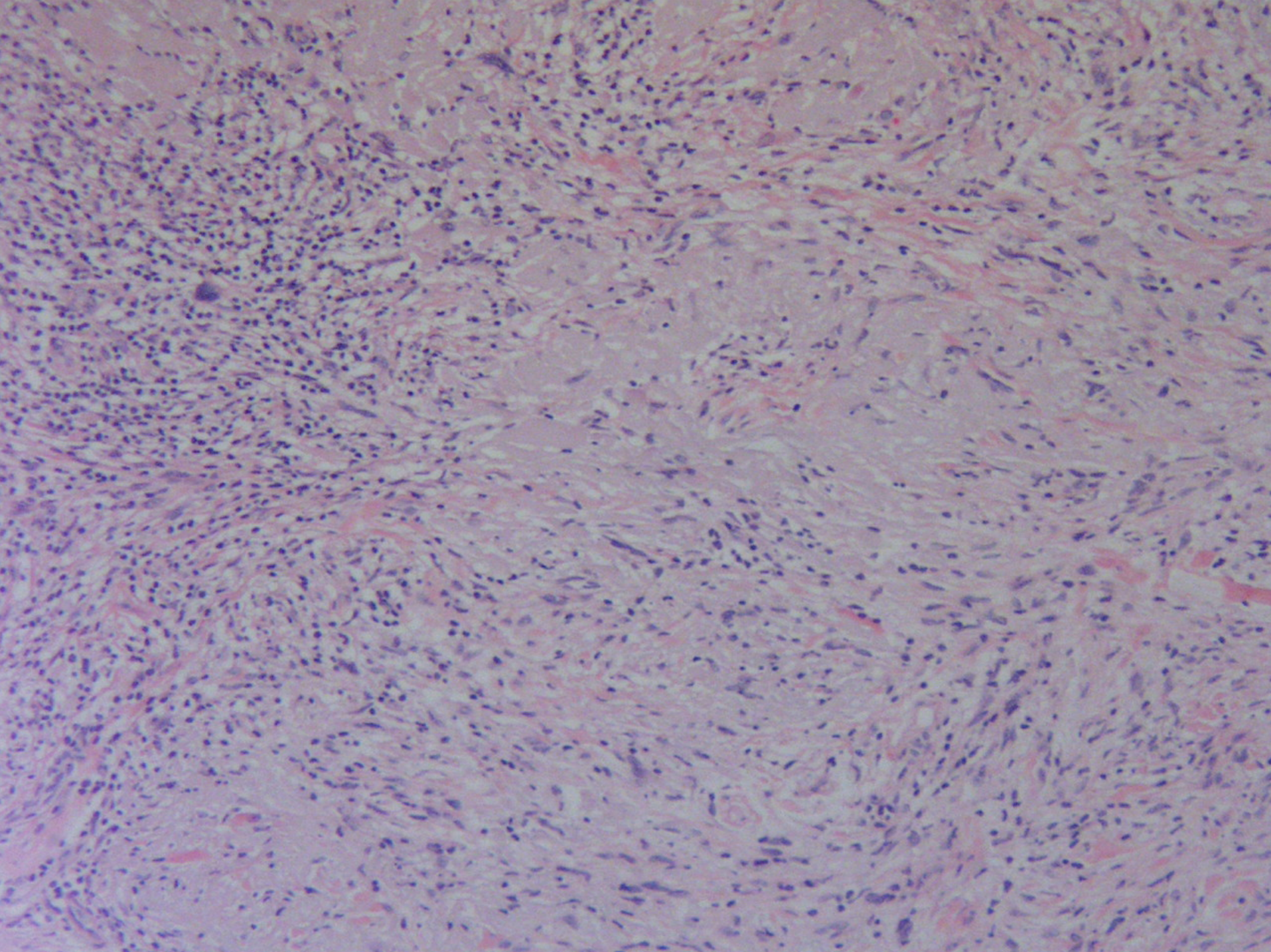


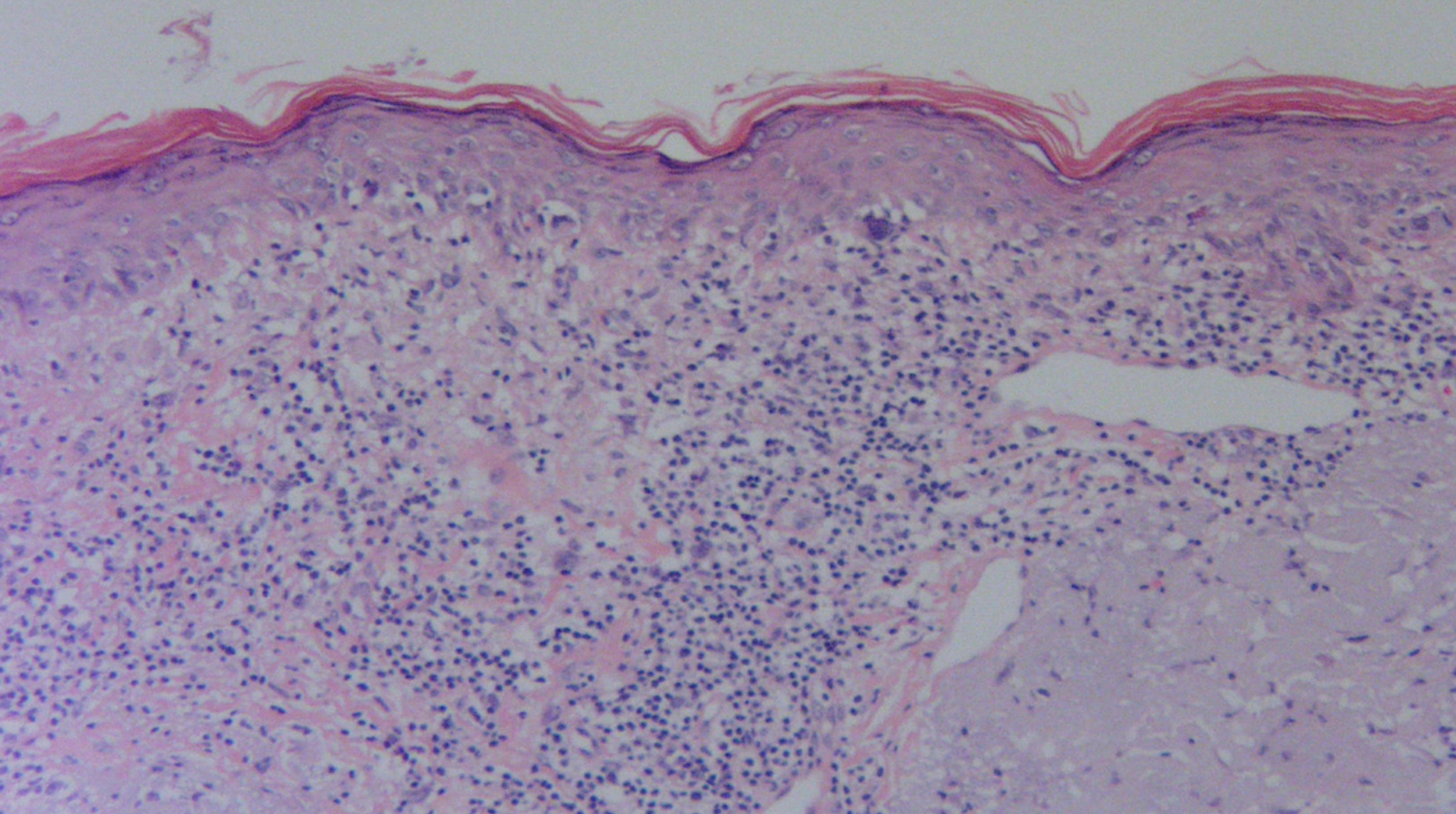


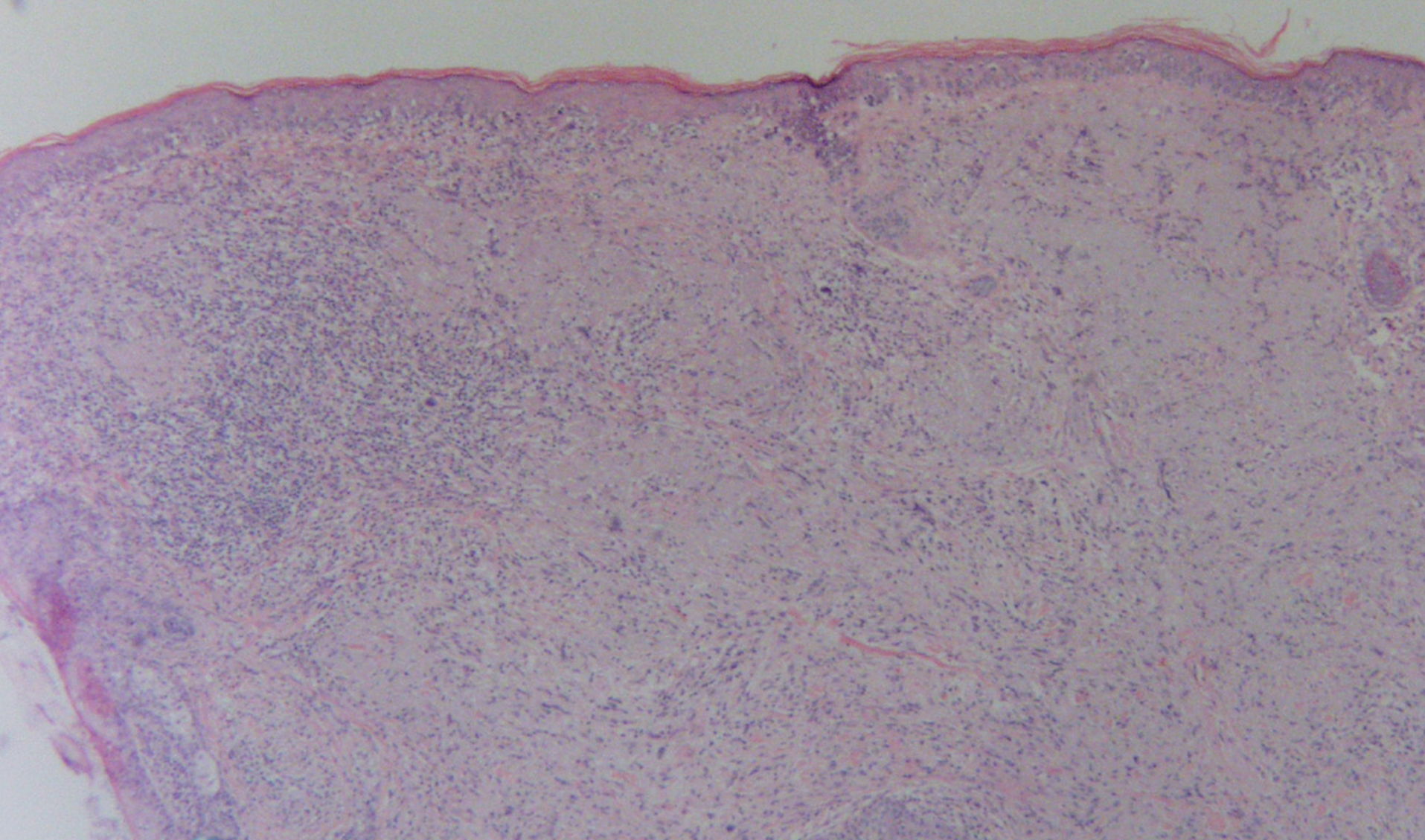


# Melanoma misdiagnosed as Spitz nevus





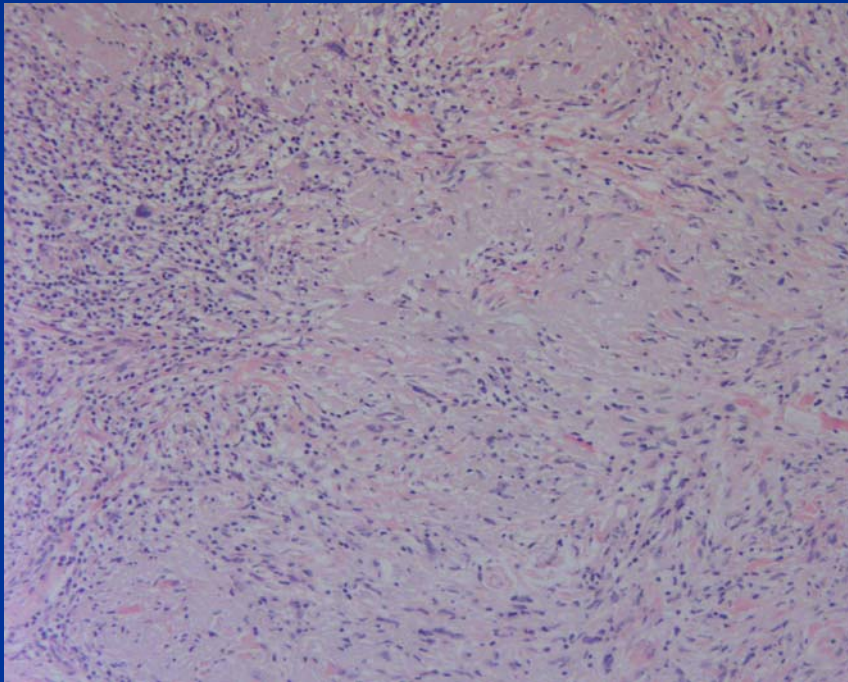




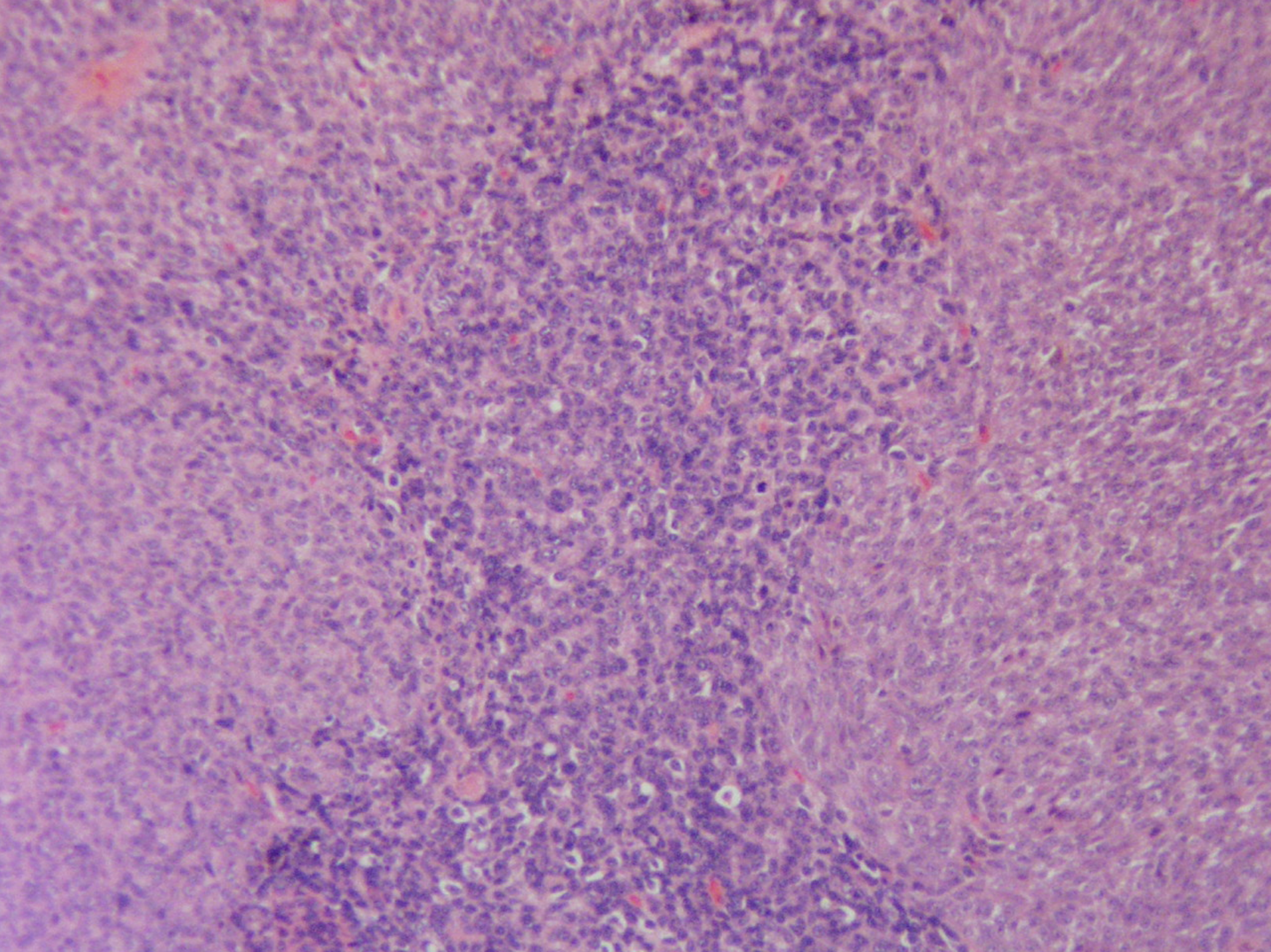
# Underrecognized desmoplastic melanoma

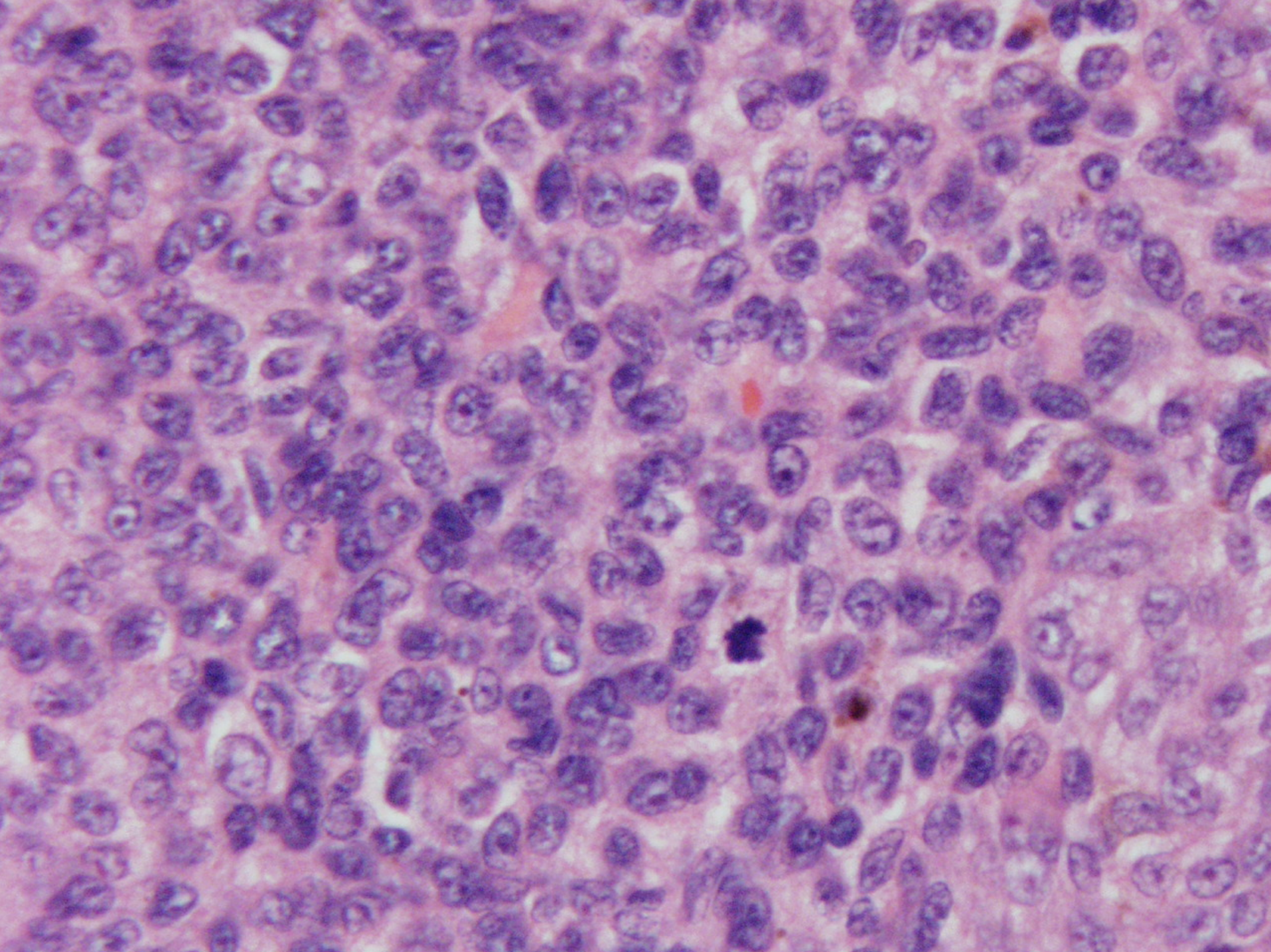


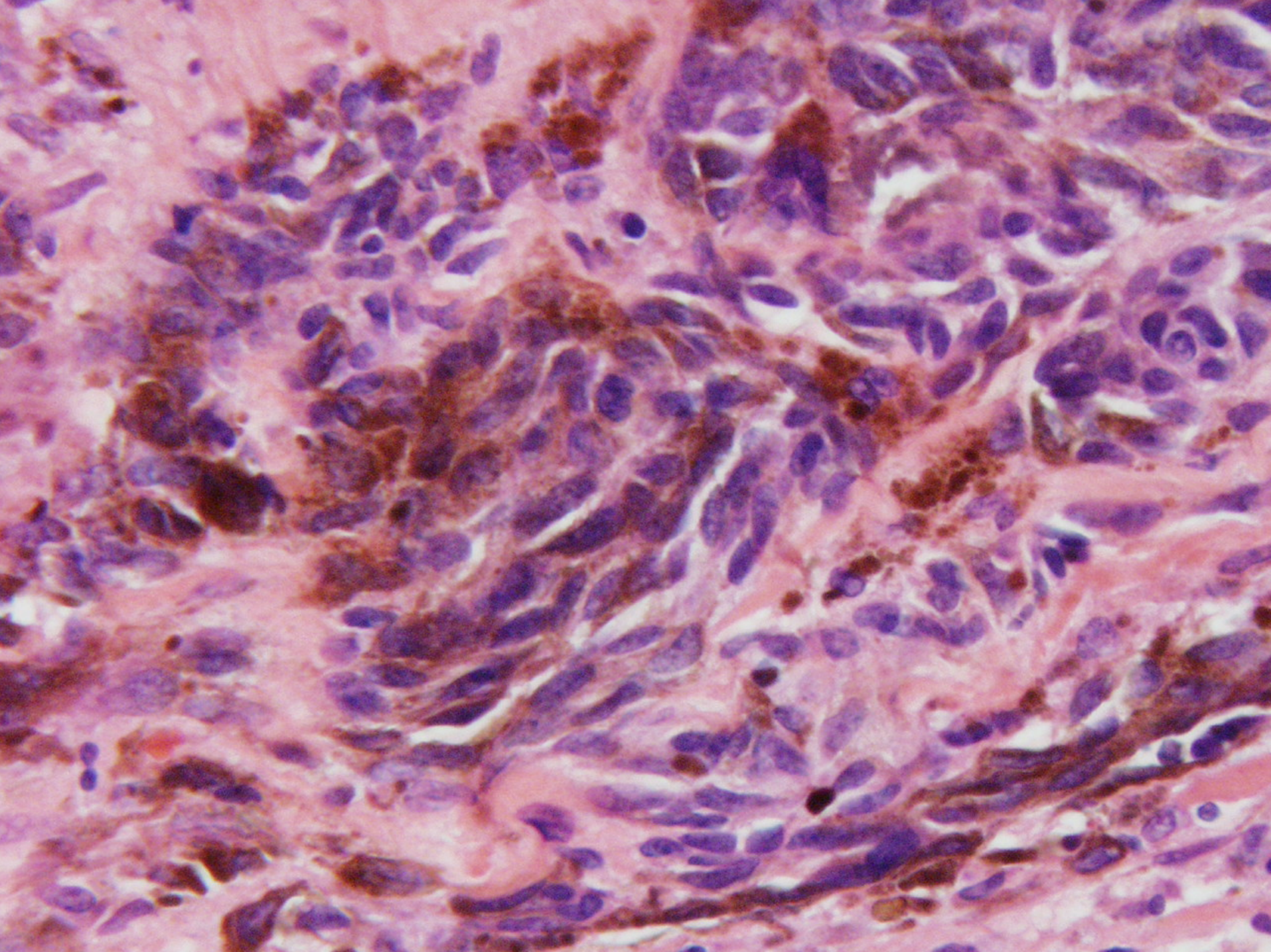
# Focus Points



- Think thrice about a scar on sun-damaged skin
- Look at DE junction
- Irregular distribution of inflammatory cells
- S-100 not MART1/HMB-45



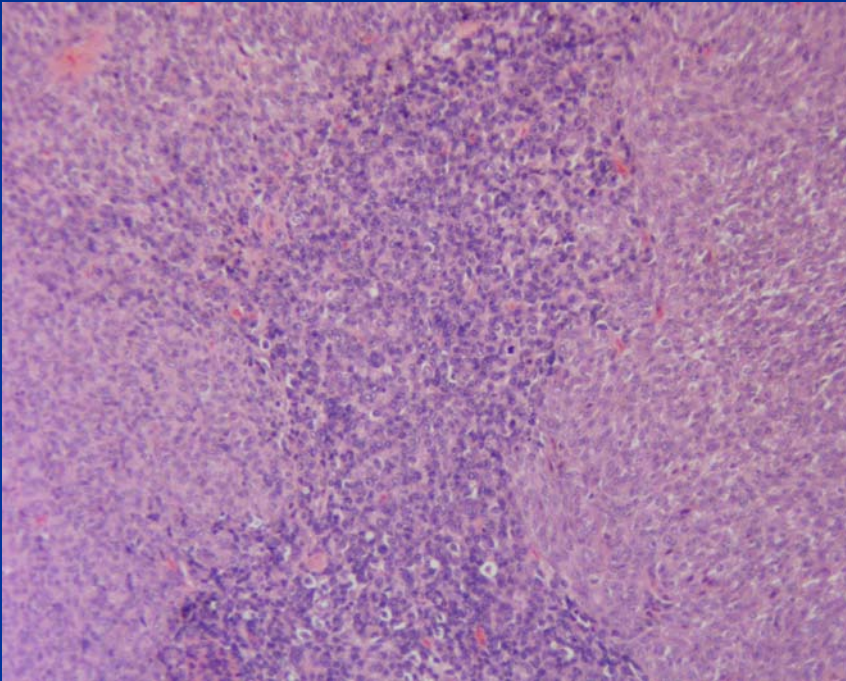




**Melanoma presenting as a lymph  
node metastasis, misdiagnosed as  
lymphoma**

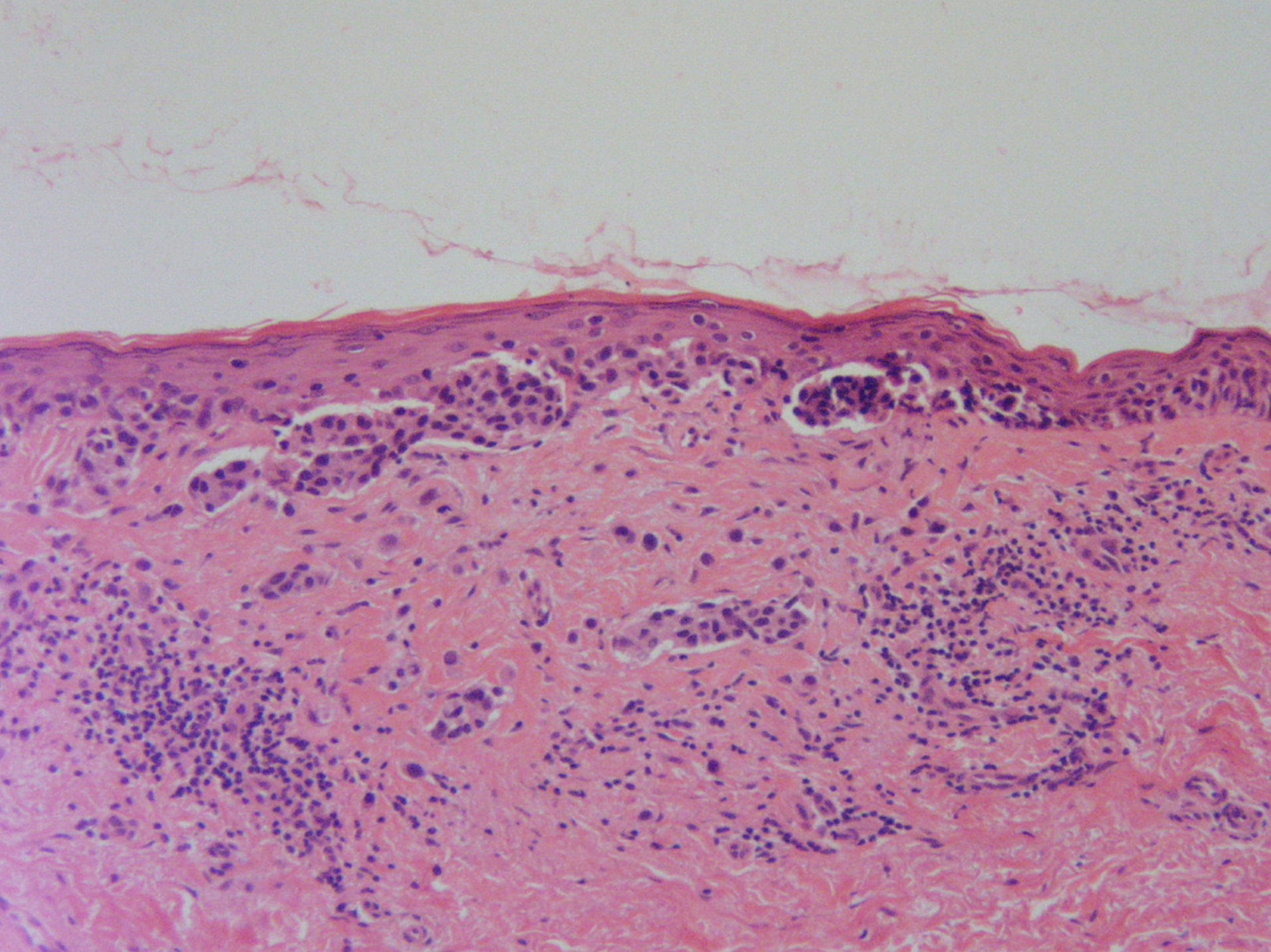
# Focus Points

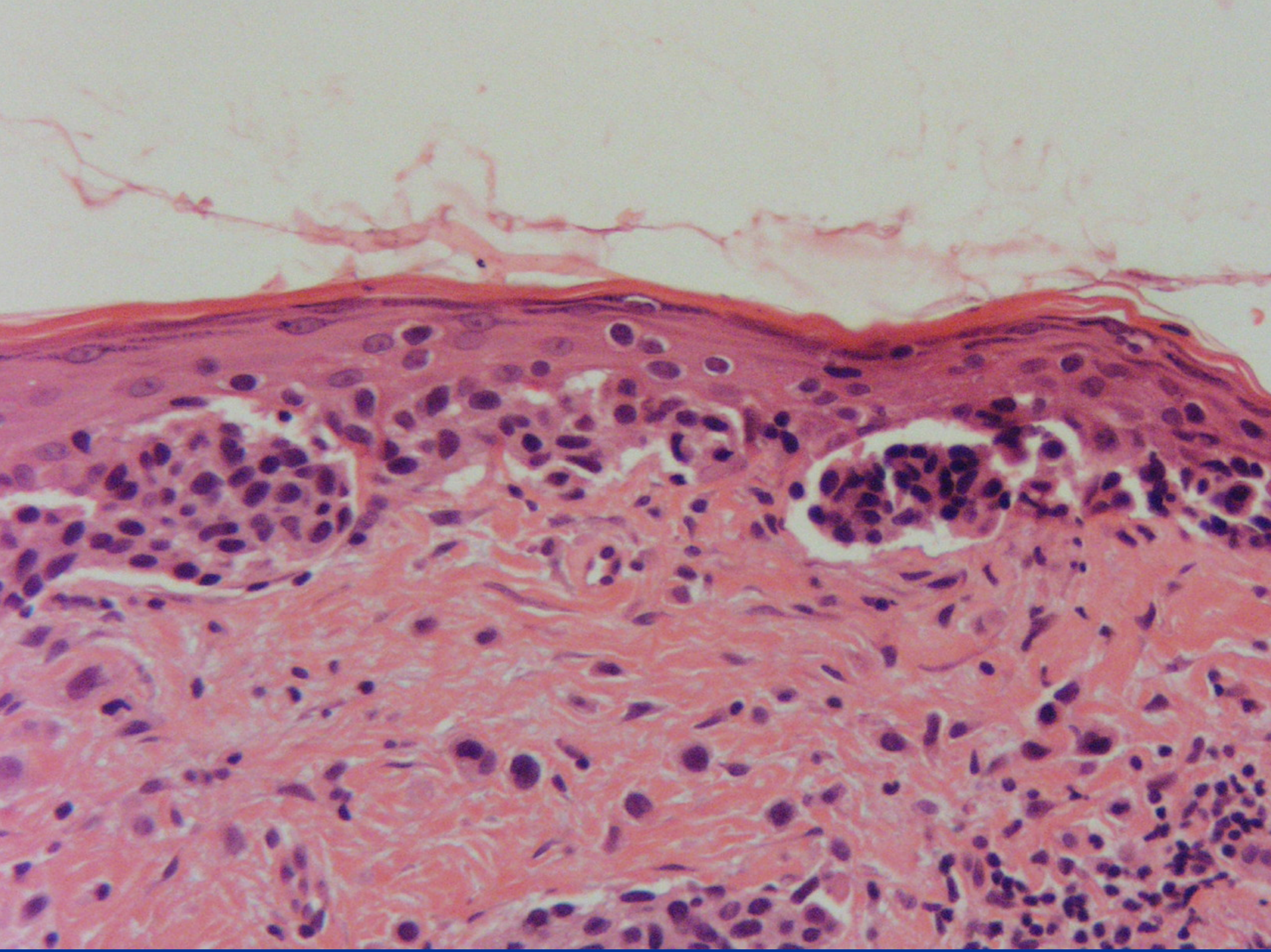
- Pigment



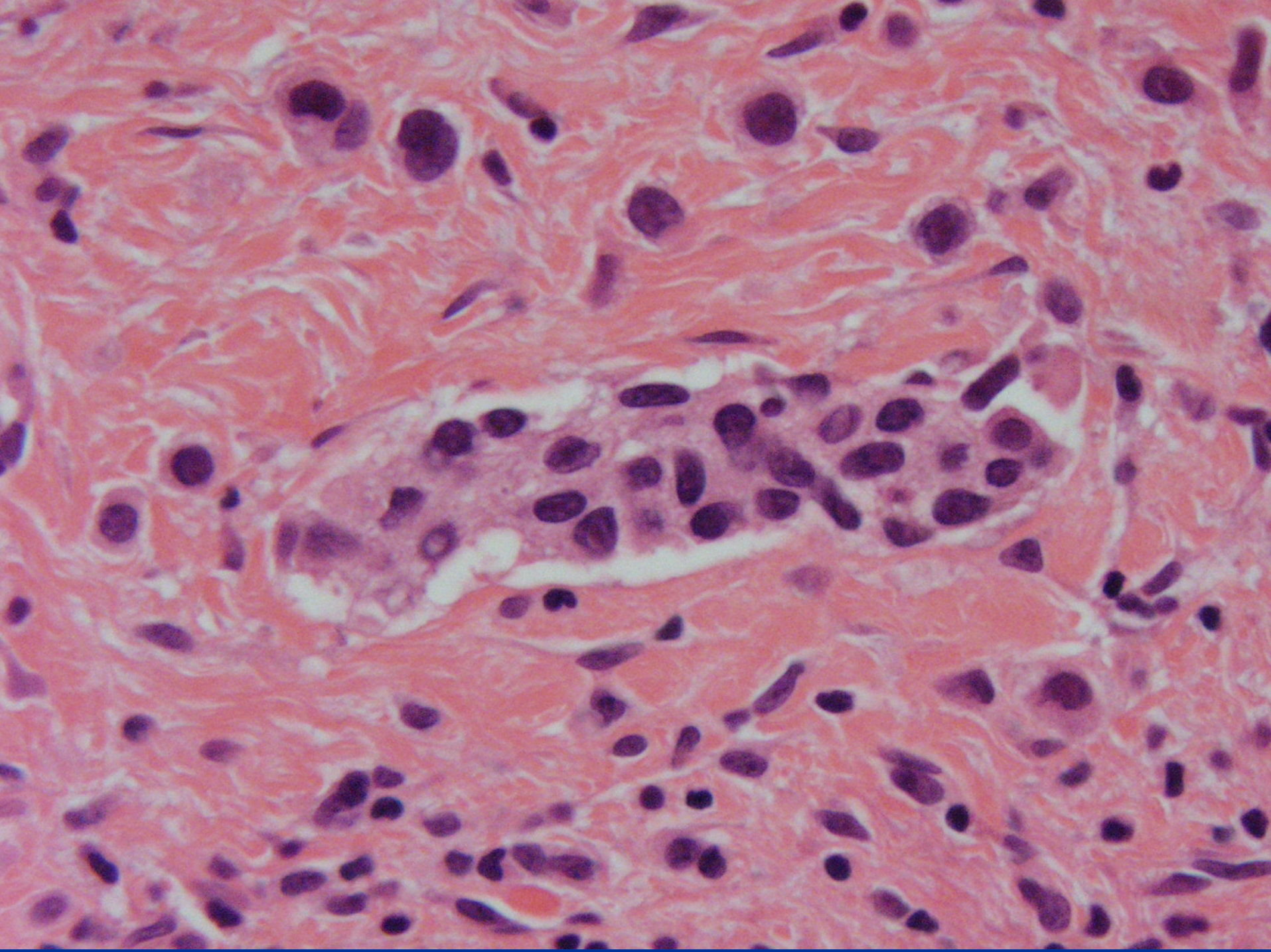
- Suspicion

- IPOX



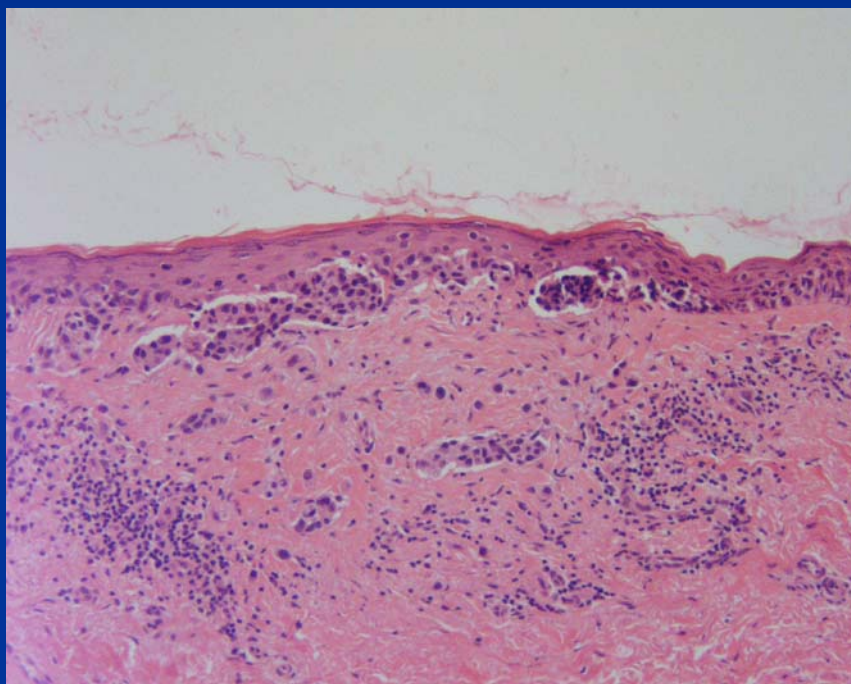




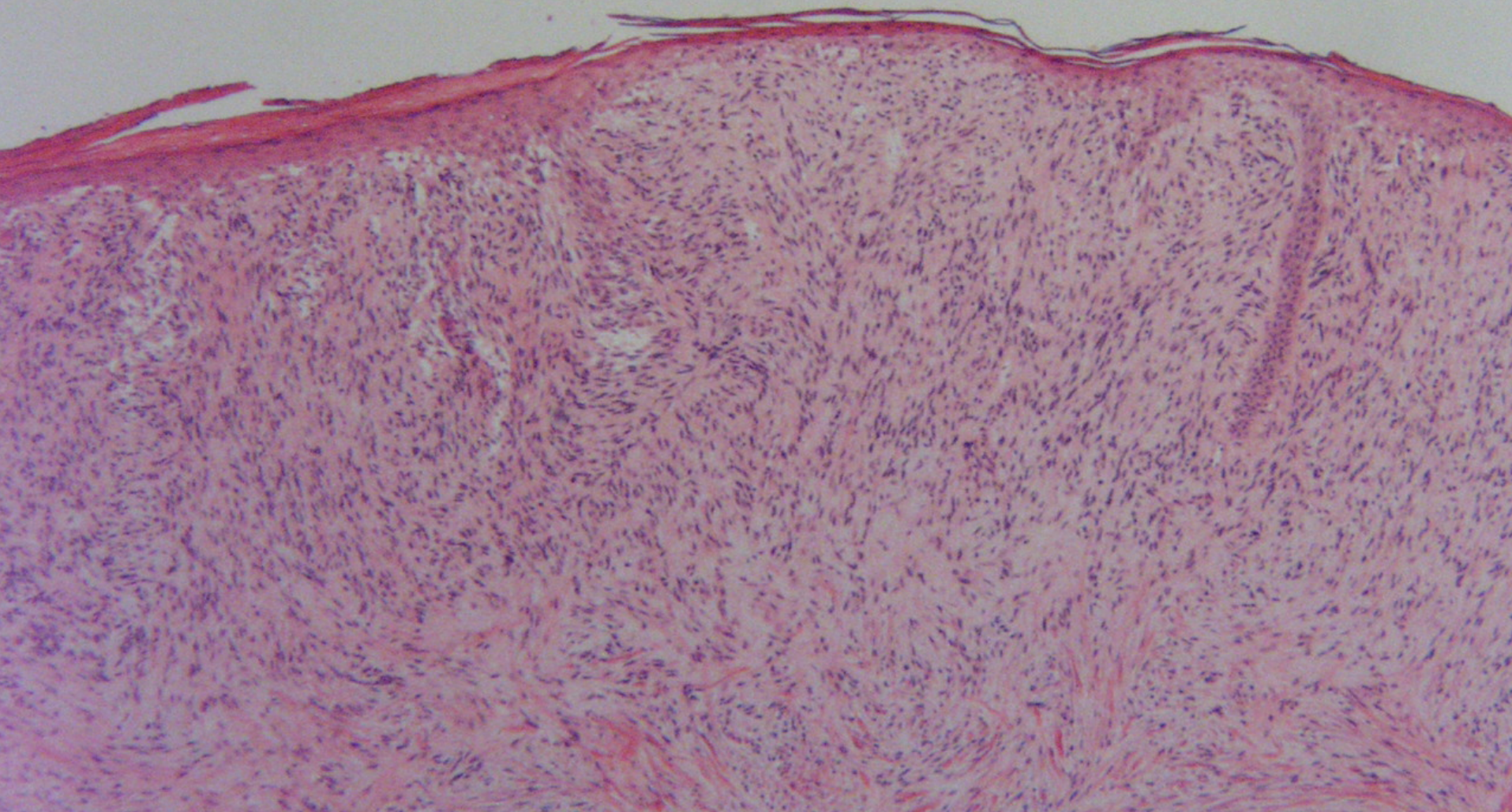


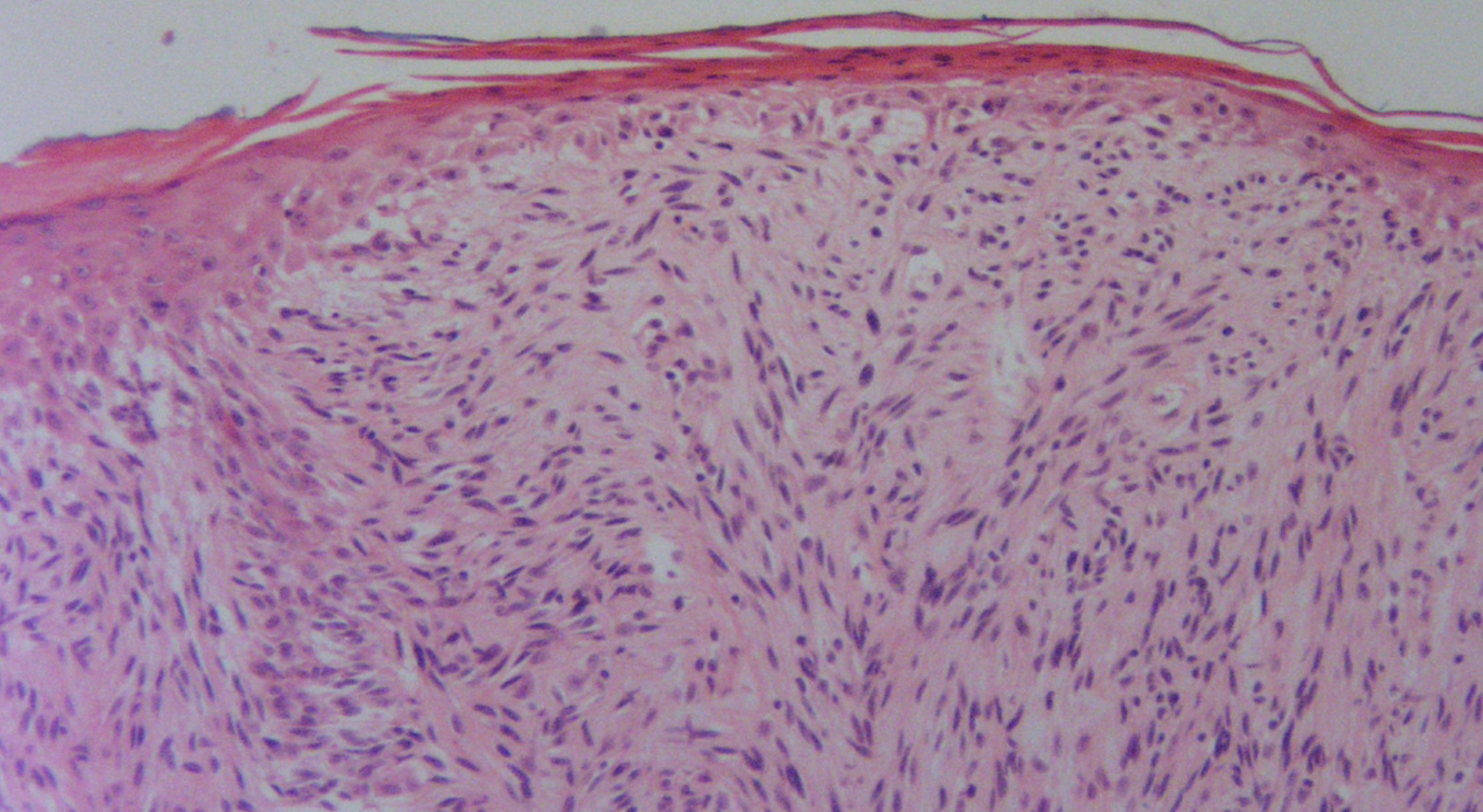
# Melanoma misdiagnosed as dysplastic nevus

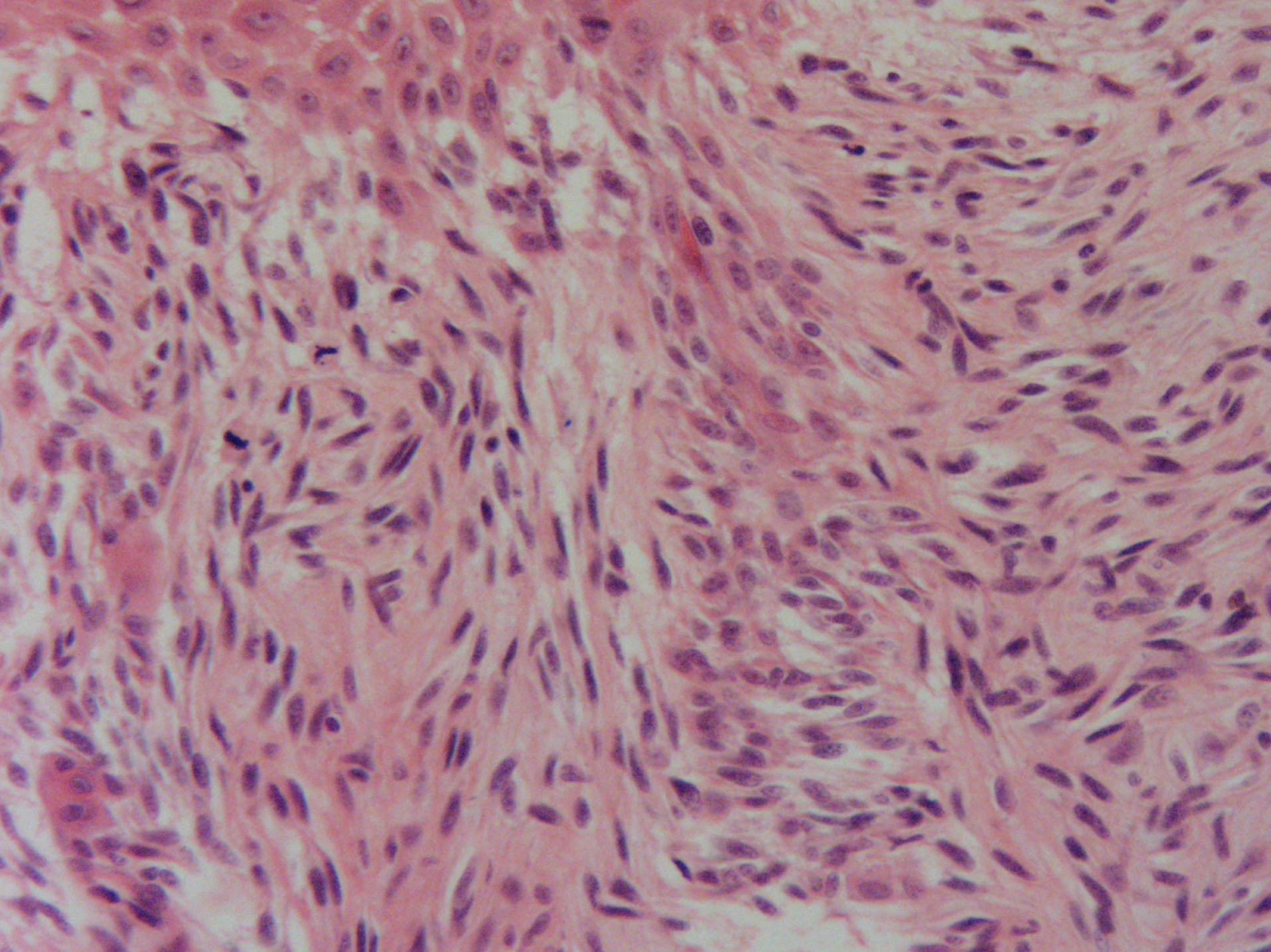
# Focus Points

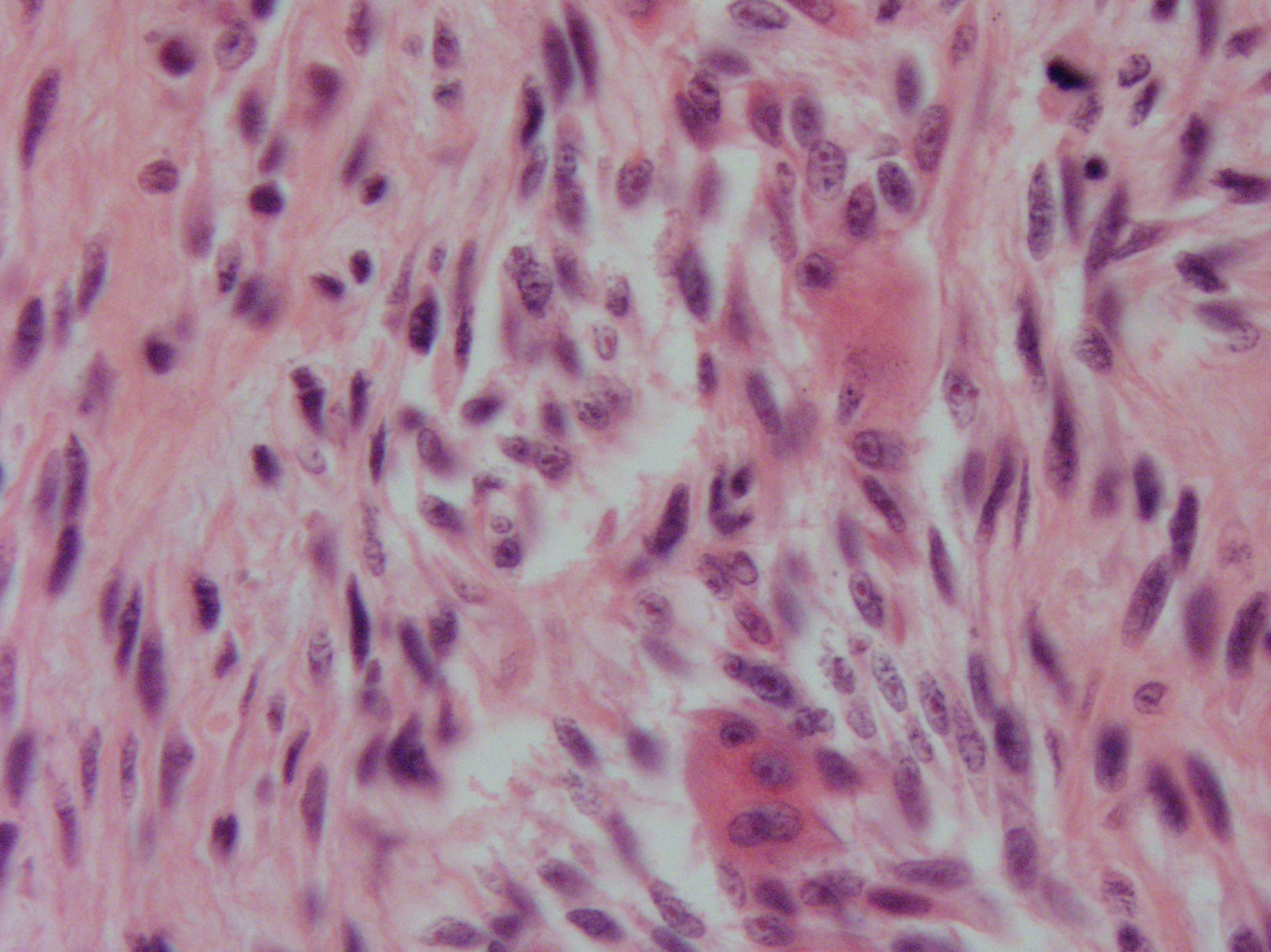


- Broad asymmetry
- Discohesive clefting
- Cytologic atypia
- Mitotic figures in dermal component
- Expansile dermal nest







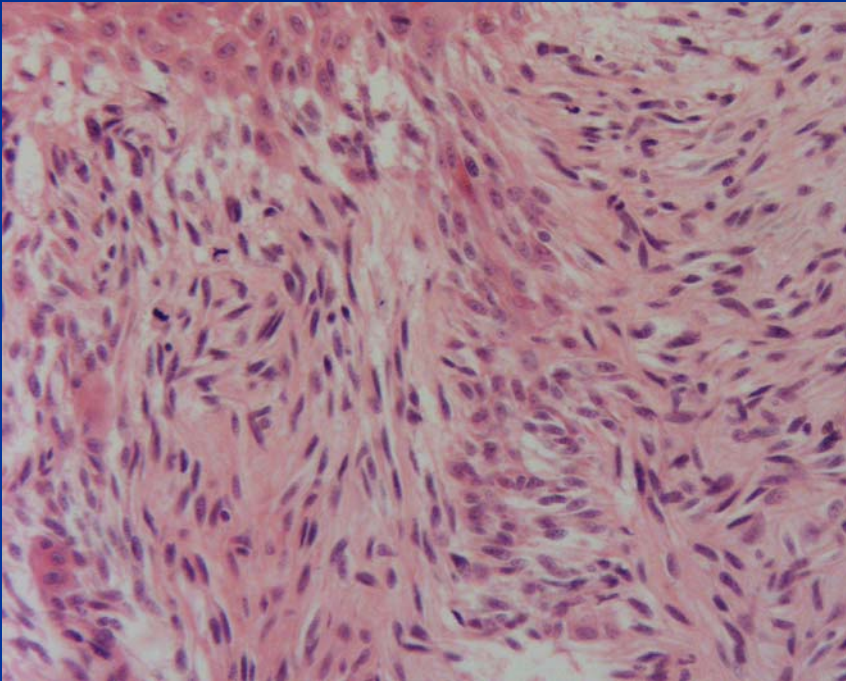


**Spindle cell melanoma misdiagnosed  
as spindle cell squamous cell  
carcinoma**



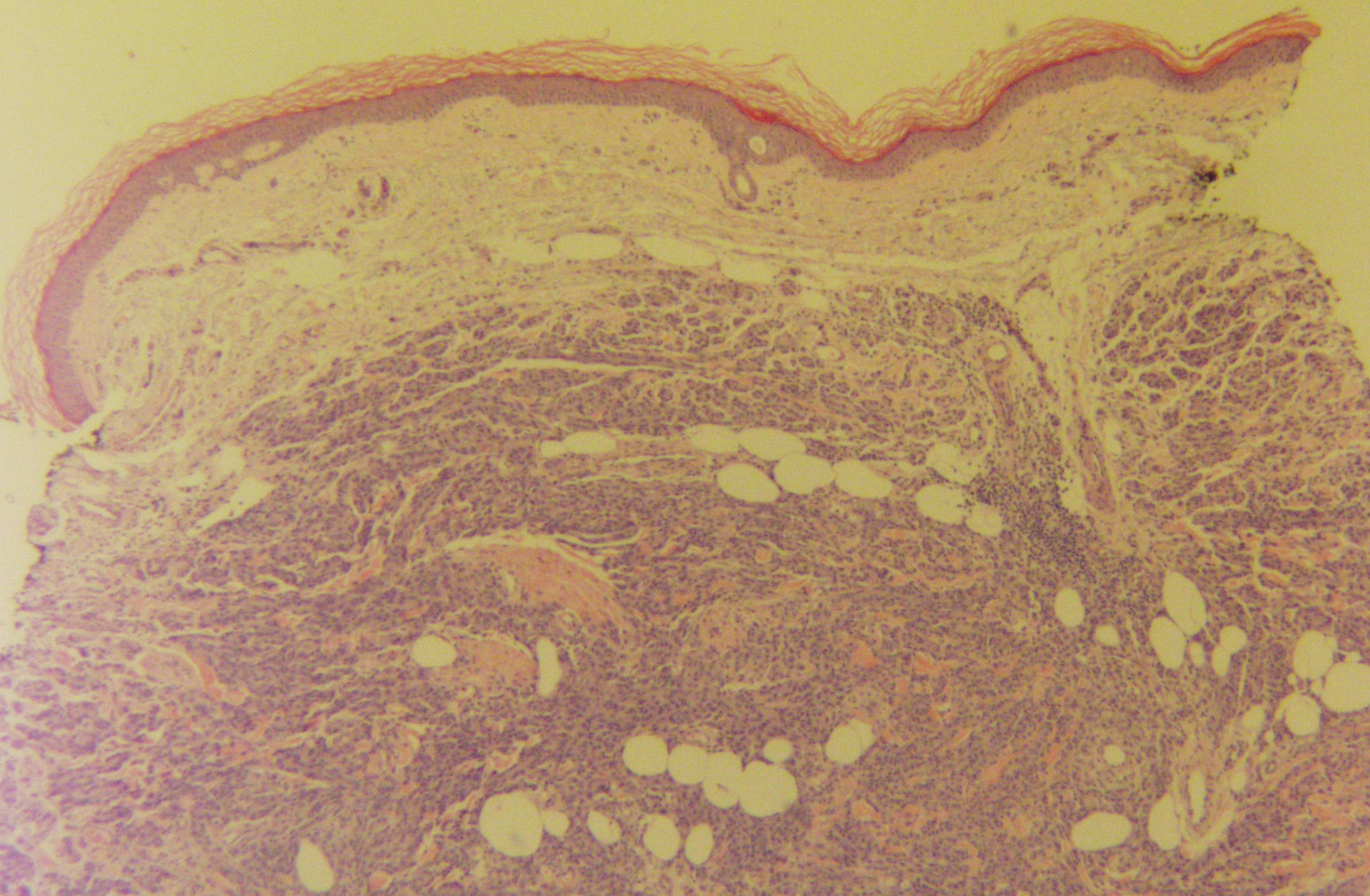
# Focus Points

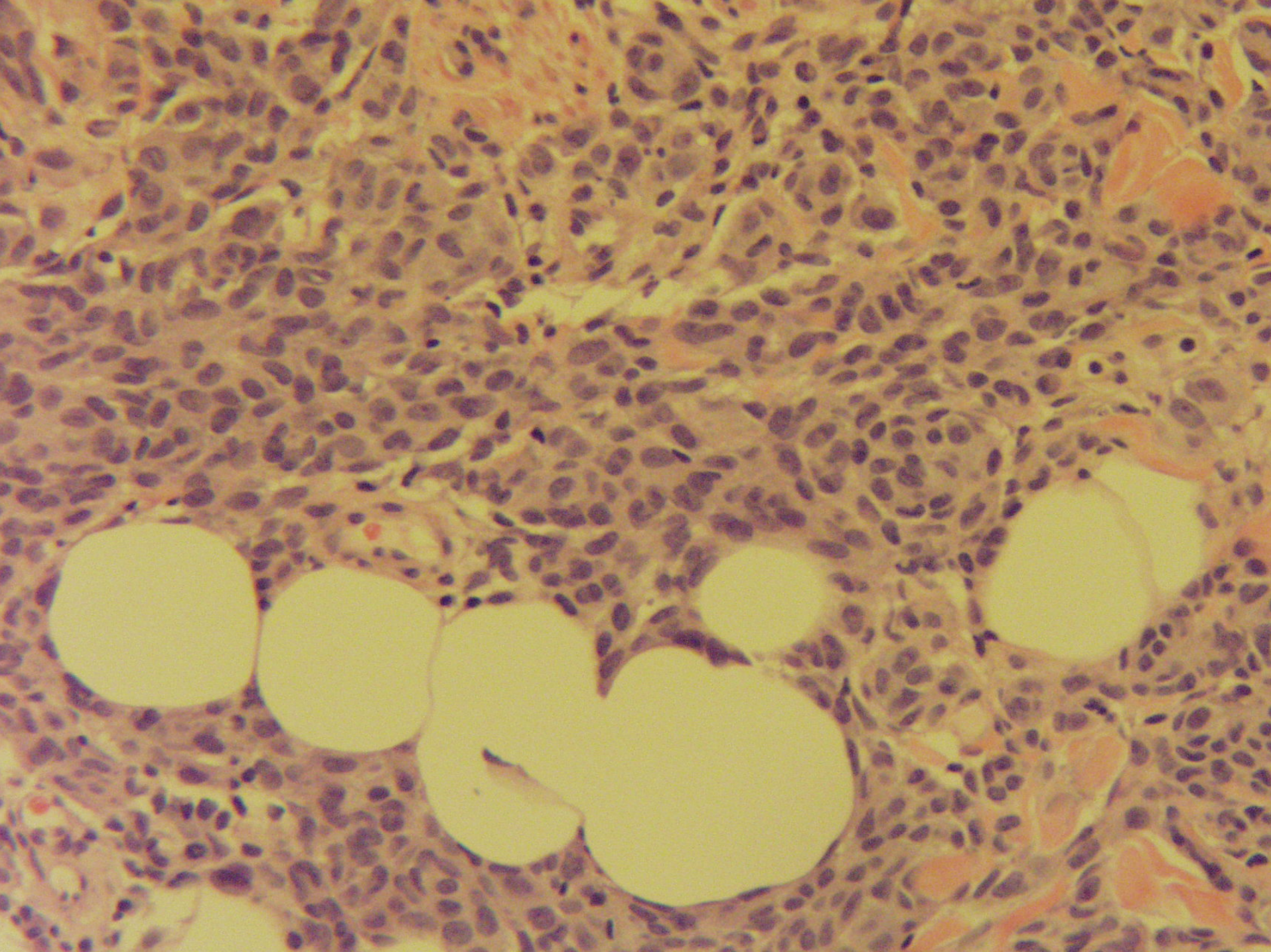
- Pigment

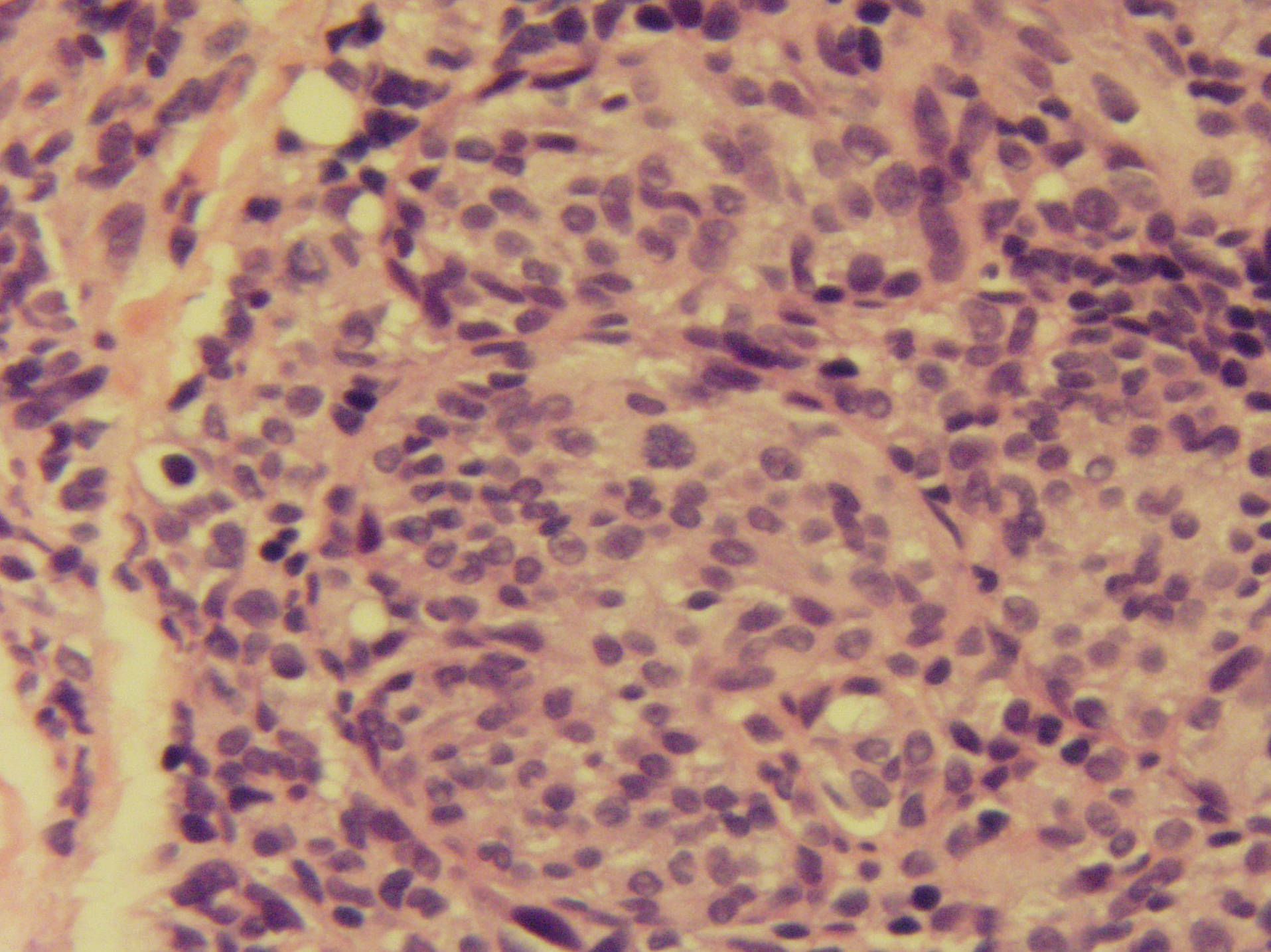


- Squamous or glandular differentiation

- IPOX

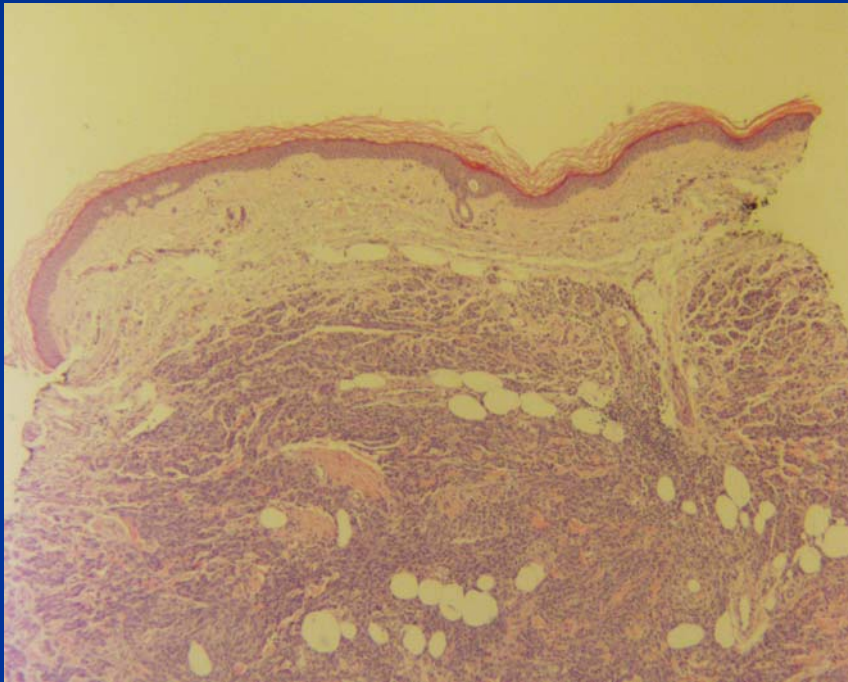






**Metastatic melanoma without known  
primary with history of a skin lesion  
removed**

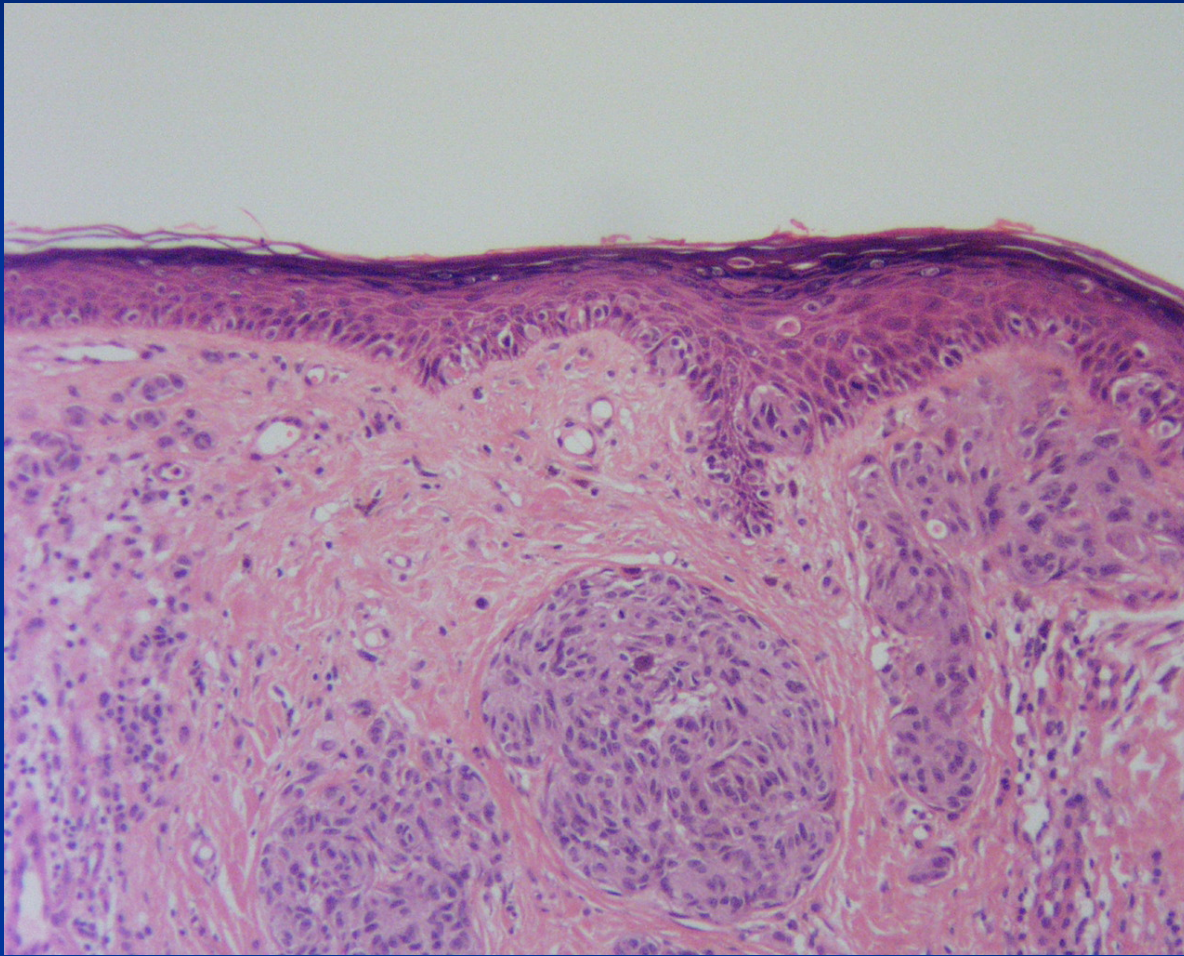
# Focus Points



- May lack junctional component
- Beware epidermotropic mets
- Reverse wedge shape
- History

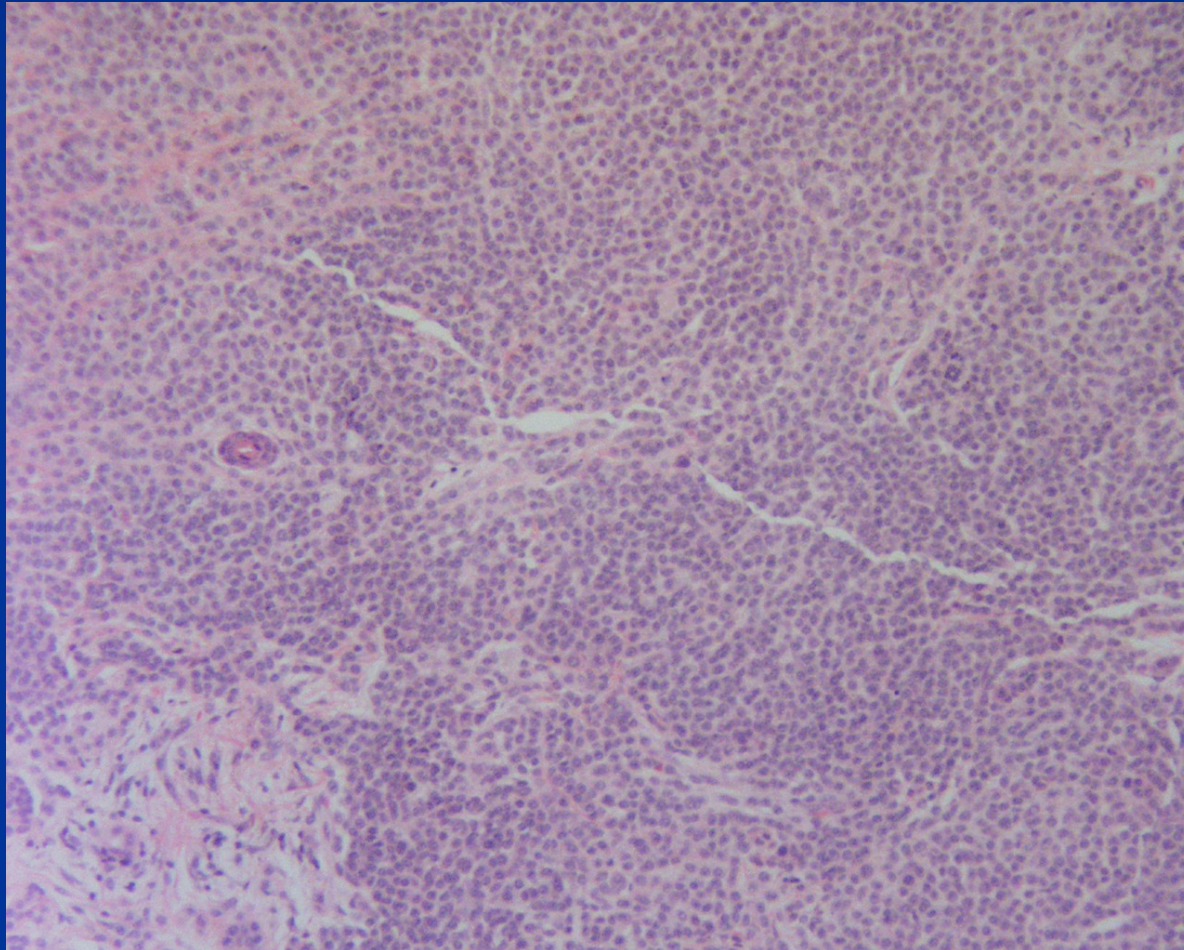
# Ten Recurrent Problems

# Nodular Melanoma Misdiagnosed as Melanocytic Nevus

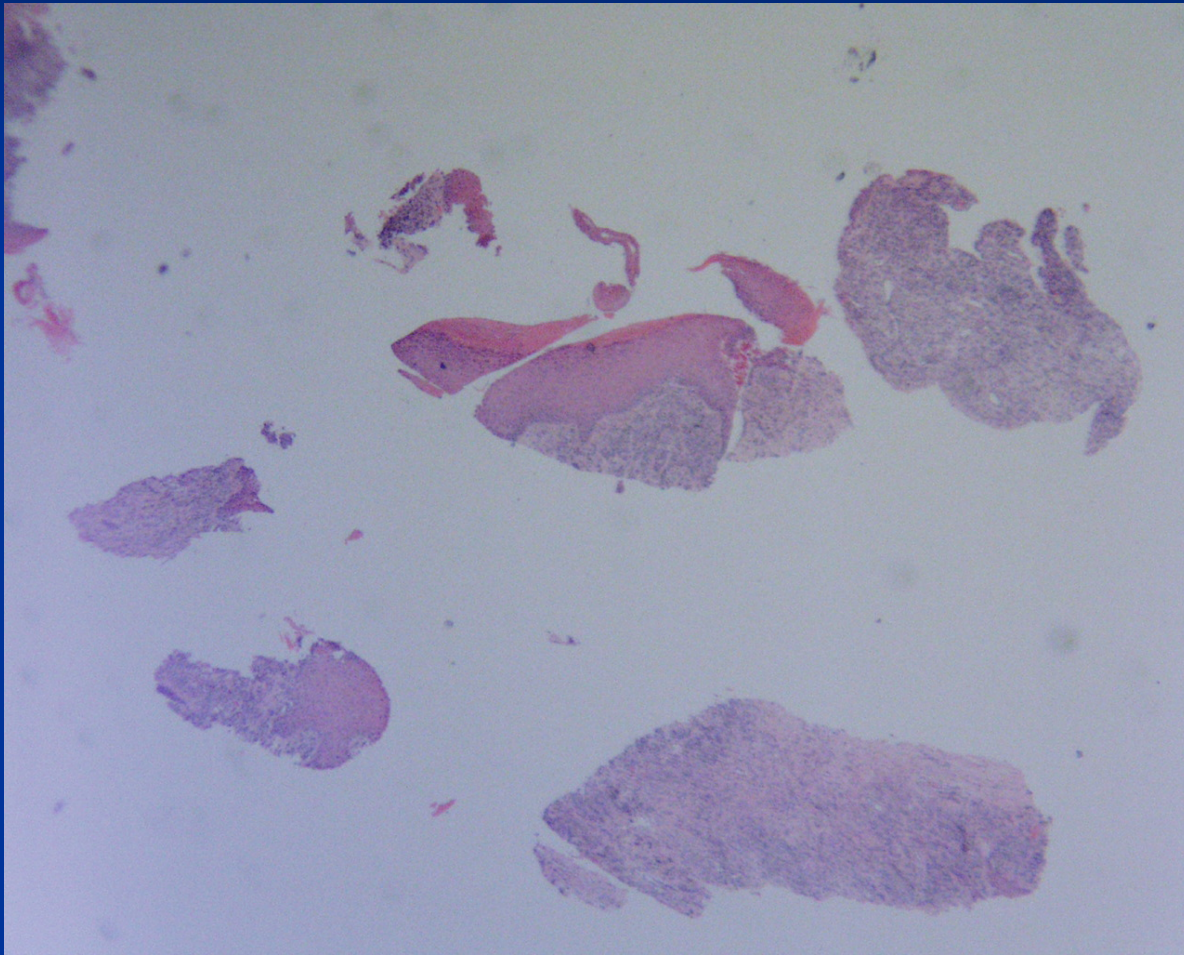




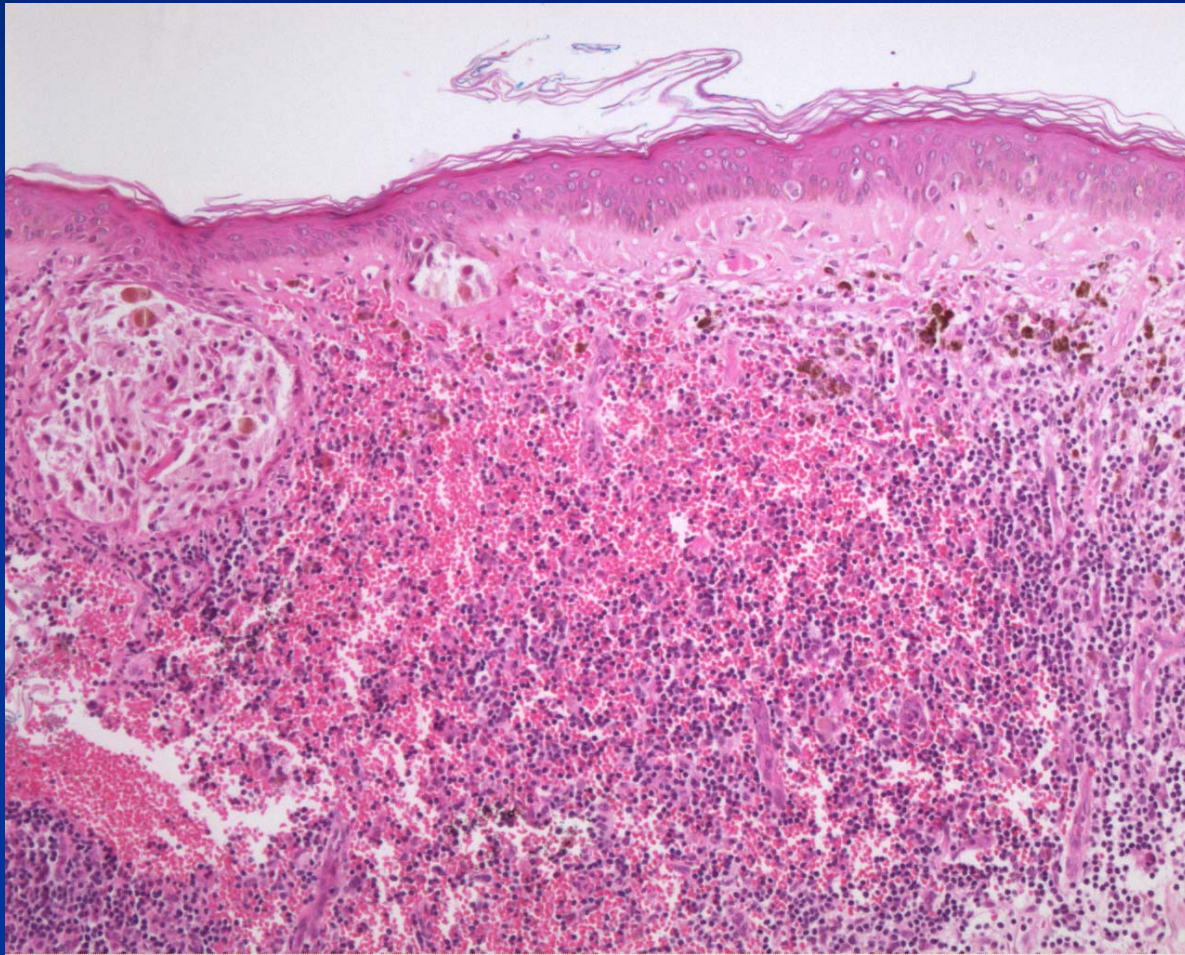
# Nevoid melanoma



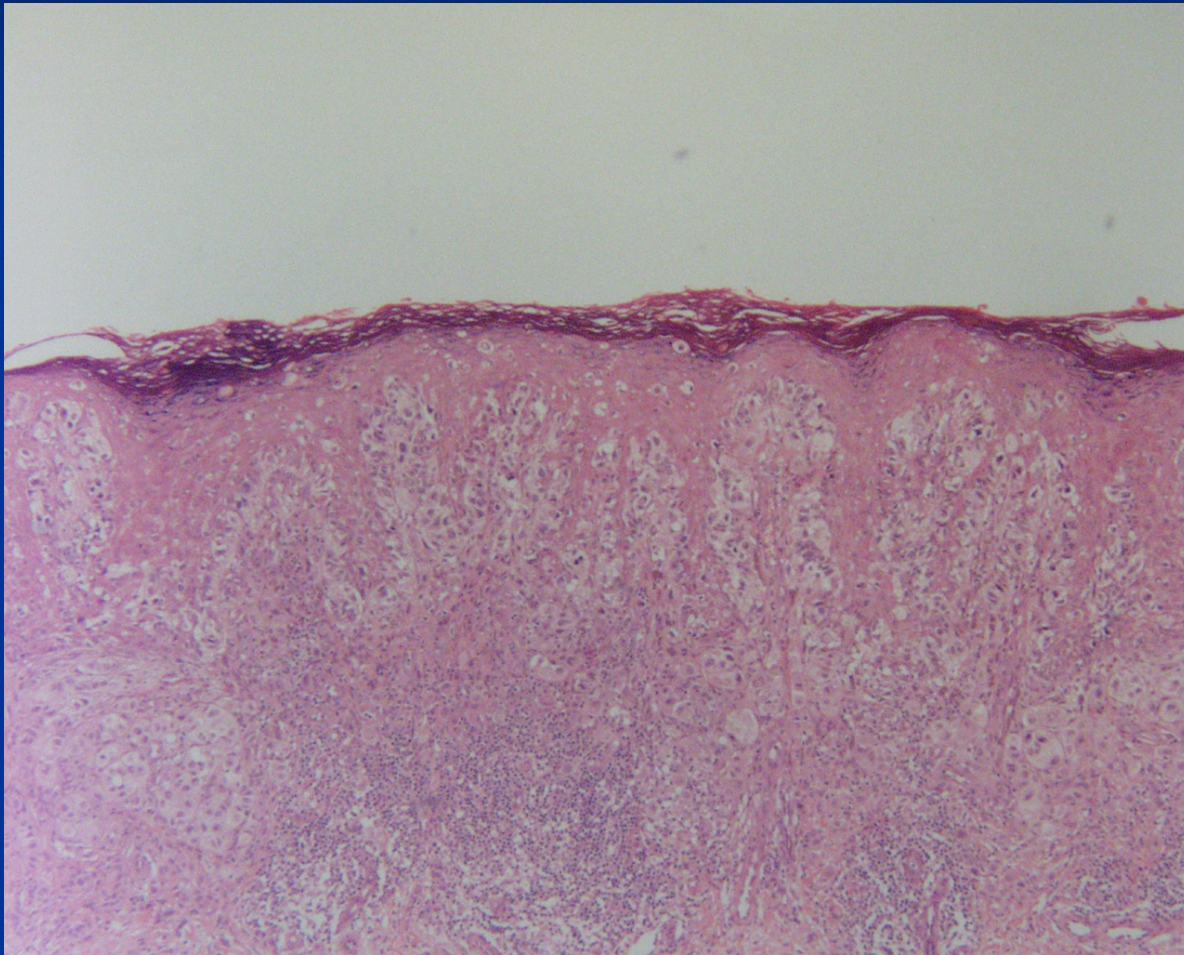
# Partial biopsies



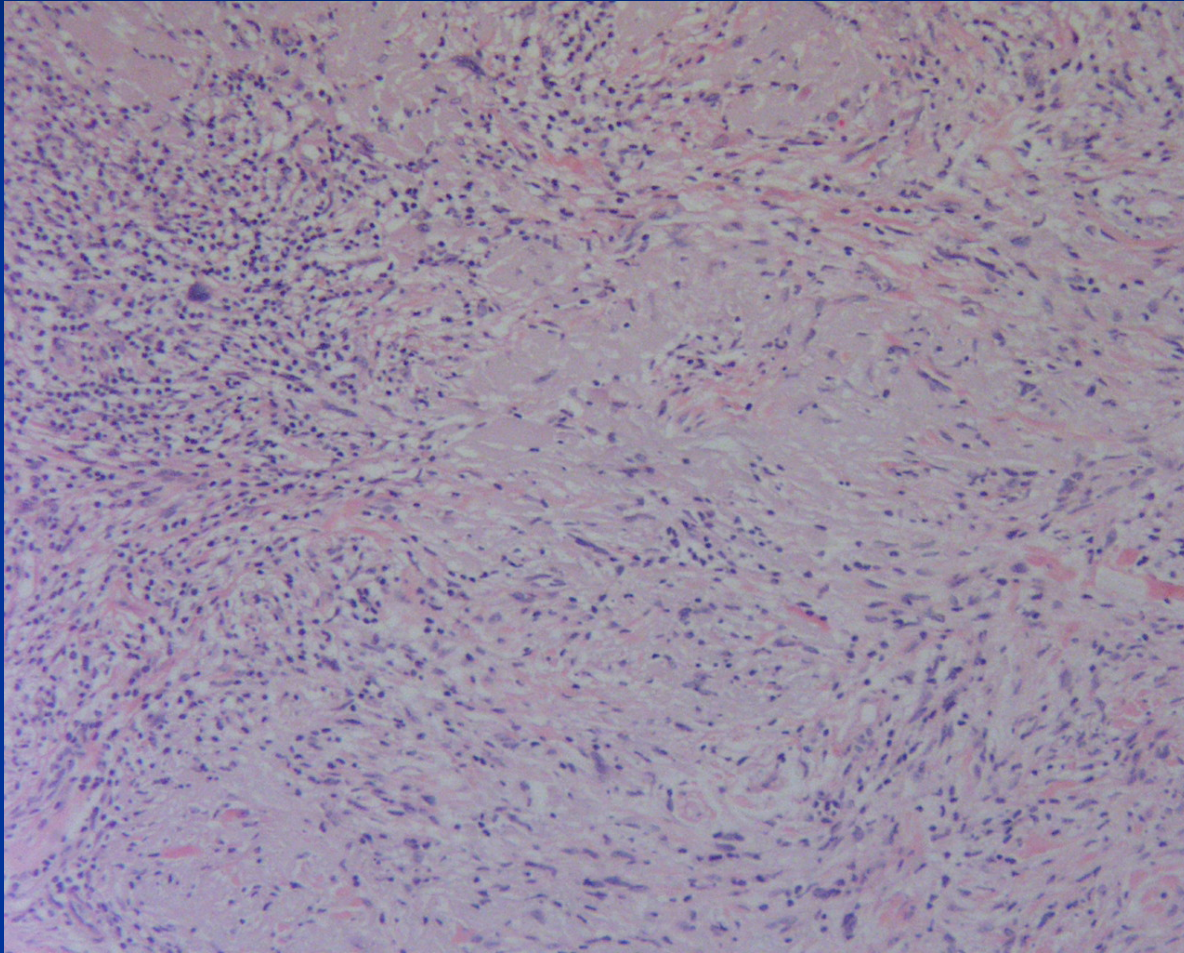
# Melanoma misinterpreted as chronically inflamed nevus



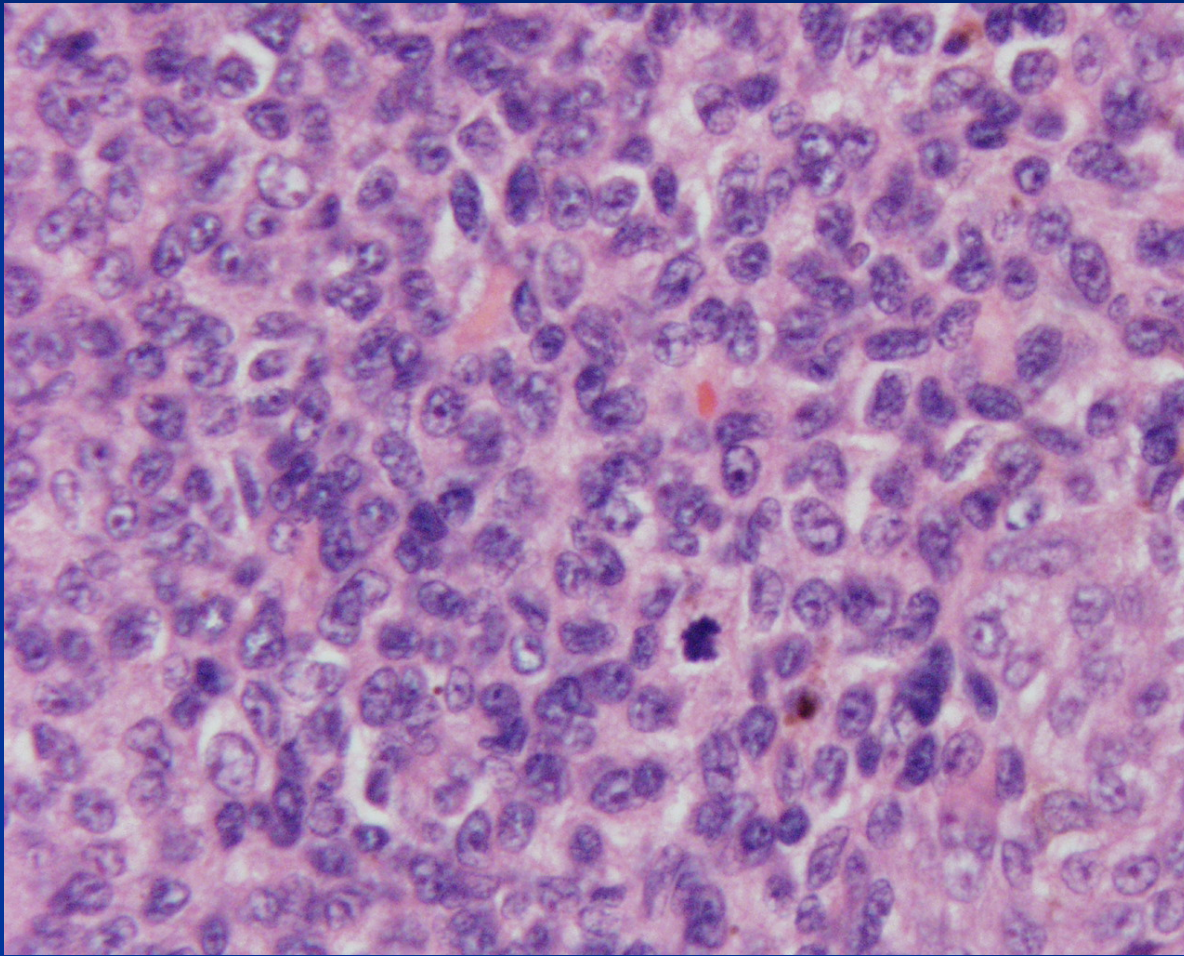
# Melanoma misdiagnosed as Spitz nevus



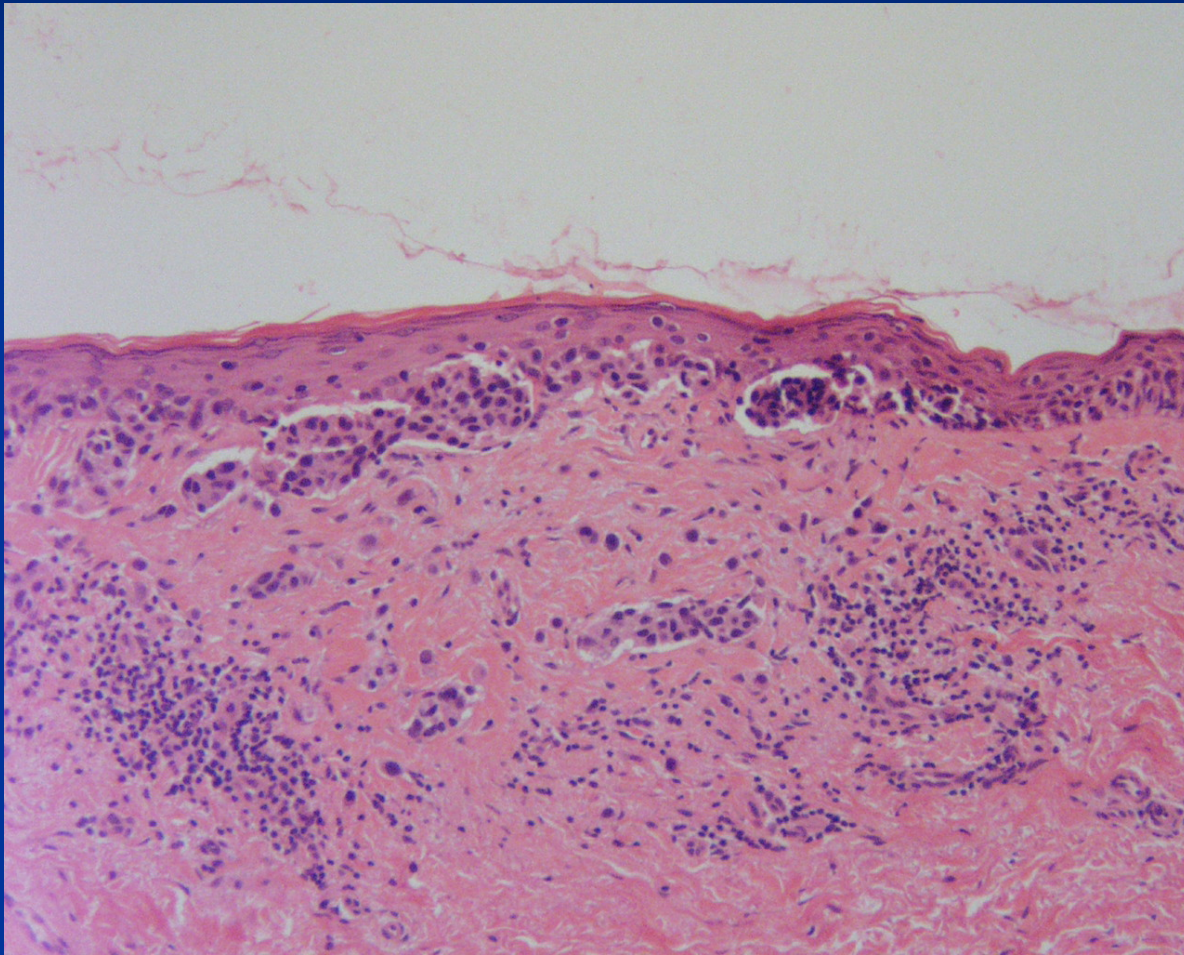
# Underecognized desmoplastic melanoma



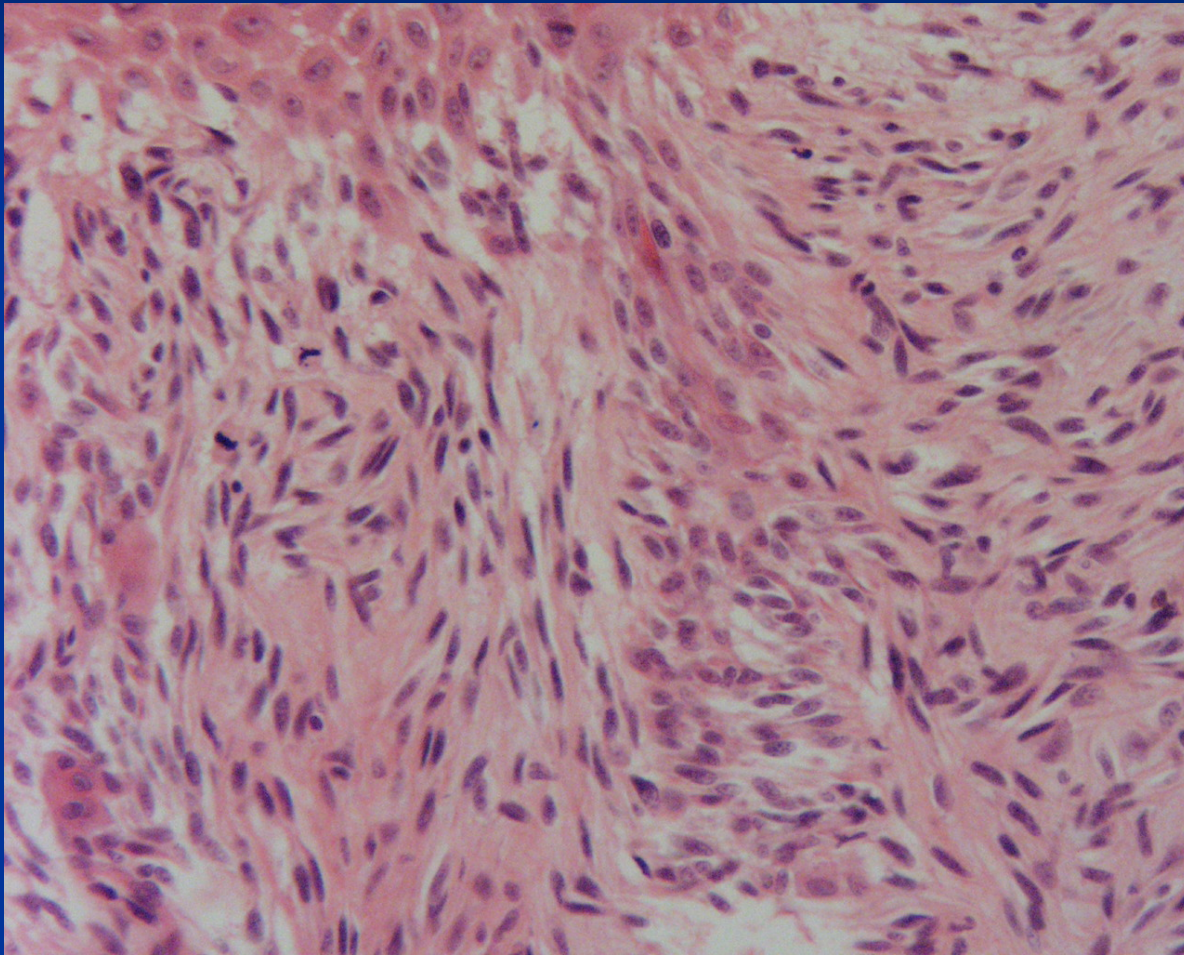
# Metastatic melanoma misdiagnosed as lymphoma



# Melanoma misdiagnosed as dysplastic nevus

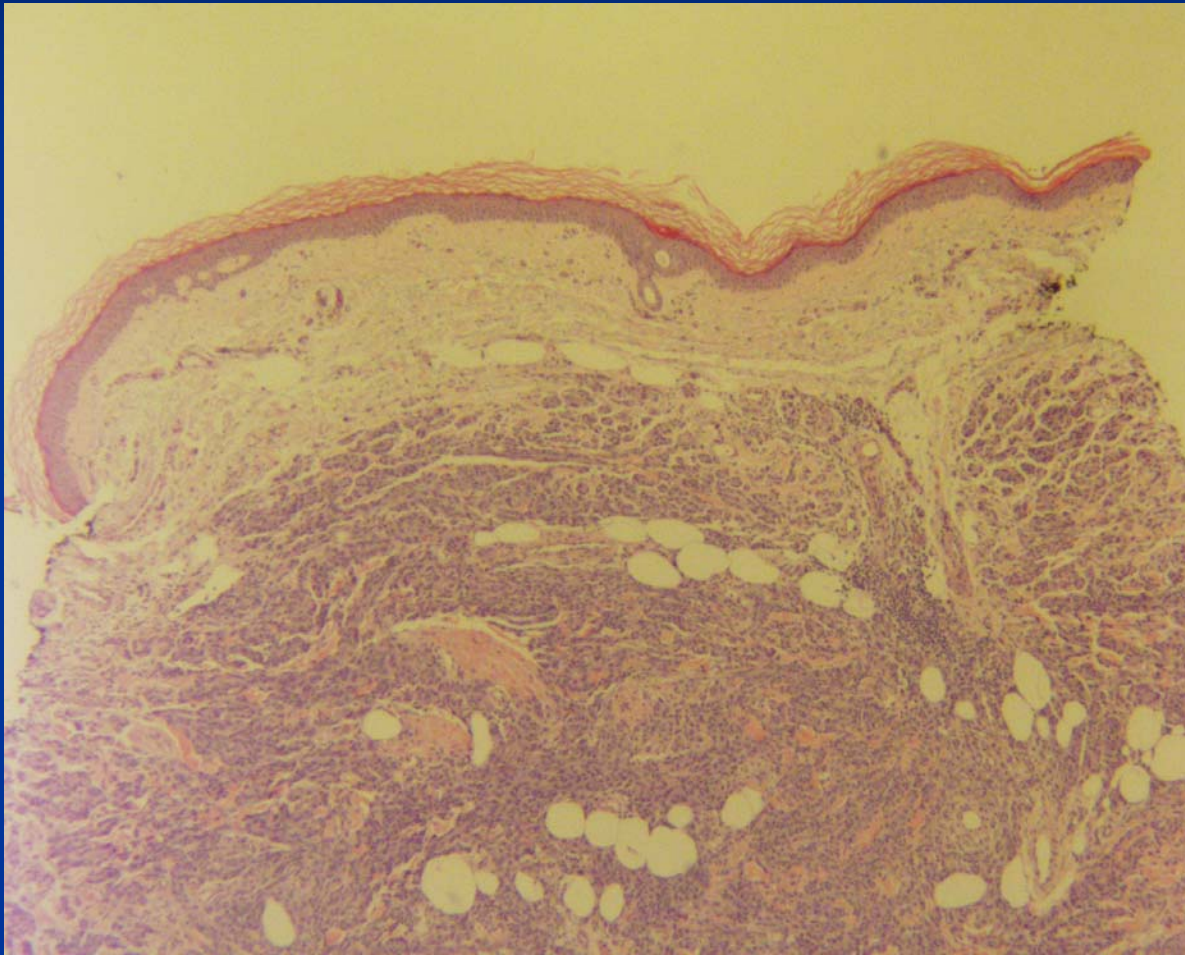


# Melanoma misdiagnosed as spindle cell squamous cell carcinoma





# Metastatic melanoma without known primary



# References

- Troxel DB. *Am J Surg Pathol* 2003;27:1278-1283