

**CASE 32-3**

A 22-year-old woman presents with an 11-mm-dark brown plaque on her left arm. It is asymptomatic, nontender, and does not bleed. She thinks it may be darker and larger than when she first noticed it 1 year ago.



**What is the one most appropriate first step in management?**

- (A) 3-mm punch biopsy from the darkest portion of the lesion
- (B) 3-mm punch biopsy from the most elevated portion of the lesion
- (C) Provide reassurance that this is a benign seborrheic keratosis
- (D) Excisional biopsy
- (E) Take a photograph and have the patient return in 3 months to evaluate for interval changes

The correct answer is (D), excisional biopsy.

This patient has a melanoma, a potentially lethal cutaneous malignancy.

When possible, excisional biopsy is the best method to further evaluate melanocytic lesions that are clinically suspicious for melanoma. Depending on the size and depth of the tumor, a punch or deep shave (saucerization) biopsy could also be used to remove the entire lesions for pathology.

Histopathologic examination of the tumor in its *entirety* is very important for diagnostic accuracy and staging of a primary cutaneous melanoma. An improper sampling technique may have serious repercussions including incomplete/inaccurate assessment of tumor characteristics and resulting management.

A thorough history (including review of systems, risk factors, medical history, and family history) and physical examination (including full body skin and lymph node examination) are also appropriate initial steps in the management of a patient with a possible melanoma.

Dermatoscopic examination is a noninvasive diagnostic tool that can be very helpful to further characterize pigmented lesions by the experienced examiner. Depending on the specific clinical situation, dermatoscopic examination may also be an appropriate initial step in management.