

## CASE 5

### Microscopy

Skin showing a central subepidermal nodule with overlying ulceration composed of sheets of pleomorphic cells with prominent nucleoli and pink cytoplasm. Occasional intranuclear inclusions are seen with some binucleate forms and mitotic figures. No pigment is noted and there is no evidence of an intraepidermal component/pagetoid spread. No satellite lesions are seen. Peripheral margin = 4mm. Deep margin = 4.5mm

### Favoured diagnosis

The morphological appearances favour **MALIGNANT MELANOMA, NODULAR SUBTYPE**, vertical growth phase with ulceration, Clark's level 3, Breslow thickness 2.3mm, mitotic count 12/1mm<sup>2</sup>. **Staging T3b**. No lymphovascular invasion is present.

### Further work

The absence of pigment and lack of epidermal component warrants confirmatory immunohistochemistry expecting positivity for HMB45, MelanA and S100. BRAF mutation testing can be performed to determine chemoresponsiveness.

The absence of intraepidermal component raises the possibility of metastasis, so correlate with the clinical history and MDT discussion, staging scans, presence of other lesions or previous excision of melanoma is required.

### Comment

If this is a primary malignant melanoma, further excision would be required as per national guidelines (Breslow thickness 2-4, 2-3cm margin) after discussion at MDT with plastic surgery input as required. Sentinel node biopsy would also be indicated on the context of a primary diagnosis