Superficial spreading melanoma in situ = ﺻﻔﺮ اﻠدرﺠﺔ ﻣﻦ اﻮ اﻠﻤوﻀﻊ ﺳﻄﺤﻴﺎ اﻠﻤﻨﺘﺸﺮ اﻠﻤﻴﻠاﻨوﻢ

Superficial Spreading Melanoma

Superficial spreading melanoma, also referred to as pagetoid melanoma, is the most frequent form of melanoma.
**Histopathology**

Architectural pattern features of importance in the diagnosis include the large diameter of the lesions, poor ... be patchy and perivascular as in a dysplastic nevus but is typically dense and bandlike, especially in invasive lesions.

Cytologically, the lesional cells are rather uniform and have abundant cytoplasm containing varying amounts of melanin that often ... atypia is of considerable diagnostic importance and contrasts with the random cytologic atypia of dysplastic nevi.

When the lesion is *in situ*, the basement membrane is intact and there are no lesional cells in the dermis. In an invasive but nontumorigenic lesion ... the dermis that is larger than the largest intraepidermal nest, and/or there may be lesional cell mitoses in the dermis.

**Histogenesis**

On electron microscopic examination, melano-somes are present in great numbers in the large pagetoid tumor cells. Their ... prominent nesting and pagetoid scatter of melanocytes—criteria similar to those for superficial spreading melanoma—were
more likely than other melanomas to be associated with BRAF or NRAS mutations. These evolving genetic data will lead to refinement of the clinicopathologic melanoma classification system in the near future.

**Differential Diagnosis**

A junctional nevus differs from superficial spreading melanoma in radial growth phase by a lack of atypia in the tumor cells in the epidermis. When a biopsy from one of these sites is examined, caution should be exercised when what at first appears as melanoma in situ is restricted to the epidermis that overlies a surgical or traumatic scar because this must be differentiated from the normal epidermis of a scar. A morphea-type basal cell carcinoma can arise at a scar site, and the atypical melanocytes at the periphery of such lesions may extend to the basement membrane. When tumorigenic vertical growth phase is present, it does not differ appreciably from that in any other form of melanoma. Classification of such complex tumorigenic primary melanomas is based on the morphology of the radial growth phase.

Among the nonmelanocytic neoplasms that must be differentiated from superficial spreading melanoma in situ are Paget's disease and pagetoid examples of Bowen's disease (squamous cell carcinoma in situ). Paget's disease usually shows remnants of compressed basal cells beneath the tumor cells, whereas in superficial spreading melanoma in situ the tumor cells extend to the basement membrane. In Paget's disease, the tumor cells may stain positively for carcinoembryonic antigen; in superficial spreading melanoma in situ the tumor cells stain negatively for carcinoembryonic antigen.
antigen and keratin and are negative for HMB-45 and Melan-A. S100 reactivity, although unusual, may occasionally be observed. A final pitfall in evaluating nonmelanocytic mimics of intraepidermal melanoma involves the variable tendency of keratinocytes to surround retraction that separates the cell from adjacent keratinocytes.