Superficial spreading melanoma, microinvasive = مalignant melanoma, superficial spreading, microinvasive
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Superficial spreading melanoma, also referred to as pagetoid melanoma, is the most frequent form of melanoma (about 70% of cases). It is characterized by a superficial spreading growth pattern and microinvasion. Although early detection and diagnosis can improve patient outcomes, the use of non-invasive tools such as liquid biopsy and 3D imaging can aid in the early detection of melanoma. However, the accuracy of these tools is still under investigation. In cases of advanced melanoma, surgical resection remains the mainstay of therapy. Despite significant advances in treatment options, cure rates remain low for patients with stage IV disease. Therefore, continued research is crucial to improve outcomes for patients with melanoma.
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Histopathology
Architectural pattern features of importance in the diagnosis include the large diameter of the lesions, poor architecture, and often a combination of both. The lesions can be patchy and perivascular as in a dysplastic nevus but are typically dense and bandlike, especially in invasive lesions.
Cytologically, the lesional cells are rather uniform and have abundant cytoplasm containing varying amounts of melanin.
When the lesion is \textit{in situ}, the basement membrane is intact and there are no lesional cells in the dermis.
Superficial spreading melanoma, microinvasive

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
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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. Caution should be exercised when a biopsy from one of these sites is examined. When a lesion that initially appears as melanoma in situ is restricted to the epidermis that overlies a surgical or traumatic scar, this must be differentiated from the other types of melanomas. The presence of atypical melanocytes below the basal cell layer is the dominant pattern. Problematic cases can be reported as malignant melanoma (in situ or microinvasive, etc.) without designation as to type.
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When tumorigenic vertical growth phase is present, it does not differ appreciably from that in any other form of ... . 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 a superficial spreading melanoma in situ are Paget's disease and pagetoid examples of Bowen's disease (squamous cell carcinoma in situ). Paget's disease (discussed in detail in Chapter 30) usually shows remnants of compressed basal cells beneath the tumor ... cells extend to the basement membrane. In Paget's disease, the tumor cells may stain positively for carcinoembryonic ...
antigen and keratin and are negative for HMB-45 and Melan-A. S100 reactivity, although unusual, may occur.
A final pitfall in evaluating nonmelanocytic mimics of intraepidermal melanoma involves the variable tendency of...
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