

LETTERS TO THE EDITOR

Do You Have a Definition for Typical Melanocytic Nevus?

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To the Editor:

I have read—in sufficient detail I believe—the article by Morales-Callaghan et al¹ on atypical melanocytic nevi without actually finding a definition of typical melanocytic nevus. If there are atypical cases of such nevi, it is to be supposed that they differ in some way from typical, and by extension habitual or common, ones. In addition, according to Table 1 of the aforementioned article, of the 200 lesions studied, 70 were melanocytic nevi without atypical features (that is, typical), 104 were atypical melanocytic nevi, and the remaining 25 corresponded to other lesions. Given that the lesions were “randomly selected,” we might think that what the authors describe as atypical were in fact typical, as they

are the most common and one of the defining features of something atypical is that it is exceptional or rare. Otherwise we have to conclude from their study that there are more individuals in Valladolid at risk of developing melanoma than not developing it. Is this the case?

Reference

1. Morales-Callaghan AM, Castrodeza-Sanz J, Martínez-García G, Peral-Martínez I, Miranda-Romero A. Estudio de correlación clínica, dermatoscópica e histopatológica de nevus melanocíticos atípicos. *Actas Dermosifiliogr.* 2008;99:380-9.

Response

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To the Editor:

The definition of atypical melanocytic nevus according to Wallace H. Clark Jr¹ is an acquired lesion that meets at least 3 of the following clinical characteristics: diameter >5 mm, poorly defined borders, irregular borders, multicolored lesions, and simultaneous presence of macular and papular components.¹

In terms of histopathology, Clark et al¹ described the following defining features of atypical melanocytic nevus: persistent lentiginous melanocytic hyperplasia, nuclear atypia, lamellar fibroplasia, concentric eosinophilic fibroplasia, and scant lymphocyte infiltrate.¹

Thus, in response to the title of the above letter, the definition of common melanocytic nevus would be those lesions that do not meet the above features according to the definition of Clark et al.¹

As we mentioned in our study, it is this variety of melanocytic nevus that has stimulated the most vigorous debates within our specialty,² as there are strong proponents and opponents of using this definition. In a survey of members of the American Academy of Dermatology, 98% of the participants not only thought that this entity was valid but also accepted the idea that patients with atypical melanocytic nevi were at greater risk of developing melanoma.³ On the other hand, Ackermann⁴ is of the opinion that the criteria used for the definition of this type of nevus are no different from the diagnostic criteria for melanoma, and so he considers this lesion as completely benign. But he goes further and claims that this type of melanocytic nevus is the most common variant in humans.

My illustrious colleagues, we are therefore once again open to debate.

References

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3. Tripp JM, Kopf AW, Marghoob AA, Bart RS. Management of dysplastic nevi: A survey of fellows of the American Academy of Dermatology. *J Am Acad Dermatol.* 2002;46:674-82.
4. Ackermann AB. An exchange of views (with Wallace H. Clark, Jr) regarding the dysplastic nevus controversy. *Semin Dermatol.* 1989;8:229-50.