

Title of abstract

Clinical tips for complete removal: Lentiginous pigmented lesions

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Abstract

Lentiginous pigmented lesions, including lentigo simplex, junctional lentiginous nevi, solar lentigo, and freckles, can present a clinical challenge when it comes to accurately identifying their margins for complete removal. Irregular, poorly defined peripheral margins accompanied by the presence of subclinical disease only detectable histologically can mean rates of incomplete removal are increased.

Dermoscopy can be a crucial tool for early detection of dysplastic lesions. Although lentiginous melanoma is rare in the darker skin types, exclusion before the treatment is necessary. The presence of parallel ridge pattern (PRP) and irregular diffuse pigmentation (IDP) are characteristic dermoscopic features for lentiginous melanoma. Nevertheless, practically dermoscopy is not a perfect tool for treatment planning and other clinical correlation is very essential for better treatment planning.

For individual lesion, complete margin treatment is essential for the effectiveness with higher rate of the complete removal, with proper overlapping of the laser or the pulsed light spots. Clinical tips will be discussed how we can make a proper treatment field with overlapping different types of the spots of the laser or light devices. Pre-detection of underlying inflammation and preventing post-treatment inflammation are essential for the safety with lower rate of the recurrence. Clinical tips to decrease the risk will be also discussed. For grouped lesions, since various stages of the lesions are

mixed in the single facial cosmetic unit, usually the serial treatments are necessary for better compliance and the treatment interval should be kept as not a long period.

In conclusion, lentiginous pigmented lesions of the skin are very common but not easy to treat completely and perfectly, without proper treatment planning, pre- and post- cares.