

Preface



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Guest Editor

Dermatopathology is an ever-changing field in the area of surgical pathology. Despite many advances, interpretation of melanocytic neoplasms remains a significant source of diagnostic difficulty encountered by surgical pathologists every day. “Is this lesion an unusual nevus?” and “Is this a subtle variant of melanoma?” are common dilemmas and questions faced on a daily basis.

In the selection of the articles for this issue, I hope to focus readers on especially problematic areas in the field of interpretation of melanocytic lesions. Interpretation of routine intradermal nevi and typical cases of superficial spreading melanoma do not pose significant difficulties, but a wide variety of melanocytic neoplasms do cause problems. In this issue, the topics have been selected to highlight melanocytic lesions that are a frequent source of diagnostic difficulty. These include a variety of benign melanocytic lesions, such as dysplastic nevi, congenital nevi, nevi of special anatomic sites, blue nevi and related entities, and Spitz nevi. The most diagnostically treacherous variants of melanoma, including spitzoid melanoma, desmoplastic melanoma, acral lentiginous melanoma, and nevoid melanoma, are also reviewed in detail. Each presentation provides a thorough review of these diagnostically challenging entities and emphasizes practical approaches to the diagnosis of these lesions.

In addition to a more traditional approach of focusing on histologic features of specific entities, I thought that it was important to also include articles dealing with practical day-to-day issues on specimen handling, specifically in relationship to melanoma. There is an article that provides an assessment on methods for handling specimens in order to more effectively evaluate surgical margins on melanoma cases. There is also an article that provides a guide to the handling and interpretation of sentinel lymph node biopsy specimens. Both of these articles provide practical guidance on these critical issues in managing melanoma cases.

The final article provides a glimpse into the future. Interpretation of melanocytic neoplasms will always be difficult. Insight into the molecular biology of melanocytic tumors is the new forefront that will provide new diagnostic tools for this endeavor. This article reviews current knowledge of the molecular biology of melanocytic neoplasms. This type of information will ultimately be the source of the development of new diagnostic tests and insights into the interpretation of melanocytic neoplasms.

I know I learned a great deal reading the excellent information in this issue, and I am humbled by the opportunity to edit this text. The efforts of the contributing authors have resulted in an outstanding summary of and focus on difficult areas in interpretation of melanocytic neoplasms. I am confident that this issue will have a prominent place in many bookshelves in many offices, the Web site will have many and frequent visitors, and the material will be a valuable diagnostic aid.

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