To claim CME credit, complete this case-based posttest online at http://www.aad.org/olc. Note: CME quizzes are available after the first of the month in which the article is published. A minimum score of 70% must be achieved to claim CME credit. If you have any questions, please contact the Member Resource Center of the American Academy of Dermatology at toll-free (866) 503-SKIN (7546), (847) 240-1280 (for international members), or by e-mailing mrc@aad.org.

CME examination

Identification No. JC0219

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Yélamos O, Braun RP, Liopyris K, Wolner ZJ, Kerl K, Gerami P, Marghoob AA. J Am Acad Dermatol 2019;80:341-63.

Directions for questions 1-4: Choose the single best response.

A 48-year-old white man presented with an uneven 1-cm pigmented lesion on his right scapula. Dermoscopic analysis of the flat portion of the lesion revealed regular brown pigment network, areas of scar-like depigmentation, and peppering/granularity. The raised palpable area, which was located toward the periphery of the lesion, revealed a blue-whitish veil.

1. Which of the listed histologic findings would you see if the histopathology section encompassed the raised portion of the lesion?
   a. Confluent nests of melanocytes at the periphery of the lesion
   b. Compact orthokeratosis together with pigmented dermal melanocytes
   c. Fibrosis and melanophages in the papillary dermis
   d. Elongated rete ridges bridging and surrounding large nests of melanocytes within the dermal papillae
   e. Atypical melanocytes along the dermoepidermal junction together with dermal melanophages

Regarding the previous case, a partial biopsy (punch) specimen was obtained and histopathologic examination revealed atypical junctional melanocytes and dermal fibrosis with melanophages.

2. From which area was this punch biopsy specimen obtained, and what is the most likely final diagnosis?
   a. The biopsy specimen was taken from the area displaying on dermoscopy a pigment network and scar-like depigmentation area with peppering/granularity. The final diagnosis is melanoma.
   b. The biopsy specimen was taken from the area displaying pigment network, scar-like depigmentation area, and peppering/granularity. The final diagnosis is junctional nevus.
   c. The biopsy specimen was taken from the palpable area displaying on dermoscopy an off-centered blotch. The final diagnosis is junctional nevus.
   d. The biopsy specimen was taken from the palpable area displaying on dermoscopy an off-centered blotch. The final diagnosis is an in situ melanoma.
   e. The biopsy specimen was taken from the palpable area displaying on dermoscopy an off-centered blotch. The final diagnosis is invasive melanoma.

A 54-year-old African-American woman presented with a pigmented band on her right large toenail that appeared 2 years ago. One year after the appearance of the melanonychia, a biopsy specimen was obtained from the area and the pathology results showed melanocytic hyperplasia. One year later, she presented to your office because of persistent distal onycholysis. The surface of the nail plate appeared normal. Dermoscopically the pigmented band showed variation in the thickness of the lines, black and brown granules, and pigmentation of the proximal nail fold. Free-edge dermoscopy revealed pigmentation in the upper portion of the nail plate.

3. From which location was the original biopsy specimen, obtained 1 year earlier, taken?
   a. The nail bed
   b. The proximal nail matrix
   c. The distal nail matrix
   d. The lateral nail fold
   e. The medial nail fold

4. Based on the aforementioned physical findings, which of the following is the most appropriate area from which to obtain a biopsy specimen to ensure the correct diagnosis of melanoma?
   a. The nail bed
   b. The proximal nail matrix
   c. The distal nail matrix
   d. The lateral nail fold
   e. The medial nail fold