Note to dermatopathologists: When it comes to moderately atypical nevi, leave the treatment plan to clinicians

To the Editor: We read the Research Letter by Tessiatore et al with great interest.[1] Determining the optimal management for patients with moderately atypical nevi remains a vexing problem in day-to-day practice. Although "close observation with routine skin surveillance" has been recommended for the management of moderately dysplastic nevi with positive histologic margins,[2] many busy clinicians have encountered melanoma in this situation. Variables encountered away from specialized pigmented lesion clinics add to management challenges. Interobserver concordance diminishes when pathologists have not agreed on grading standards and nomenclature at the outset, when there is no uniform standard for procedures for obtaining biopsy specimens (excisional, tangential, incisional, or punch) or processing or sectioning them in the laboratory (in toto, bisected, sectioned in a bread loaf manner, or with a cruciate technique), or when there is a lack of information about the presence or absence of a residual lesion on clinical inspection. Of the 179 respondents participating in a recorded audience response session at the recent American Society of Dermatopathology annual meeting, 127 (71%) had encountered a melanoma "on re-excision of a lesion diagnosed as dysplastic nevus with moderate atypia within the past 5 years," with 49% (81 of 164) having encountered this situation within the past year.[3] The reported 2.0 % rate of melanoma occurring at the site of histologically transected mild or moderately dysplastic nevi (most of which had grossly positive margins) but only a 0.6% rate of melanoma developing at the site of nevi that had been re-excised[4] may be contributing to the variability in the management of moderate dysplastic nevi by academic dermatologists that was noted by Tessiatore et al.[1] There may be good reasons why academic dermatologists continue to perform rebiopsy of or excise some moderate dysplastic nevi. It is hoped that continued study of this common problem will lead to practical and widely accepted standards for both the reporting and management of moderately dysplastic nevi.

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