CASE STUDY

MyPath Melanoma

# Asymmetrical pigmented lesion with high clinical suspicion for melanoma

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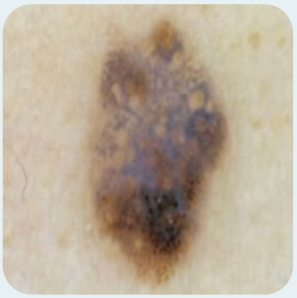
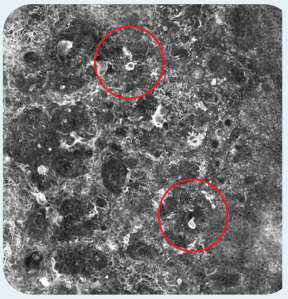
## PATIENT PRESENTATION

A 27-year-old female was seen by a primary care physician who recommended follow-up with a dermatologist for assessment of a concerning melanocytic lesion. Family history of melanoma and pancreatic cancer.





## CLINCAL DESCRIPTION/ DIFFERENTIAL DIAGNOSIS

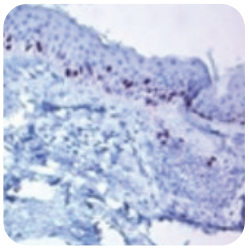
Asymmetrical lesion, 6 mm in diameter, on back. Blue color and round structures visualized by dermoscopy and confocal microscopy.

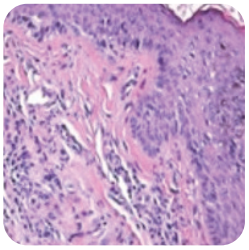
**Differential diagnosis:**

- Melanoma in-situ
- Malignant melanoma
- Regression of atypical nevus

## PATHOLOGICAL FINDINGS

It was noted in the pathology report that there were suspicious, atypical findings including focal confluence of nests, areas of irregular epidermal distribution of melanocytes, and dense inflammation.





## DIAGNOSIS PRIOR TO TESTING

A final diagnosis of melanocytic nevus, compound type, with atypical features, dense inflammation, and fibrosis was rendered by the dermatopathologist with recommendation for clinical follow-up.

## Why was MyPath Melanoma ordered?

Clinical findings were highly suspicious for malignancy, but pathology was not diagnostic for melanoma. The inconsistency between clinical and pathological findings left the treatment plan in question.

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CASE STUDY

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Malignant

### GEP RESULT

MyPath Melanoma resulted in a gene expression profile suggestive of a malignant neoplasm.

MyPath Melanoma

## Impact to patient care

Following the MyPath Melanoma test result, the treatment plan was modified to include re-excision and quarterly follow-up. An addendum to the pathology report was issued noting that while not definitive, the histopathological findings could not exclude melanoma in-situ arising within a nevus.

A follow-up skin check at four months revealed an additional melanoma and two evolving pigmented nevi under close monitoring with dermoscopy.

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