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Lentigo Maligna of the Nasal Supratip Managed with Mohs Surgery: A Case Report

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ABSTRACT

A 74-year-old male presented with a progressively enlarging, irregular, pigmented lesion on the nasal supratip that evolved over one year. The lesion demonstrated concerning features, including darkening, asymmetry, and a rough, raised surface, prompting a shave biopsy. Histopathologic evaluation revealed a poorly circumscribed proliferation of atypical melanocytes confined to the epidermis, arranged in a lentiginous pattern, with associated solar elastosis and adnexal extension. The diagnosis of melanoma in situ, lentigo maligna type, was established, with positive peripheral and deep margins. The patient had significant chronic sun exposure due to long-term outdoor occupational work and no personal or family history of skin cancer. He subsequently agreed to undergo Mohs micrographic surgery for definitive treatment. This case highlights the importance of early recognition of suspicious lesions, particularly in sun-exposed areas, and underscores the role of Mohs surgery in achieving tissue-sparing, effective management of melanoma in situ.

***Keywords:** Lentigo maligna; Melanoma in situ; Mohs micrographic surgery; Nasal lesion; Sun exposure; Case report.*

Introduction

Melanoma is the most severe form of skin cancer [1]. The incidence of the disease has been increasing in the last decades, largely due to increased ultraviolet radiation exposure [1]. There are seven subtypes of melanoma, which include superficial spreading, nodular melanoma (NM), lentigo maligna, acral lentiginous, nevoid, spitzoid, and desmoplastic [2]. Lentigo maligna melanoma has been most strongly associated with chronic sunlight exposure as its cause, especially with lesions presenting on the face area [3]. Mohs micrographic surgery (MMS) for treatment of melanoma offers several advantages over wide local excision (WLE), including complete histologic margin evaluation, same-day resection and closure, and sparing of healthy tissue in critical anatomic sites [4]. Previous research has shown that Mohs micrographic surgery has the lowest recurrence rates for lentigo maligna, and that conventional surgery, cryosurgery, and radiotherapy all have recurrence rates in the order of 7–10% [5].

This article presents a case of a patient who suffered from a persistent skin lesion across both sides of his nose. Following a shave biopsy, he was found to have a large-sized lentigo maligna melanoma. He was then scheduled for Mohs surgery.

Case Presentation

The patient was a 74-year-old male who presented to the dermatology clinic with complaints of a skin lesion. The skin lesion was located on his nose (Figure 1). The lesion was changing color, darkening, enlarging, and was irregular, rough, and raised. He stated that it had evolved over the course of 1 year. He could not identify anything that made the lesion better or worse. The lesion had not been treated in the past. He presented for further evaluation and management.

Figure 1. *The skin lesion that the patient requested further evaluation of is depicted.*

He had no history of actinic keratoses, no history of previous skin cancer, no history of basal cell carcinoma, no history of squamous cell carcinoma, no history of dysplastic nevi, no history of atypical nevi, no history of melanoma, no family history of melanoma, and no family history of non-melanoma skin cancer.

The patient spent many years in the sun working in pest control. Based on the skin lesion's suspicious appearance and characteristics, the dermatologist proceeded with a wide shave biopsy of the lesion and sent the specimen for dermatopathological examination (Figure 2).

Figure 2. *depicts the patient's skin lesion as it was marked prior to the shave biopsy.*

Figure 3. *depicts the patient's face before and after marking for the shave biopsy.*

The patient was also noted to have numerous cherry angiomas, solar lentigines, and seborrheic keratoses (Figure 4). The patient was counseled that cherry angiomas could be treated with lasers or electrodesiccation. The patient was counseled about sun avoidance and the use of broad-spectrum sunscreen for the solar lentigines. The patient was also noted to have regular, symmetrical, evenly colored nevi distributed on his trunk.

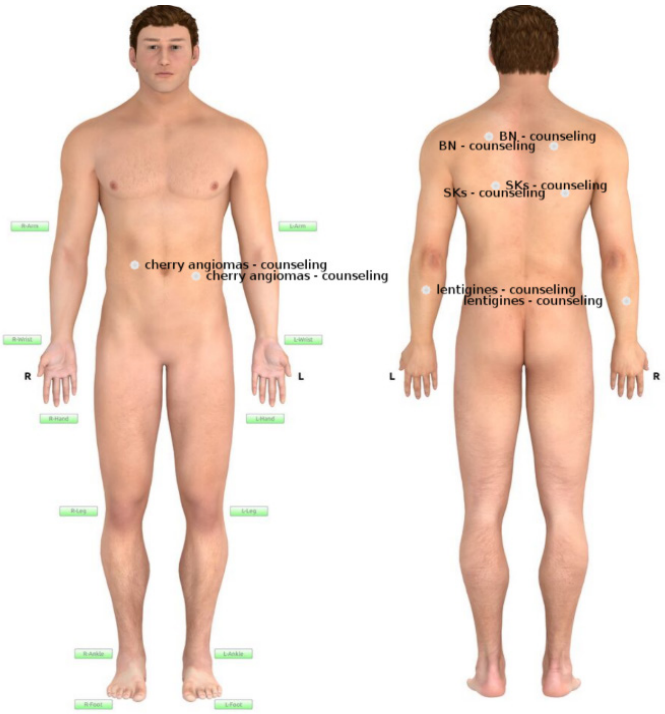

Figure 4. *depicts the other skin lesions noted on the patient's body during the physical examination.*

A week later, the patient's pathology results for the nasal supratip 2.0 cm × 2.0 cm brown irregular macule were received. Histologic sections of skin showed a poorly circumscribed proliferation of melanocytes confined to the epidermis. The cells were present as single cells proliferating in a lentiginous fashion. The melanocytes were cytologically atypical; they were enlarged, showed irregular nuclear contours, and demonstrated hyperchromaticity. There was a background of solar elastosis. There was an extension down the adnexa that reached the base of the biopsy. The final diagnosis was melanoma in situ, lentigo maligna type, and both peripheral and deep margins were positive. The patient was then informed of this result and was agreeable to pursuing Mohs surgery for the removal of this melanoma.

Discussion

The patient had a common complication of chronic sun exposure, which was skin cancer. In his case, it was a lentigo maligna melanoma. With no family history of skin cancer, current medical understanding points to working outdoors as a pest control worker for many years as a major contributing factor to this patient developing a lentigo maligna melanoma. Fortunately, the patient was agreeable to pursuing Mohs surgery to have the cancer excised.

It was fortunate that the dermatologist who evaluated this patient recognized that this lesion could be a cancerous one and insisted that a shave biopsy be performed. It also must be noted that the patient had this lesion for many years and that there could have been many factors which presented as obstacles to him seeing a dermatologist much sooner. It also must be noted that since the patient was now in his 70s, the dangers of sun exposure might not have been as well understood when he was younger as they are now.

Conclusion

Skin cancer is a severe condition, which should not be taken lightly. Sun exposure is a common cause of skin cancer, so those pursuing occupations with a high potential for sun exposure should plan accordingly. While we understand the correlation between sun exposure and skin cancer, there is still a plethora to learn. This calls for more studies further investigating preventive measures and treatments for skin cancer. Additionally, there needs to be studies comparing the efficacies of these treatments and preventive measures.

Statement of Informed Consent

Informed consent was obtained from the patient described in this case report.

Conflicts of Interest

The authors declare no conflict of interest and received no specific funding for this work.

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