

Before you begin: This is a big topic, and big topics beget big slide-sets. There's a couple of natural breaks (around slide 215, and again around 415); I placed *break time!* slides at those locations.



All lesions of the eyelid and epibulbar tissue can be said to have one of two appearances what are they?

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(Obviously, there are multiple legit ways to answer this question, but there's one best way in the context of this slide-set)

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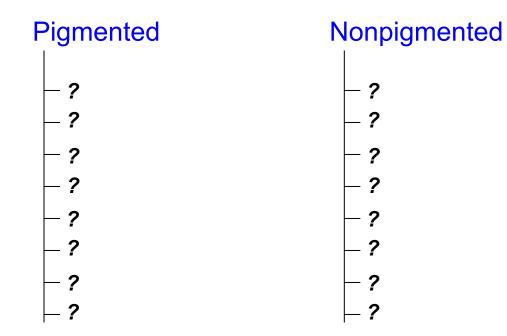
All lesions of the eyelid and epibulbar tissue can be said to have one of two appearances what are they?

Pigmented

Nonpigmented

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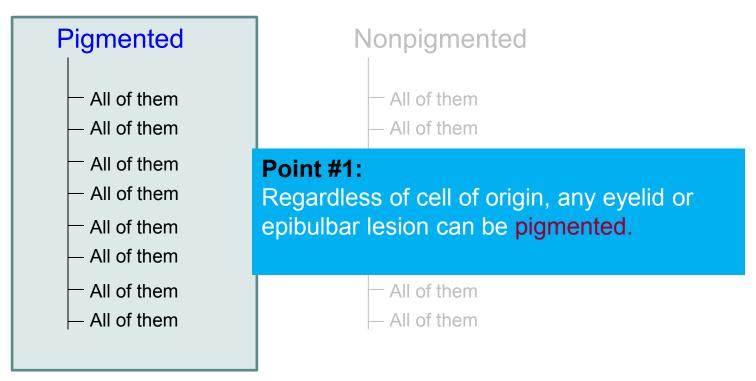
Pigmented

- All of them

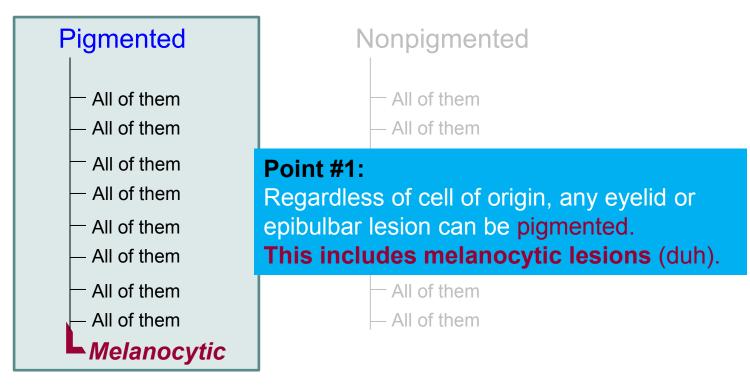
Nonpigmented

- All of them

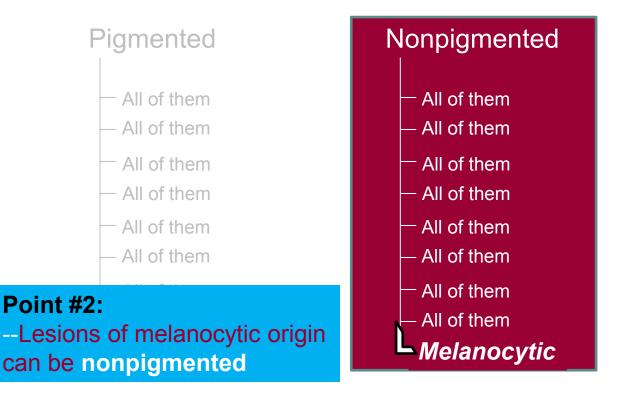












Note! This question concerns melanocytic lesions specifically, not pigmented lesions generally



All *melanocytic* lesions of the eyelid and epibulbar tissue arise from one of two cell types what are they?

(OTOH, this question only has one legit answer)



Melanocytes

All *melanocytic* lesions of the eyelid and epibulbar tissue arise from one of two cell types what are they?

Nevus cells

(OTOH, this question only has one legit answer)



Melanocytes

Let's consider the embryology of melanocytes. From which primordial cell do they derive?



Melanocytes

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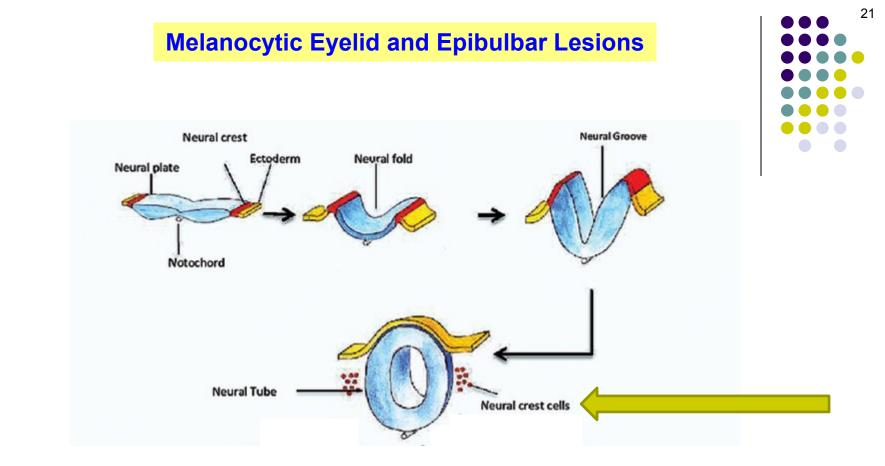


Melanocytes

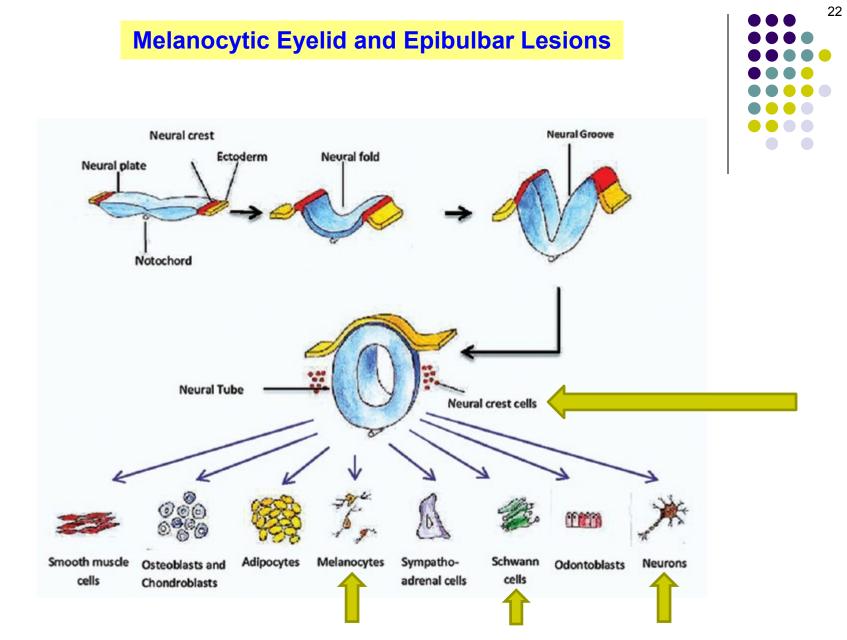
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Neural crest cells...



Neural crest cells...and their derivatives



Melanocytes

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> *So, the NS retina and RPE derive from NCCs?* No no no, don't get it twisted—they derive from **neuroectoderm**, which is the same primordial tissue that gives rise to NCCs



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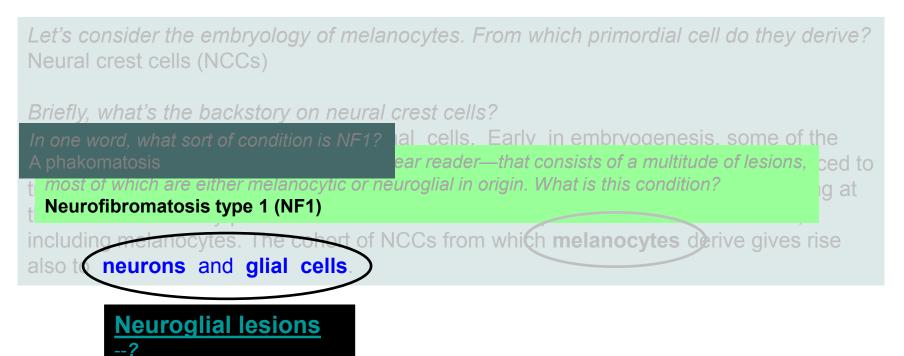


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Melanocytes

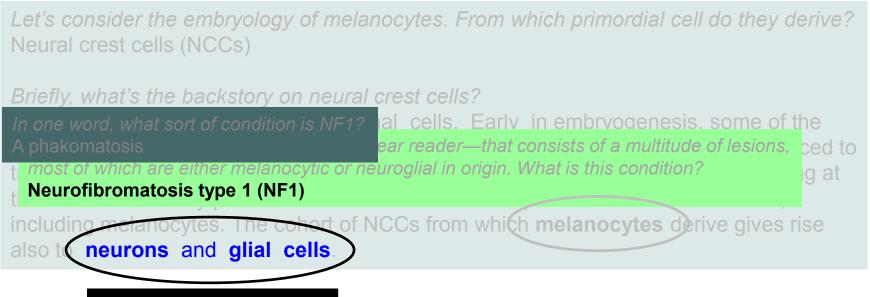


What are the four classic neuroglial lesions in NF1?

--? --? --?



Melanocytes



Neuroglial lesions

- --Nodular neurofibromas
- --Plexiform neurofibromas
- --Optic glioma
- --Prominent corneal nerves

What are the four classic neuroglial lesions in NF1?



Optic nerve glioma



Plexiform neurofibroma



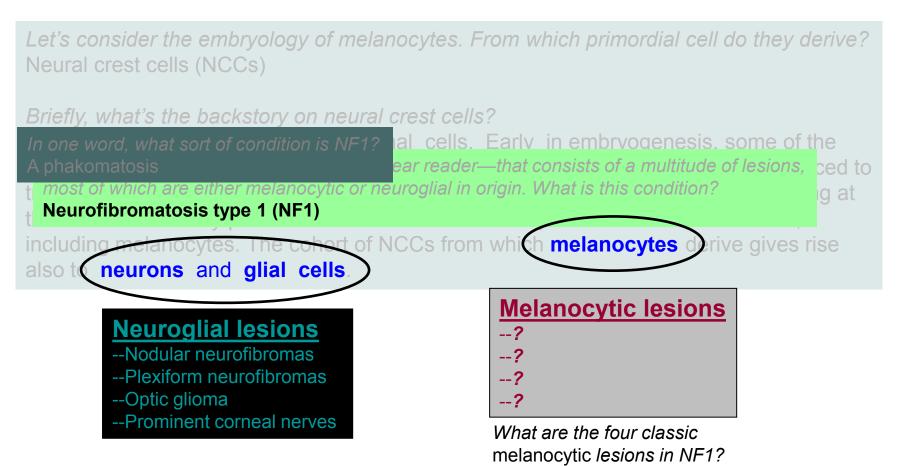


Nodular neurofibroma

NF1: Neuroglial lesions

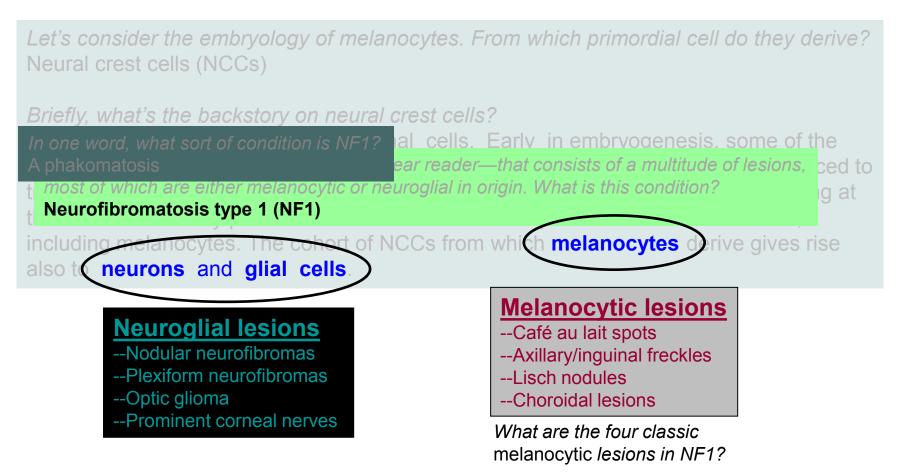


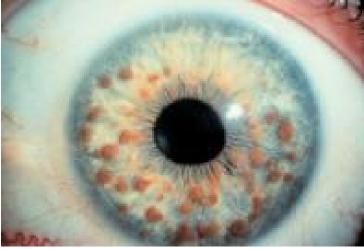
Melanocytes





Melanocytes





Lisch nodules



Axillary freckling

Eyelid and Epibulbar Lesions



Café-au-lait spots

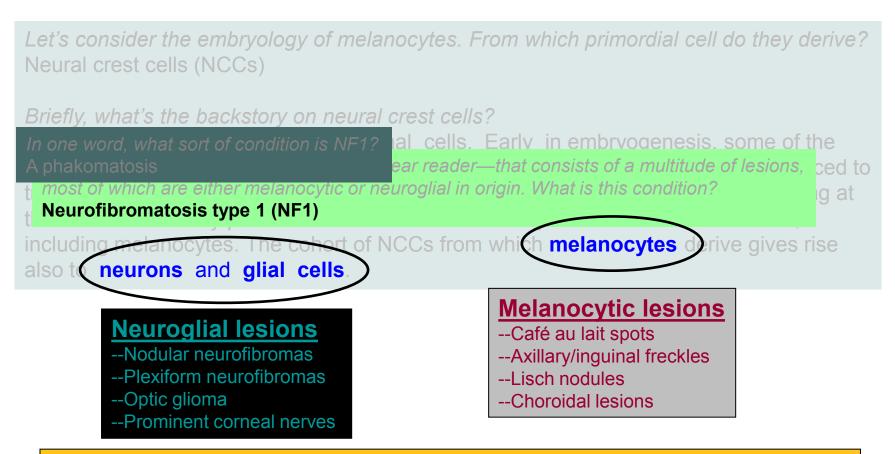
NF1: Melanocytic lesions

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Actas Dermosifiliogr. 2016;107:454-64



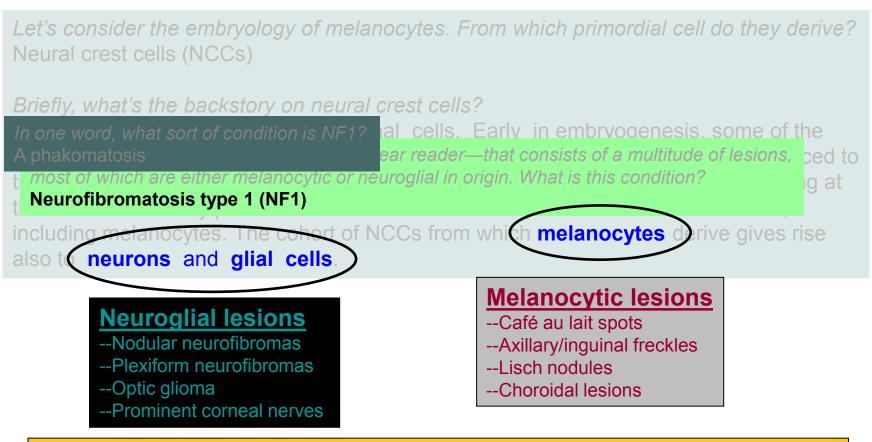
Melanocytes



In what fundamental way do these lesions differ (other than the cell type of origin, duh)?



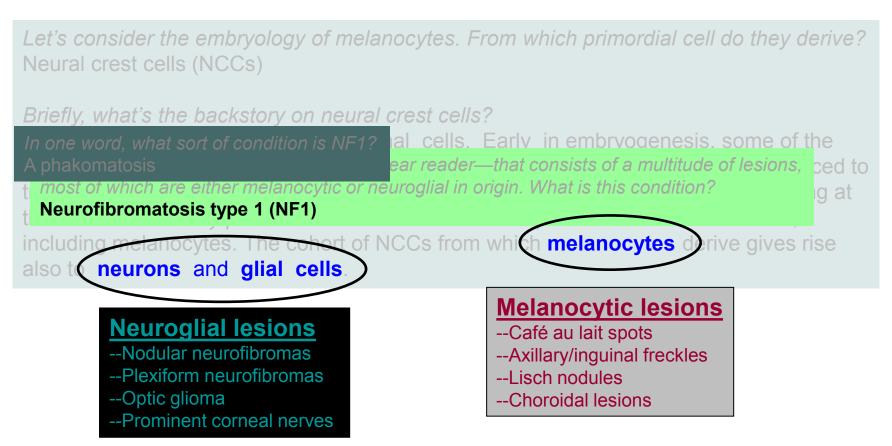
Melanocytes



In what fundamental way do these lesions differ (other than the cell type of origin, duh)? The lesions are of no clinical significance beyond establishing the diagnosis, whereas the lesions are associated with significant ocular and/or systemic morbidity



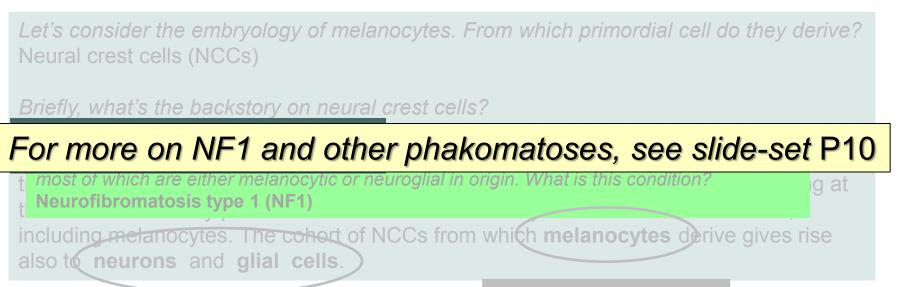
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Melanocytes



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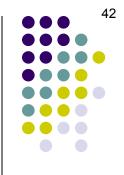
Melanocytic lesions

- --Café au lait spots
- --Axillary/inguinal freckles
- --Lisch nodules
- --Choroidal lesions

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Melanocytes

Next let's consider the function of surface melanocytes. What do they do?



43

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What is the name of the membrane-bound structure in which melanin is contained? A melanosome



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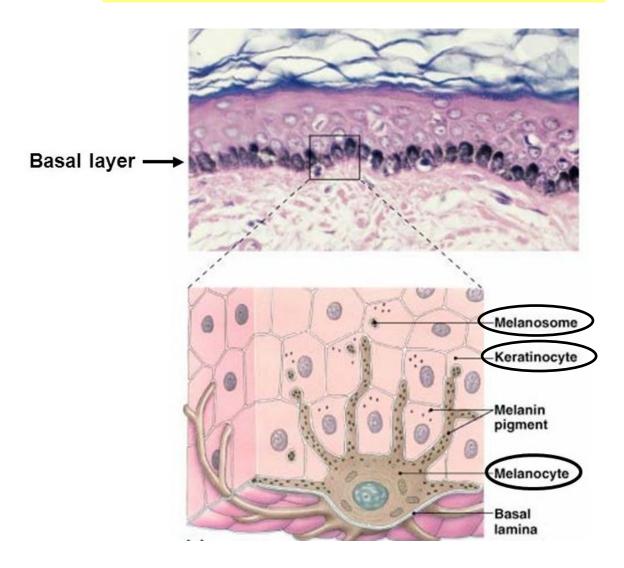


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Melanocyte and its keratinocytes



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Some people have darker skin than others. (Thanks, Captain Obvious.) Is it the case that darker-complected individuals have more melanocytes?



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Some people have darker skin than others. (Thanks, Captain Obvious.) Is it the case that darker-complected individuals have more melanocytes? No, the number of melanocytes does not vary with degree of pigmentation. People with darker complexion have more melanin in their keratinocytes.



Melanocytes

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In what key way do epithelial and dermal melanocytes differ?



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In what key way do epithelial and dermal melanocytes differ? Under normal conditions, dermal melanocytes do not produce melanin

Melanocytes

Nevus cells

Now let's turn our attention to nevus cells. What are they?



Melanocytes

Nevus cells

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--With respect to **shape**

--With respect to distribution



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--With respect to **shape** : Typical melanocytes are described as **shape**, whereas nevus cells are **shape** --With respect to **distribution**



Melanocytes

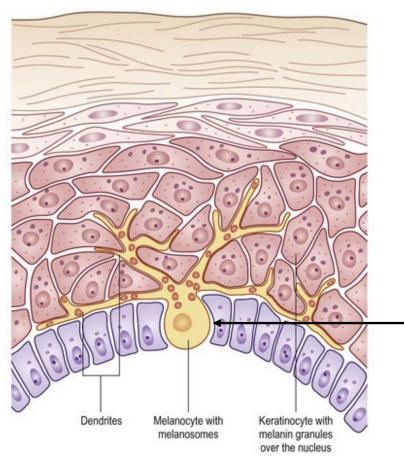
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--With respect to **shape** : Typical melanocytes are described as dendritic , whereas nevus cells are round

--With respect to distribution

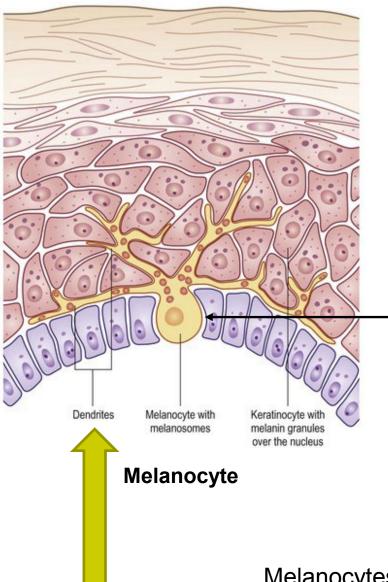


Melanocyte

Don't be fooled by the round cell body! Note the extensive network of processes snaking out amongst the keratinocytes

Melanocytes vs nevus cells

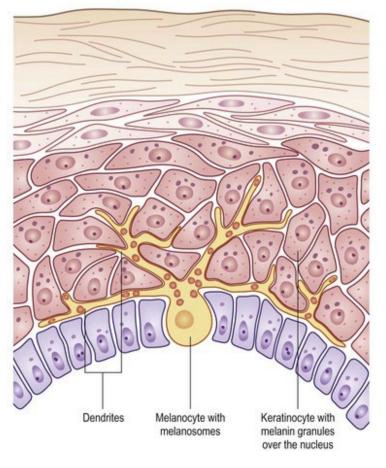




Don't be fooled by the round cell body! Note the extensive network of processes snaking out amongst the keratinocytes. It's because of all these processes that melanocytes are described as 'dendritic.'

Melanocytes vs nevus cells





Melanocyte

If this is here, it means I have yet to find a satisfactory rendering of a nevus cell

Nevus cell

Melanocytes vs nevus cells





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There is an exception to this rule, ie, there is one specific subset of nevus cells that have dendritic processes. With what 'colorful' nevus are these cells associated?



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--With respect to distribution

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What is the \$1 term for these clusters?



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What is the \$1 term for these clusters? 'Nests'



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What is the \$10 term for these nests?



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What is the \$10 term for these nests? 'Theques'

Eyelid Skin



At long last we're ready to start talking about Melanocytic lesions of the eyelid skin and epibulbar tissue. As we will see, equivalent lesions are found in each tissue type, so *if you can remember a lesion in one tissue, you can deduce the equivalent lesion in the other.* In order to facilitate this sort of understanding, we will review the lesions in tandem.

Epibulbar tissue

Eyelid Skin



At long last we're ready to start talking about Melanocytic lesions of the eyelid skin and epibulbar tissue. As we will see, equivalent lesions are found in each tissue type, so *if you can remember a lesion in one tissue, you can deduce the equivalent lesion in the other.* In order to facilitate this sort of understanding, we will review the lesions in tandem.

Epibulbar tissue

Two notes before proceeding: This review is an amalgam of material from the *Path, Plastics, External Disease* and *Peds* books. As usual, small inconsistencies exist among the books; I have smoothed these over as best I can. (Regarding skin lesions I leaned into the *Plastics* book; for epibulbar lesions, *External Disease*.) Further, for some lesions the *BCSC* emphasized the cell type of origin, whereas for others it didn't; I followed suit. **As always, caveat emptor.**



All melanocytic lesions of the eyelid skin can be traced to one of three cell sources:

Epibulbar tissue

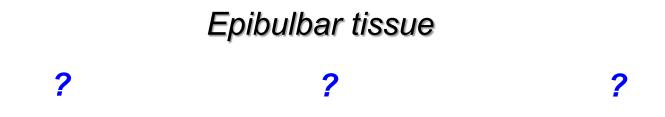


All melanocytic lesions of the eyelid skin can be traced to one of three cell sources: Melanocytes in the epidermis, melanocytes in the dermis, or nevus cells

Epibulbar tissue



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The analogous cell-sources of melanocytic lesions of the epibulbar tissue are:



All melanocytic lesions of the eyelid skin can be traced to one of three cell sources: Melanocytes in the epidermis, melanocytes in the dermis, or nevus cells

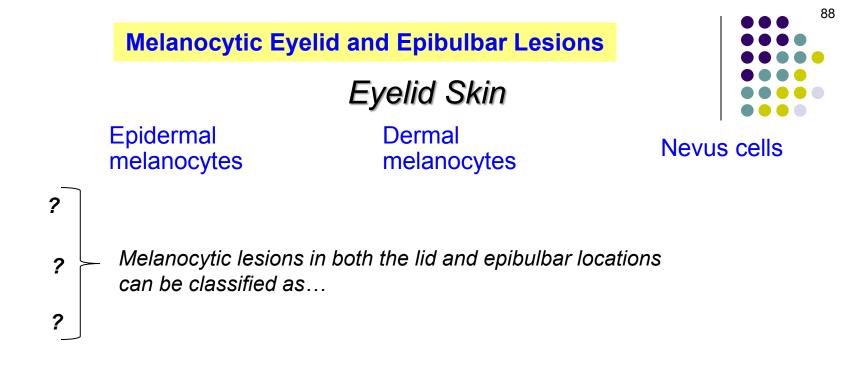
Epibulbar tissue

Epithelial melanocytes

Subepithelial melanocytes

Nevus cells

The analogous cell-sources of melanocytic lesions of the epibulbar tissue are: Melanocytes in the epithelium, melanocytes in the subepi tissues, or nevus cells



Epibulbar tissue

Epithelial melanocytes

?

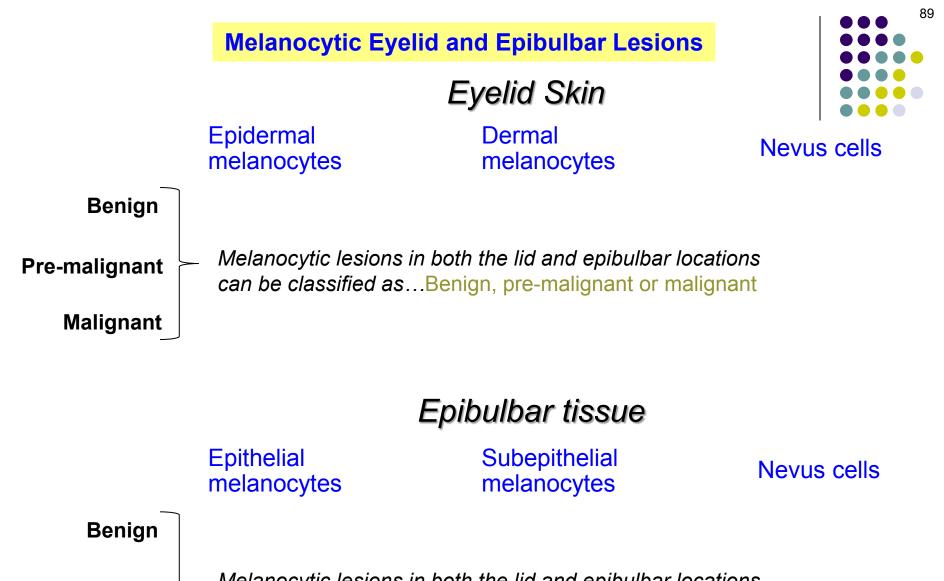
?

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Subepithelial melanocytes

Nevus cells

Melanocytic lesions in both the lid and epibulbar locations can be classified as...



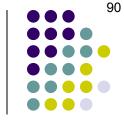
Melanocytic lesions in both the lid and epibulbar locations can be classified as...Benign, pre-malignant or malignant

Pre-malignant

Eyelid Skin

Epidermal melanocytes

Dermal melanocytes



Nevus cells

Benign

Pre-malignant

Malignant

Let's start our review of melanocytic lesions with benign lesions deriving from epidermal and epithelial melanocytes

Epibulbar tissue

Epithelial melanocytes

Subepithelial melanocytes

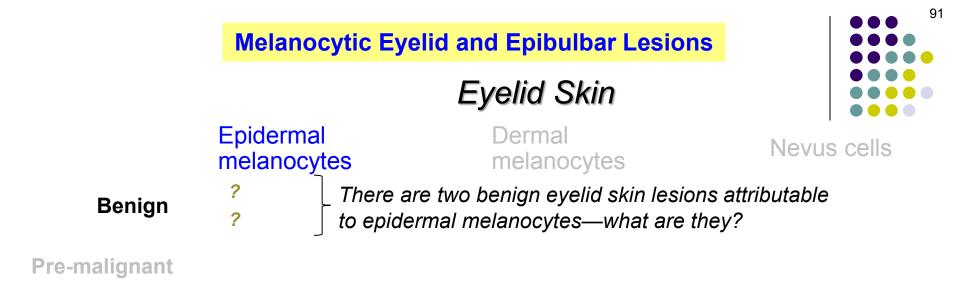
Nevus cells

Benign

Pre-malignant

Malignant

No question—proceed when ready



Epibulbar tissue

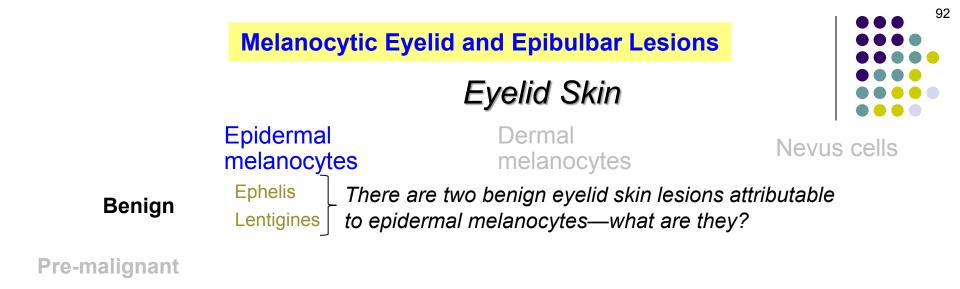
Epithelial melanocytes

Subepithelial melanocytes

Nevus cells

Benign

Pre-malignant



Epibulbar tissue

Epithelial melanocytes

Subepithelial melanocytes

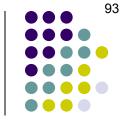
Nevus cells

Benign

Pre-malignant

Eyelid Skin

Dermal melanocytes



Nevus cells

Benign

Epidermal

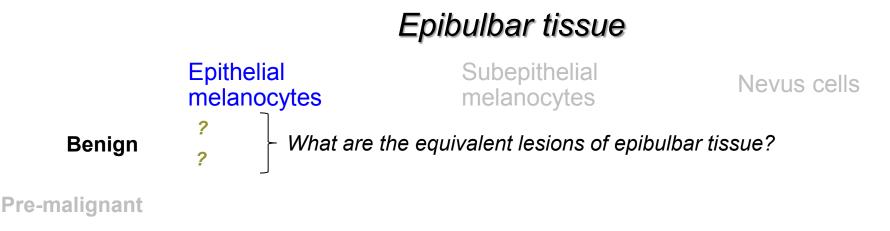
Lentigines

Ephelis

melanocytes

Pre-malignant

Malignant



Eyelid Skin

Dermal melanocytes



Nevus cells

Benign

Epidermal

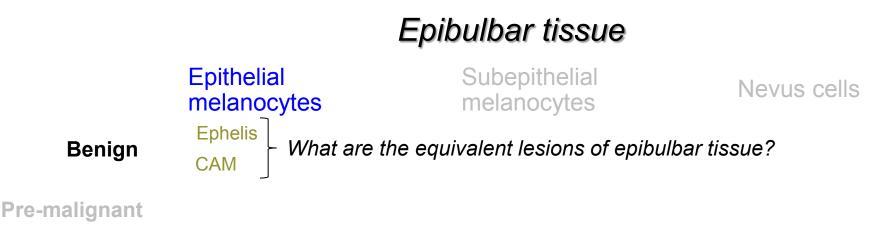
Lentigines

Ephelis

melanocytes

Pre-malignant

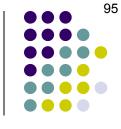
Malignant



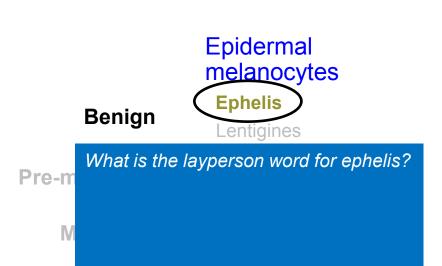


Eyelid Skin

Dermal melanocytes



Nevus cells



Epibulbar tissue

Epithelial melanocytes Ephelis CAM Subepithelial melanocytes

Nevus cells

Pre-malignant

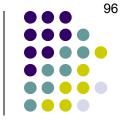
Malignant

Benign

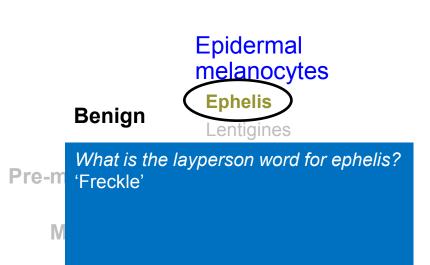


Eyelid Skin

Dermal melanocytes



Nevus cells



Epibulbar tissue

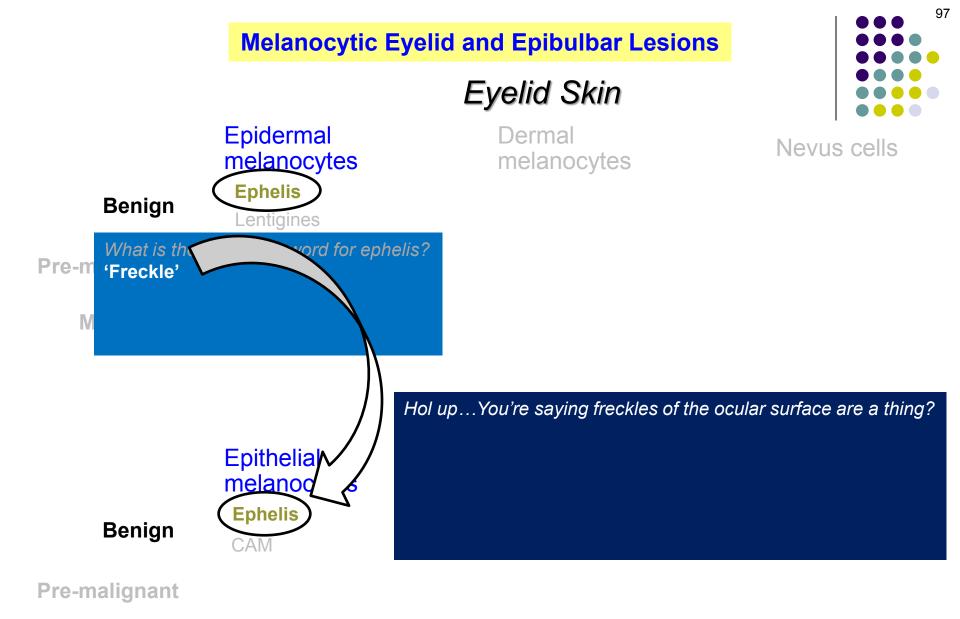
Epithelial melanocytes Ephelis CAM Subepithelial melanocytes

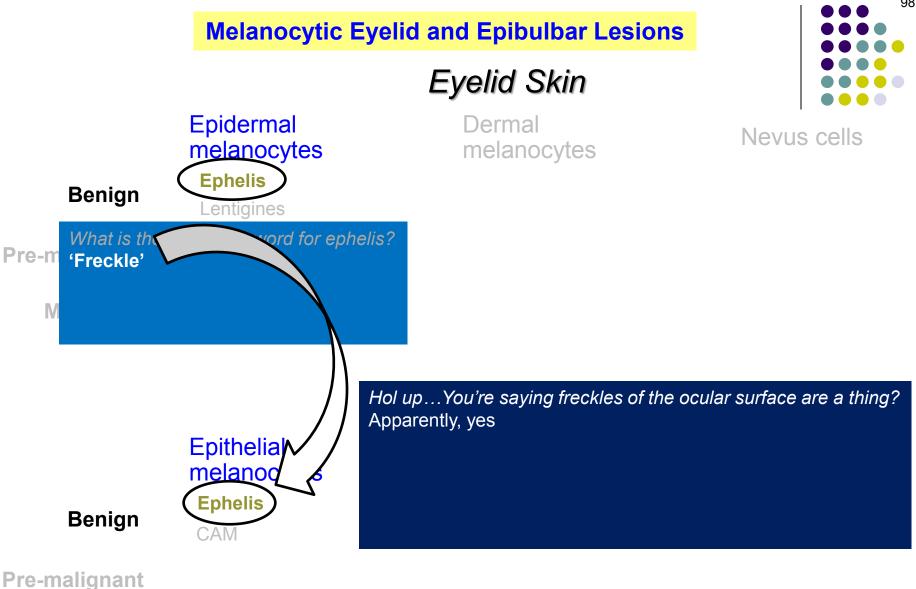
Nevus cells

Pre-malignant

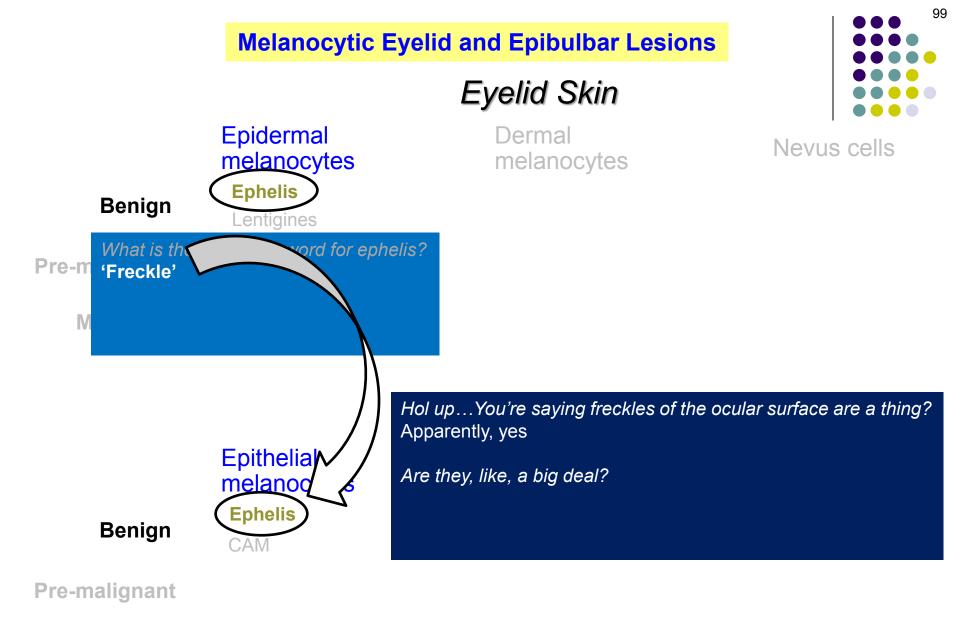
Malignant

Benign





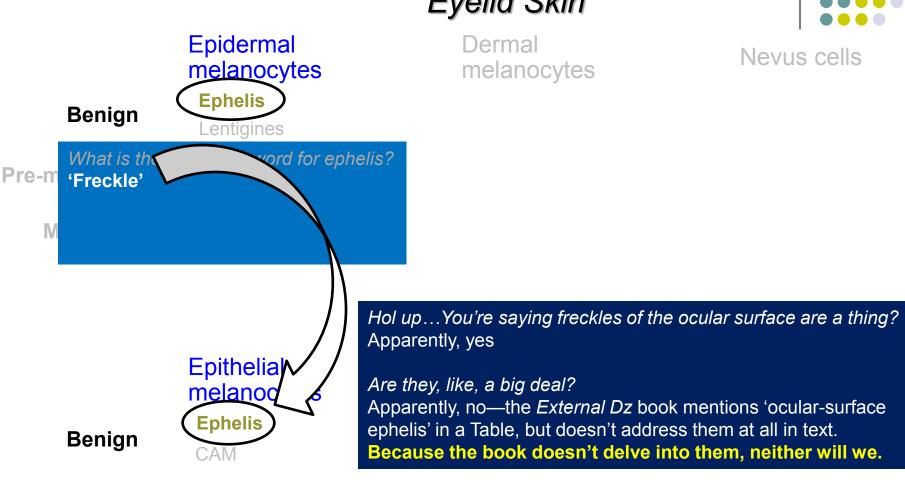
98



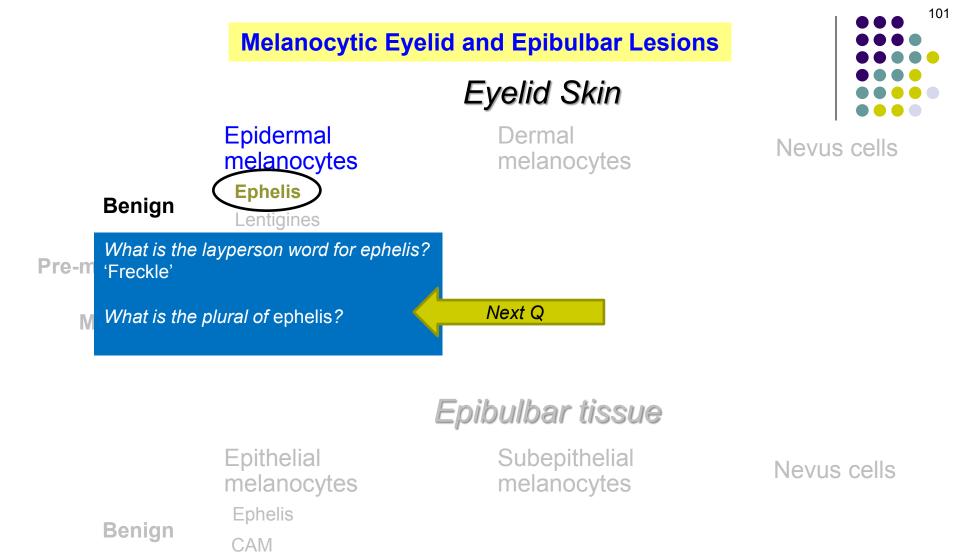




100



Pre-malignant

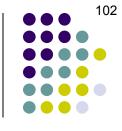


Pre-malignant

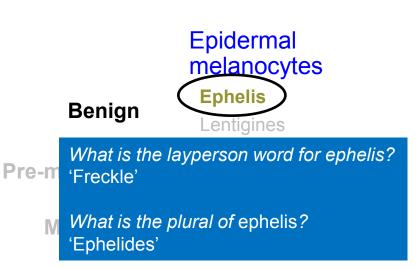




Dermal melanocytes



Nevus cells



Epibulbar tissue

Epithelial melanocytes Ephelis CAM

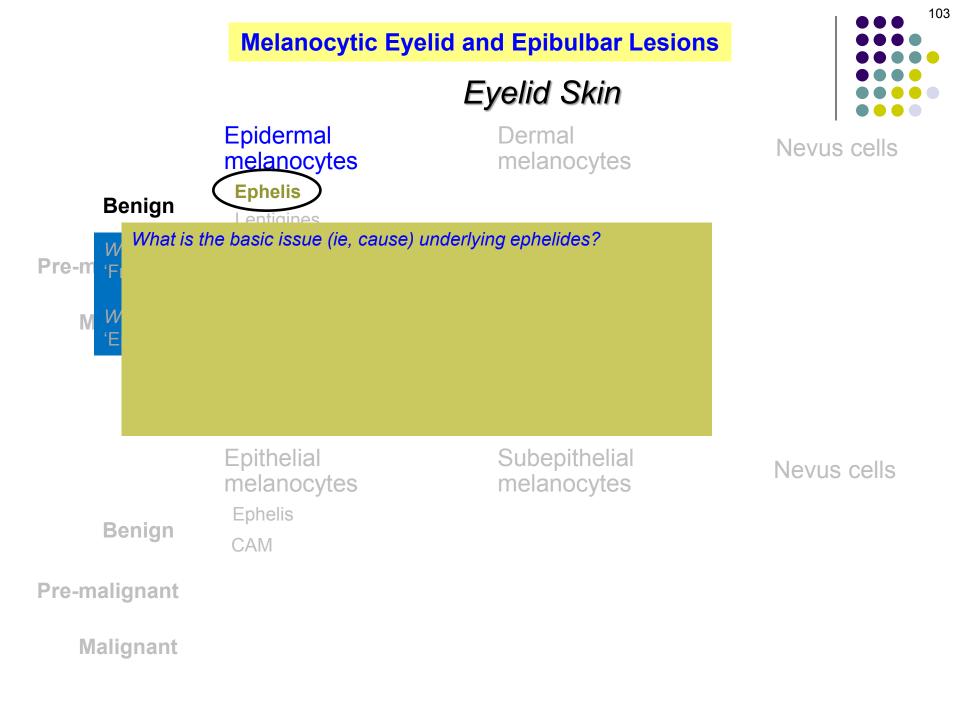
Subepithelial melanocytes

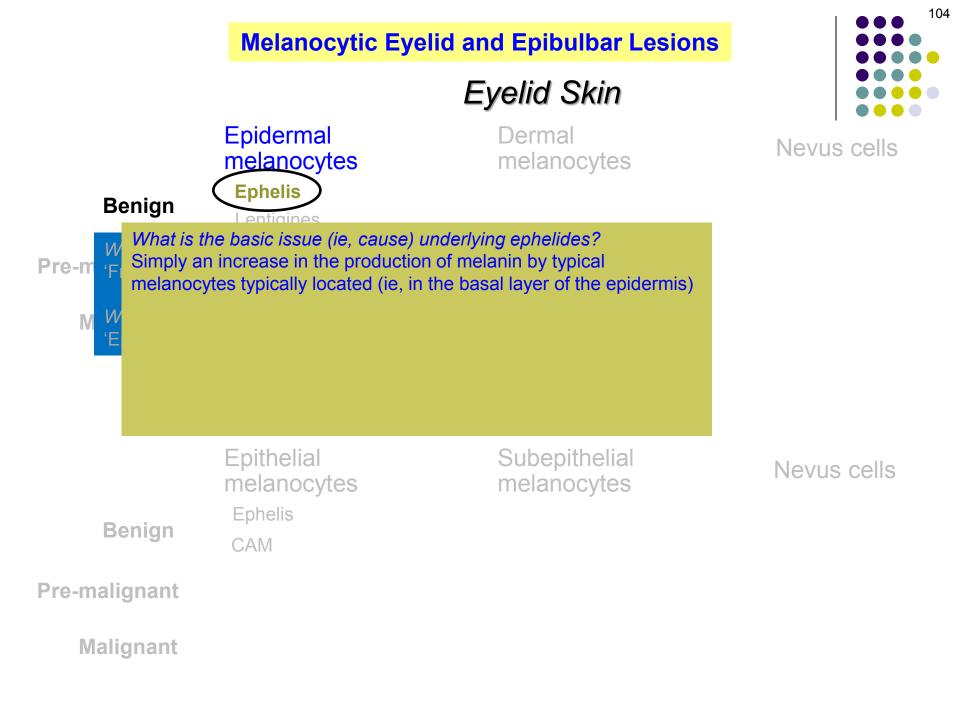
Nevus cells

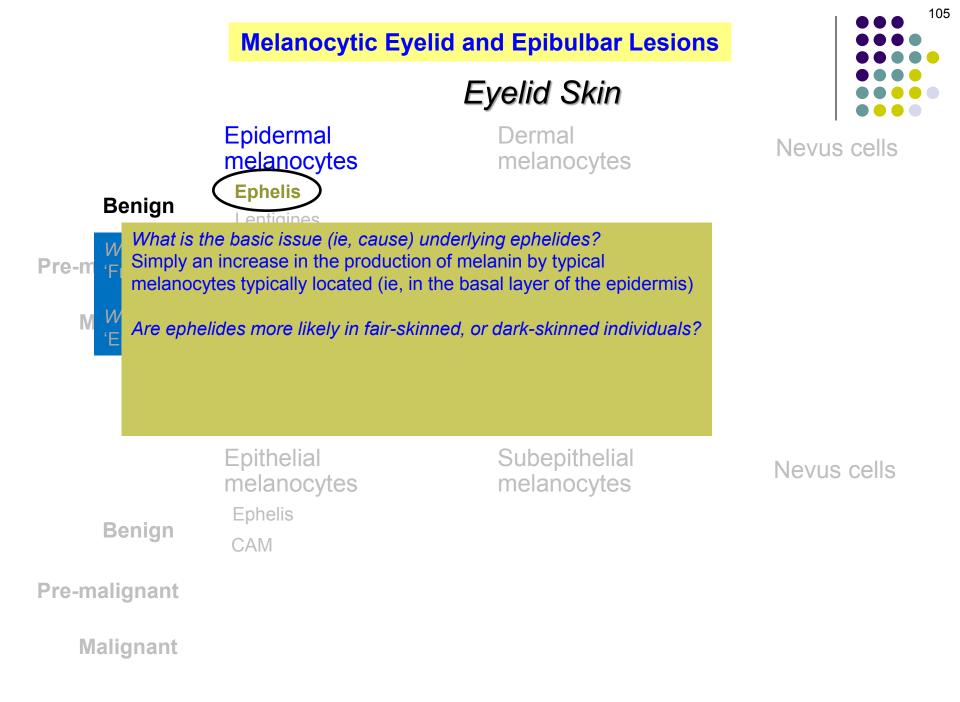
Pre-malignant

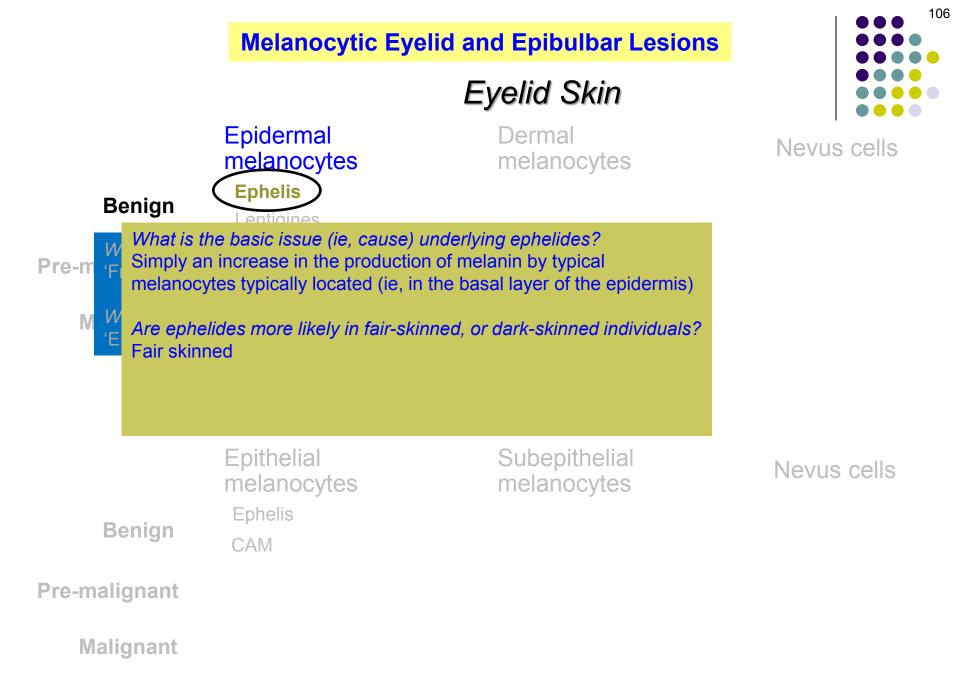
Malignant

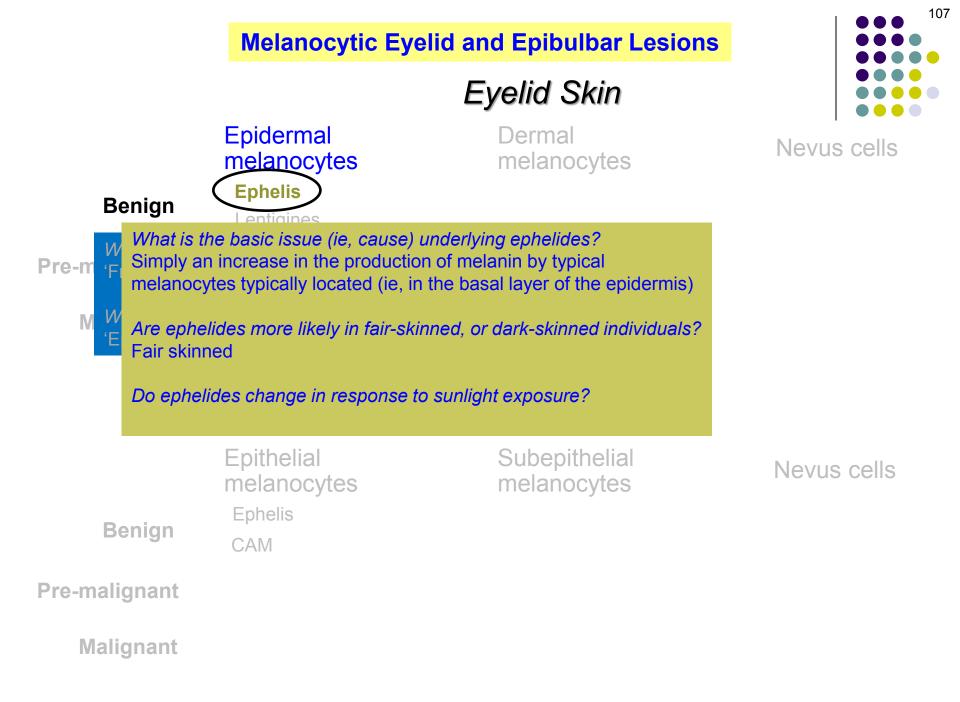
Benign

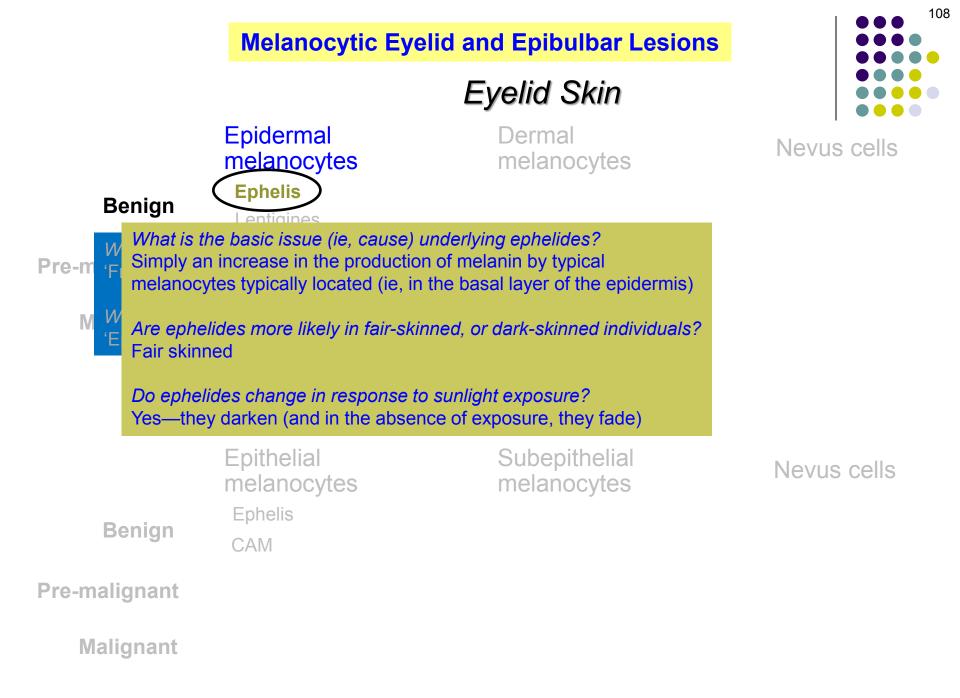








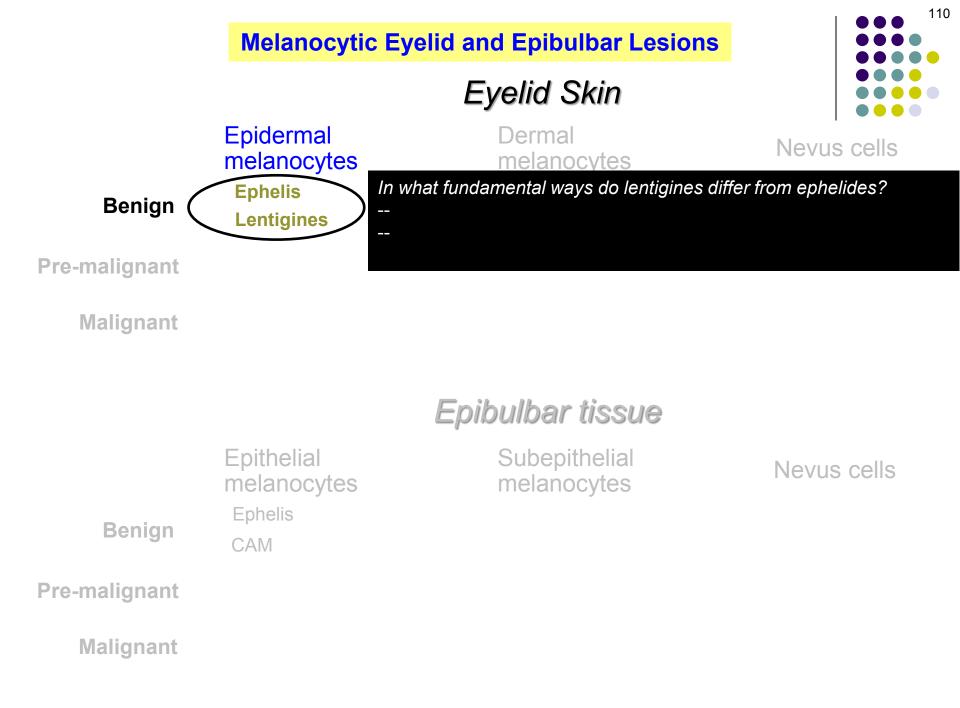


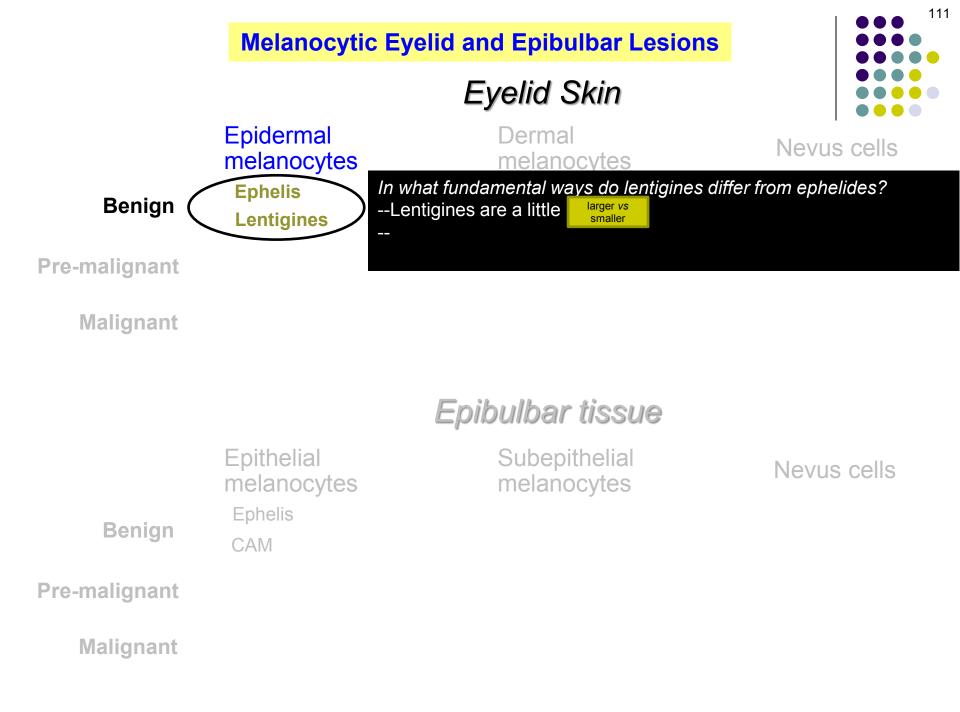


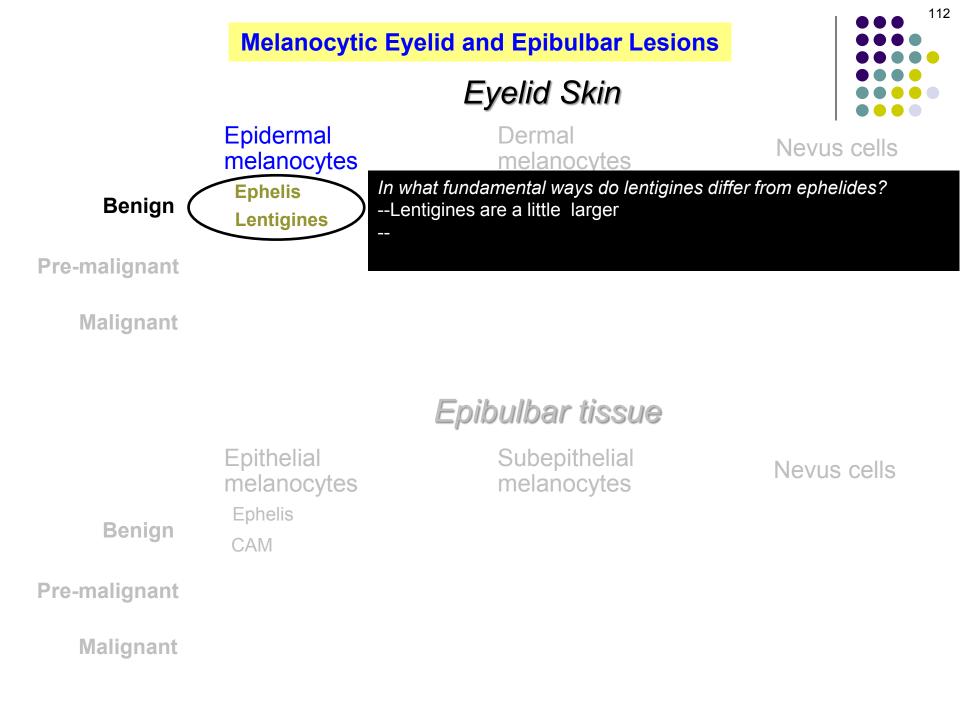


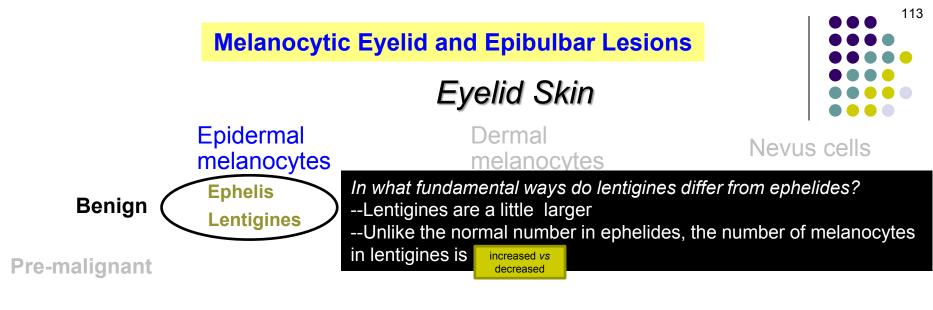


Classic ephelides concentration across the sun-exposed malar region









Epibulbar tissue

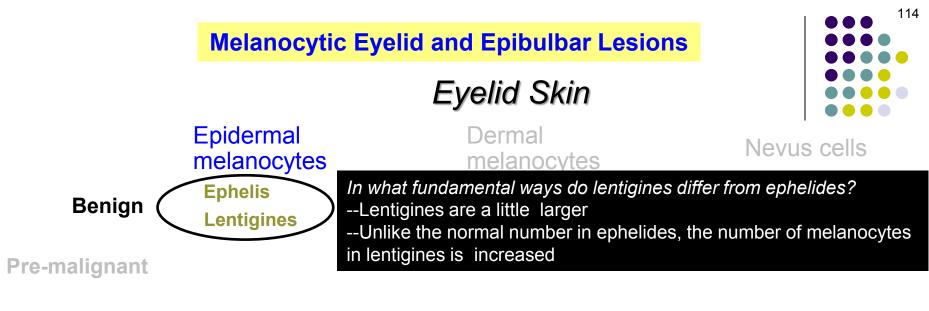
Epithelial melanocytes Ephelis CAM Subepithelial melanocytes

Nevus cells

Pre-malignant

Malignant

Benign



Epibulbar tissue

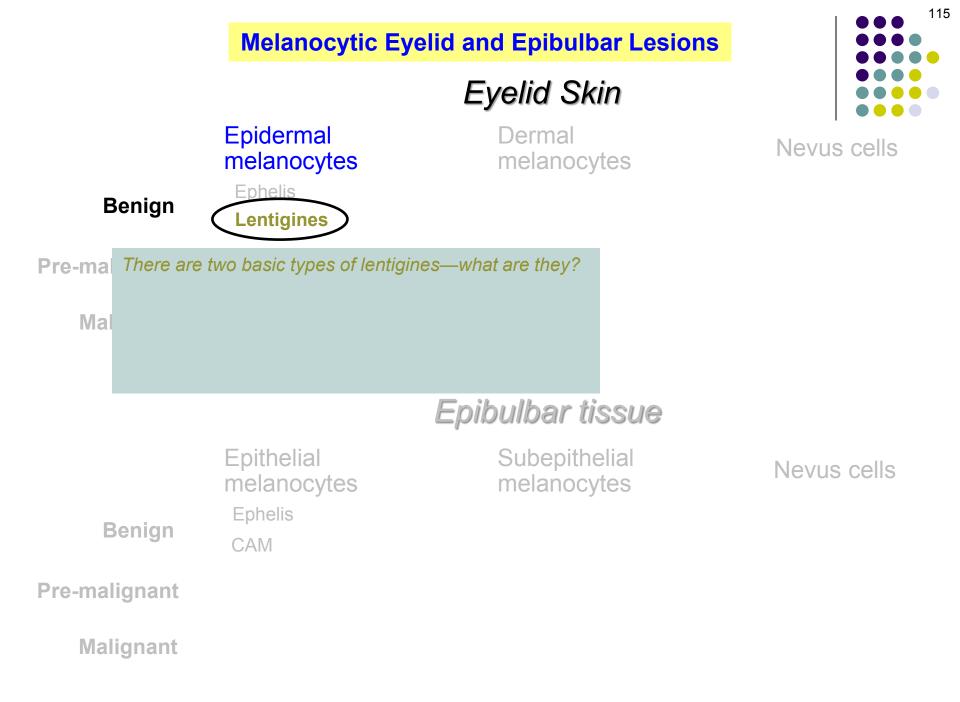
Epithelial melanocytes Ephelis CAM Subepithelial melanocytes

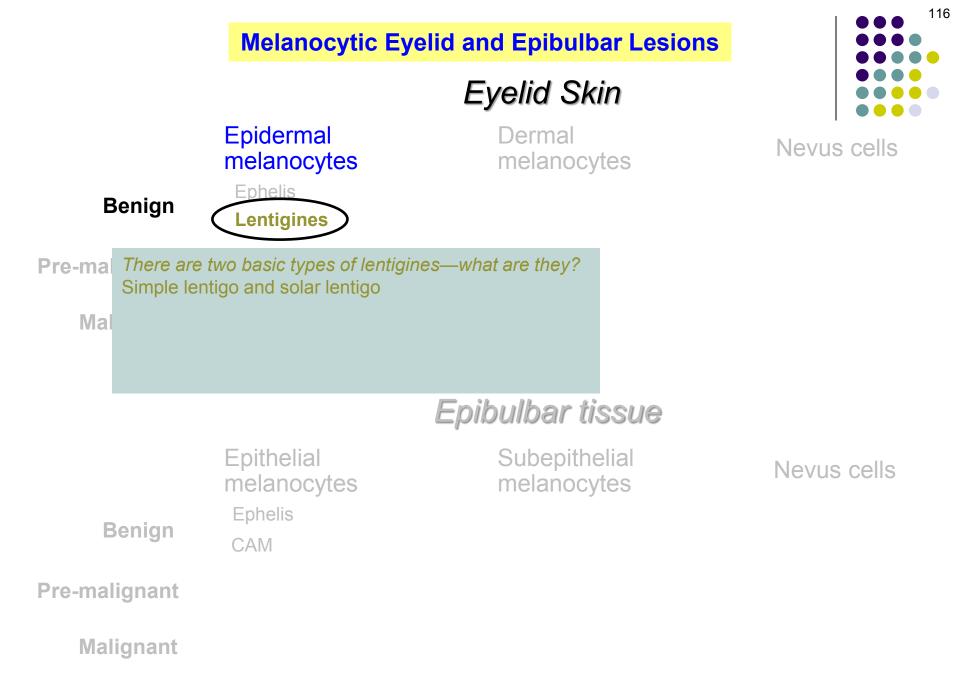
Nevus cells

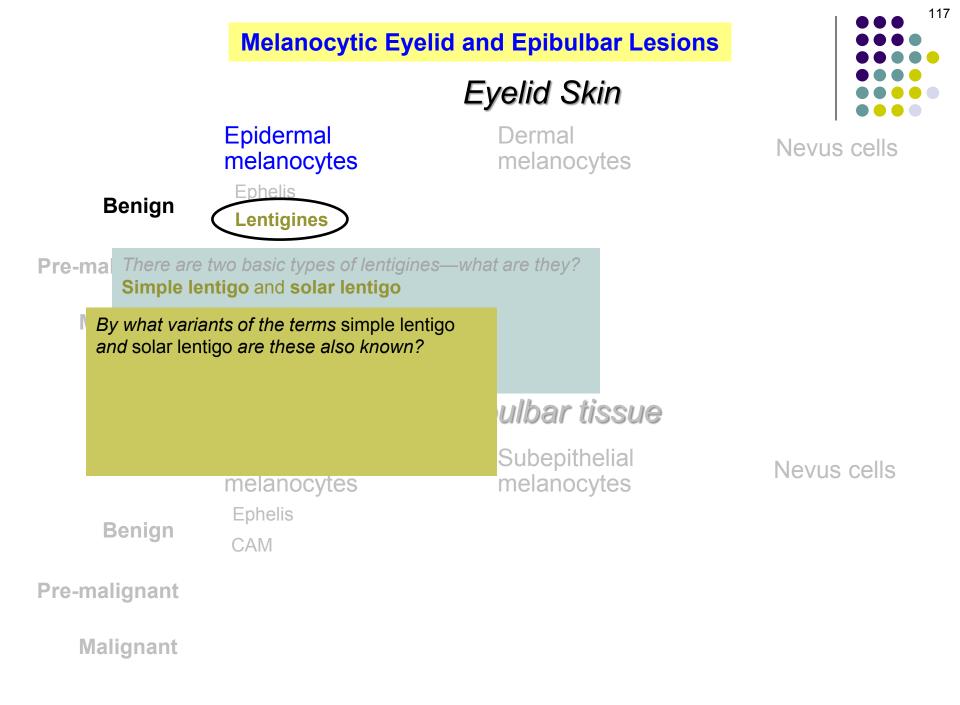
Pre-malignant

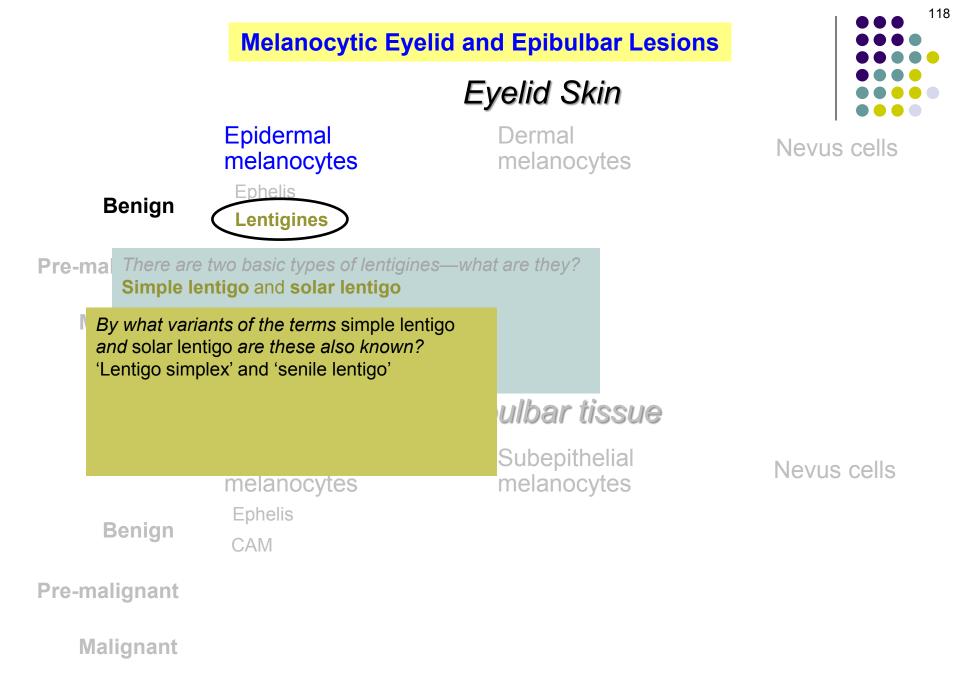
Malignant

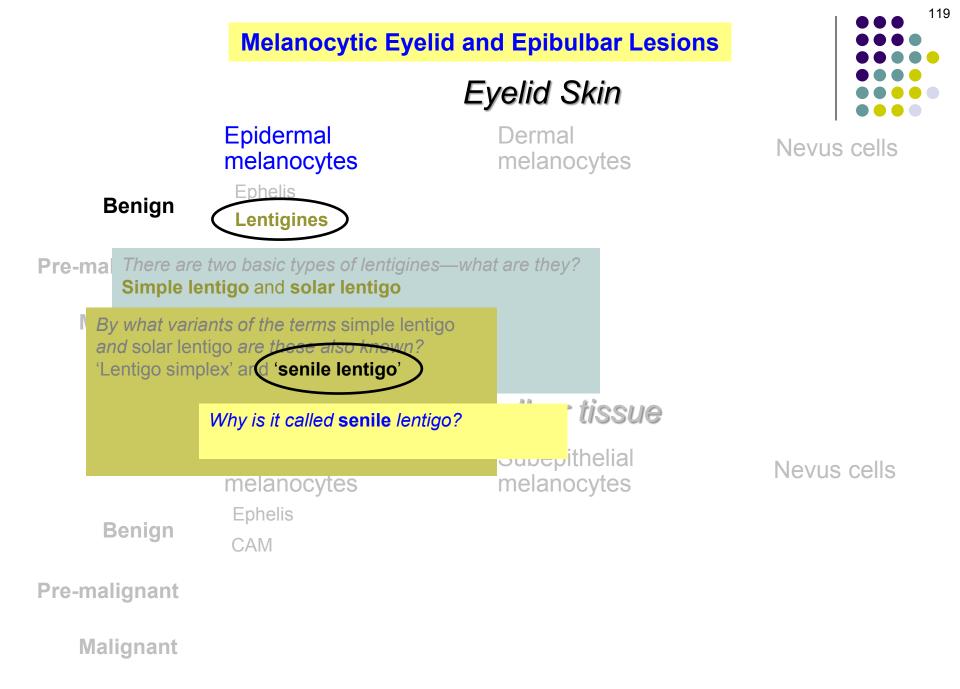
Benign

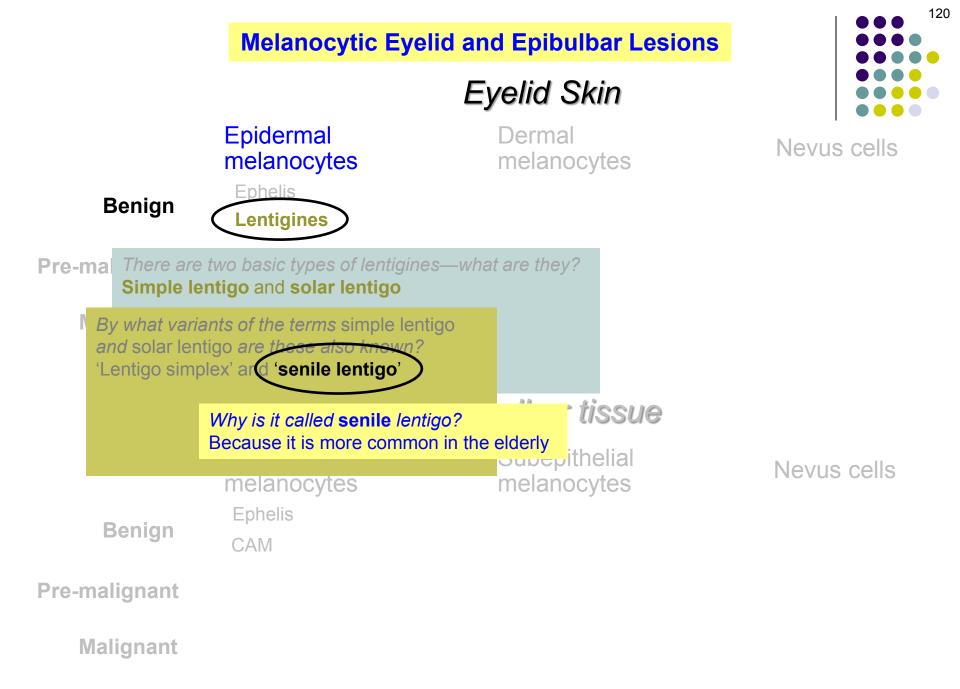


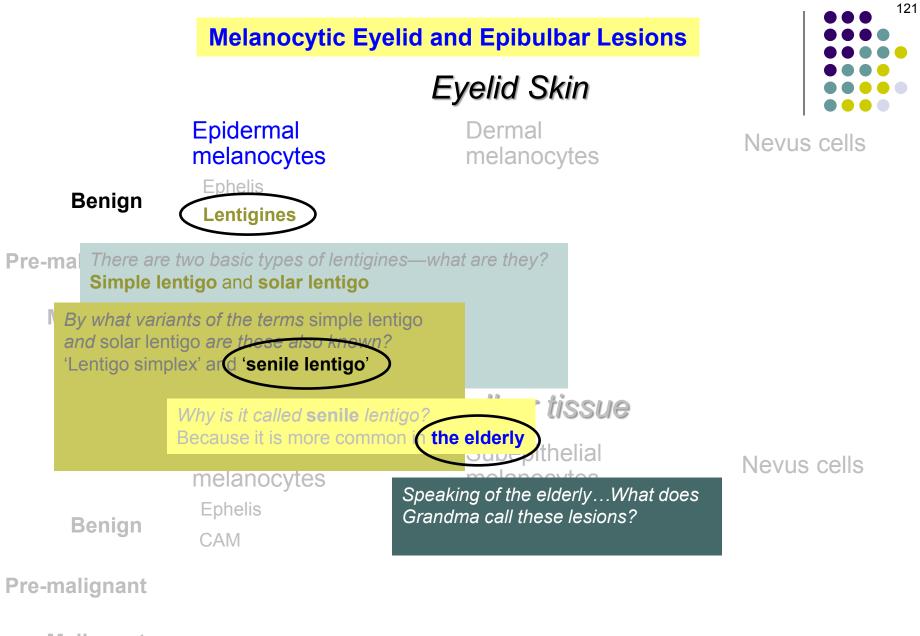


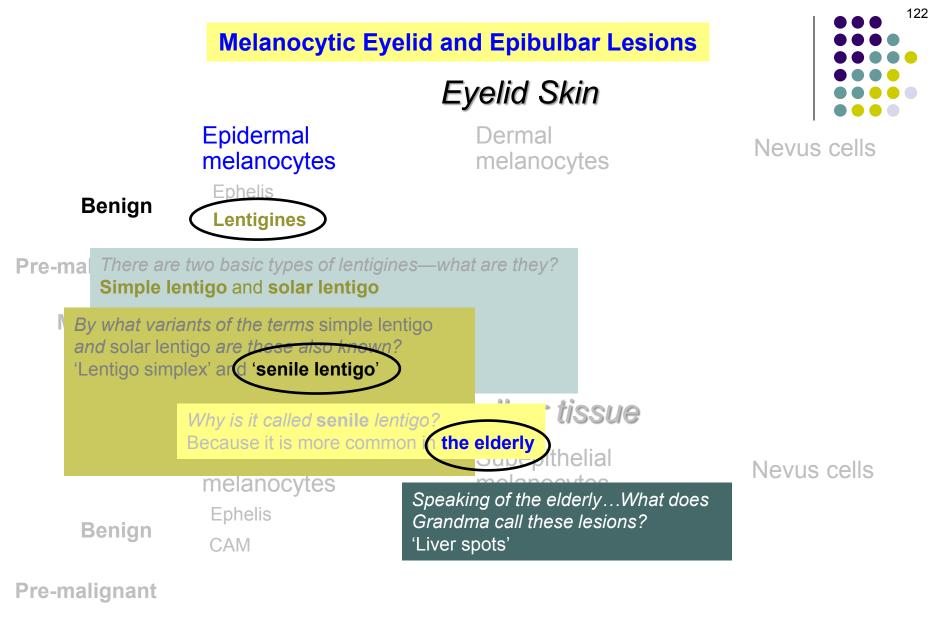


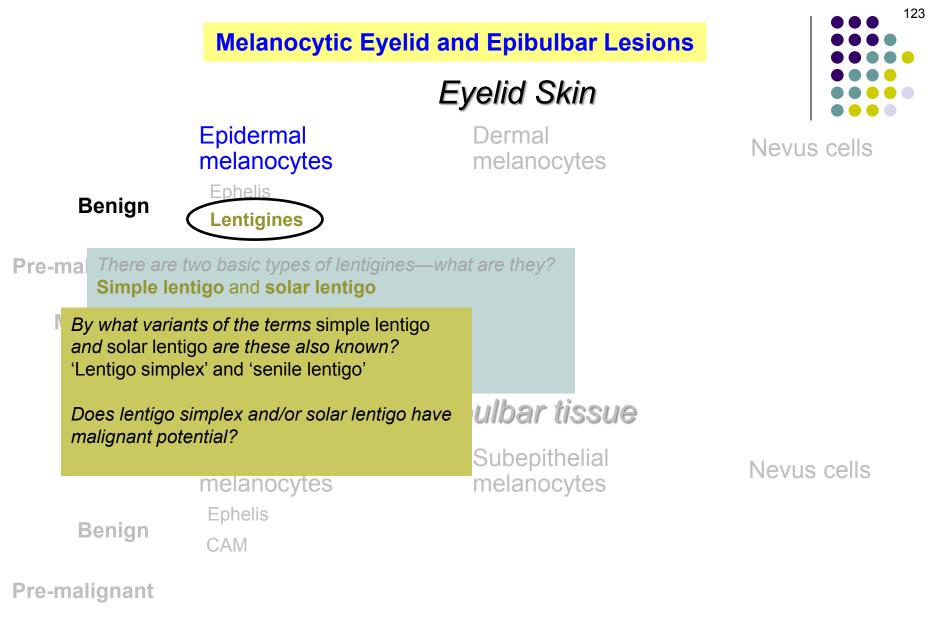


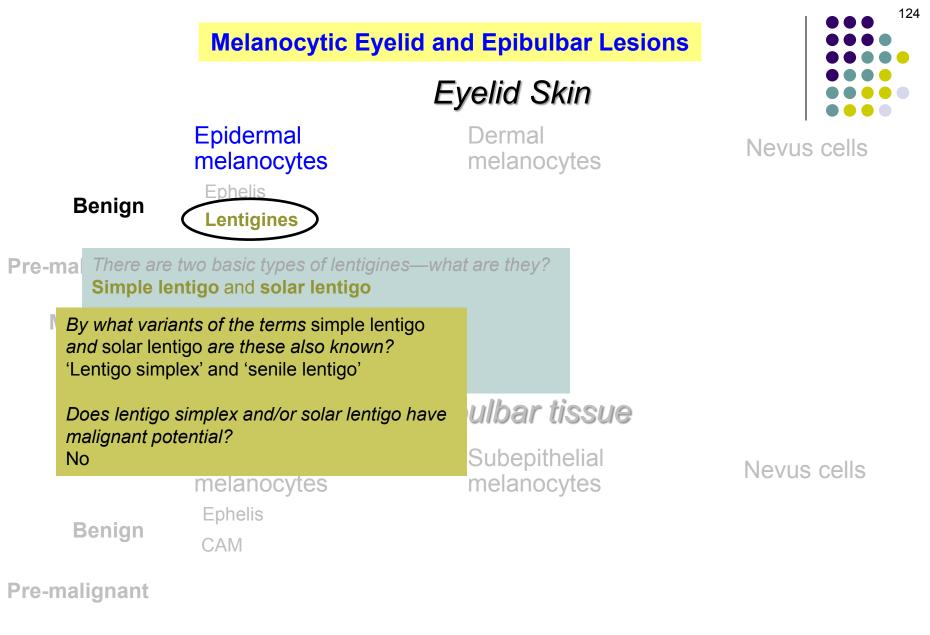


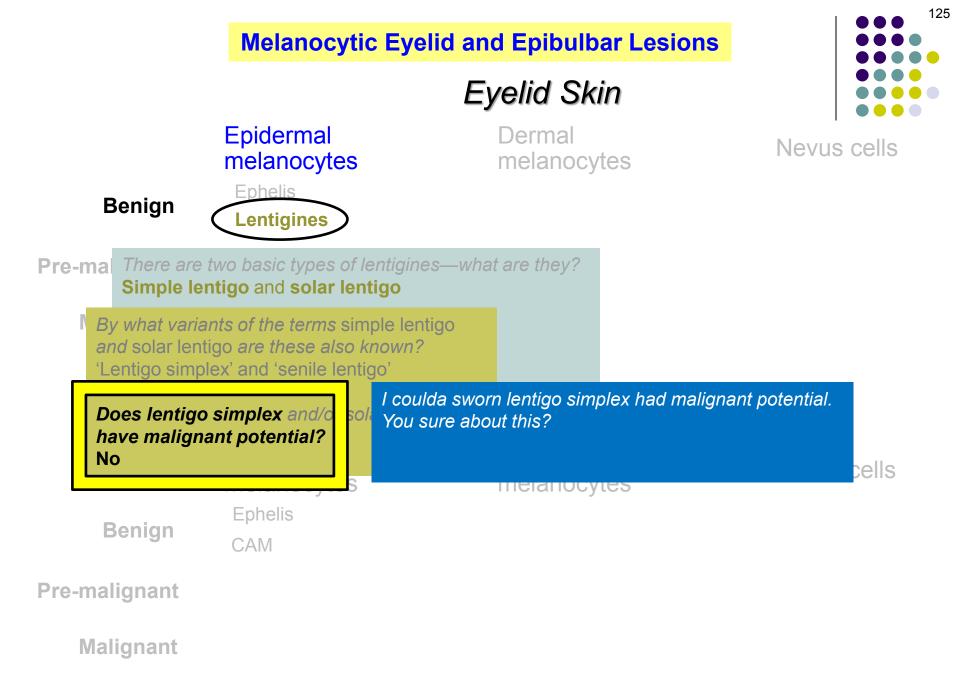


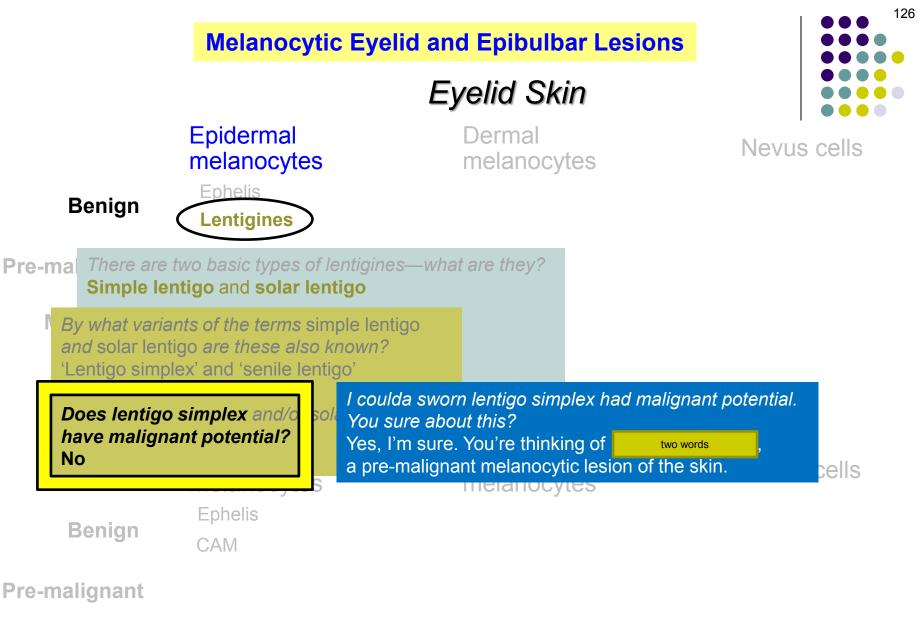


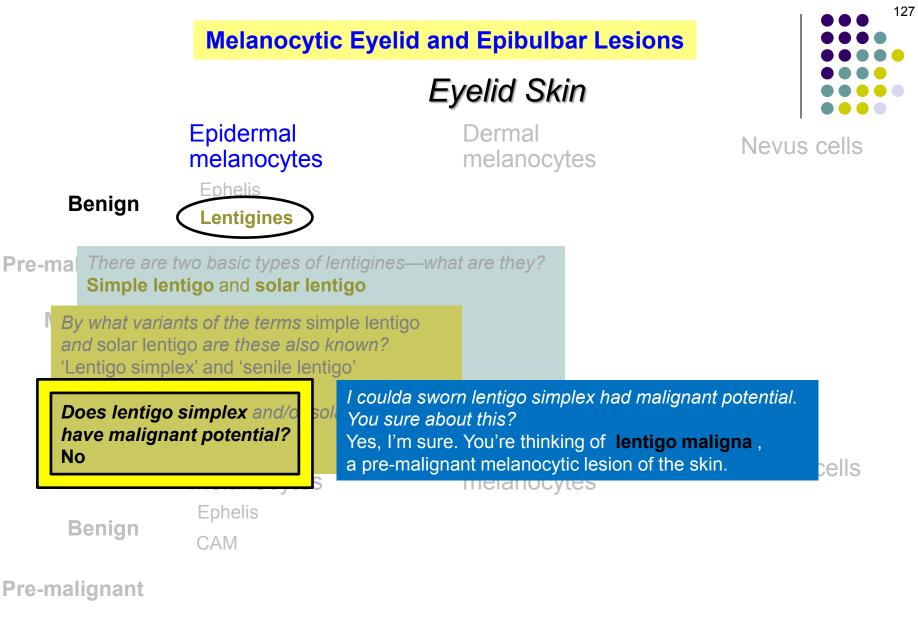


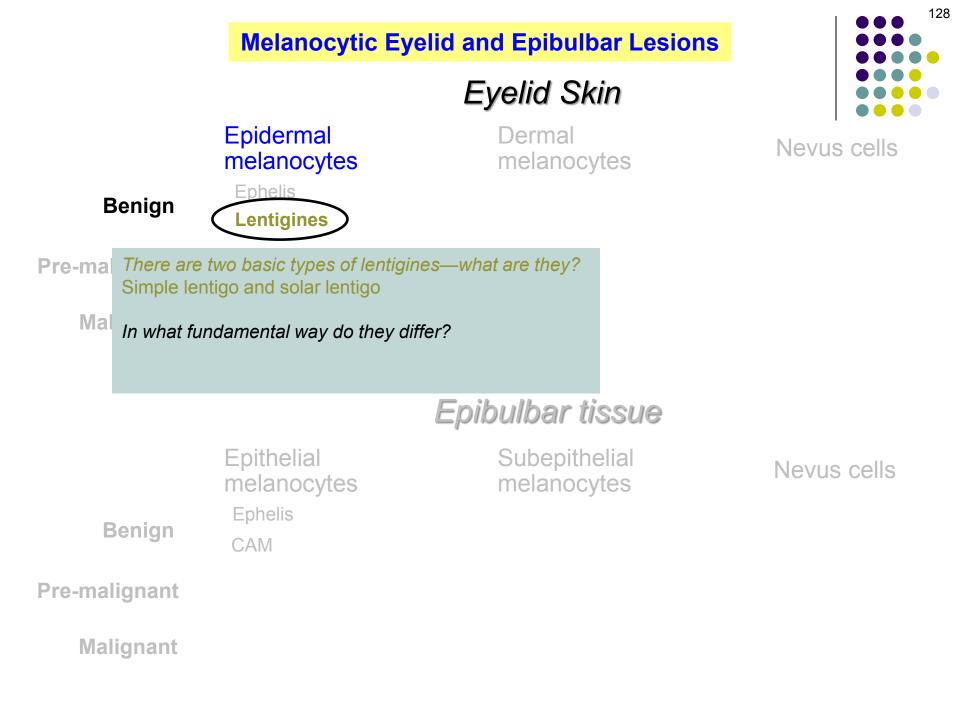


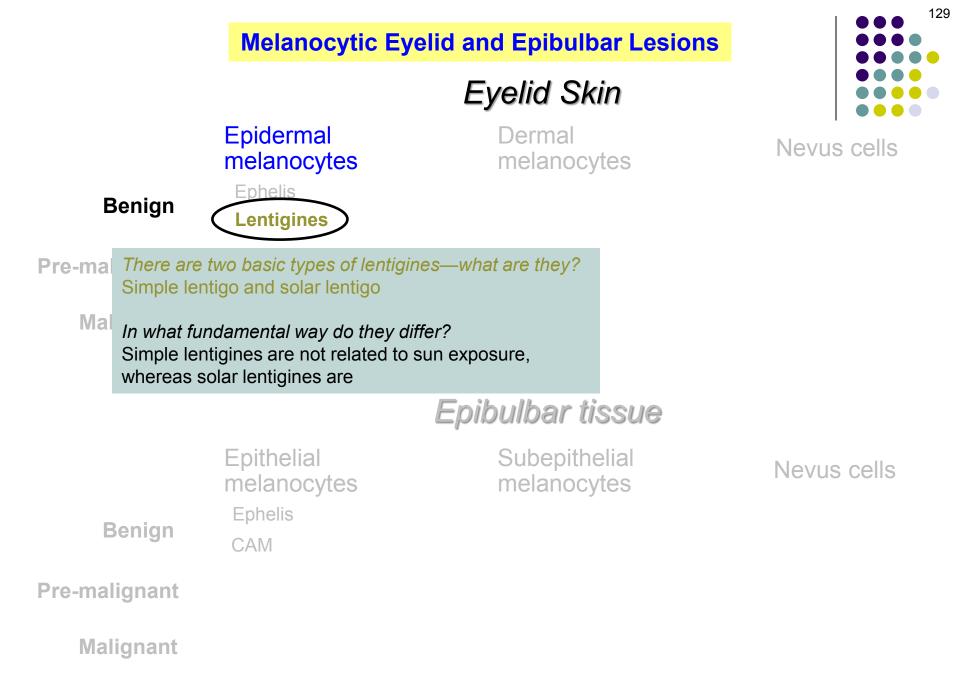














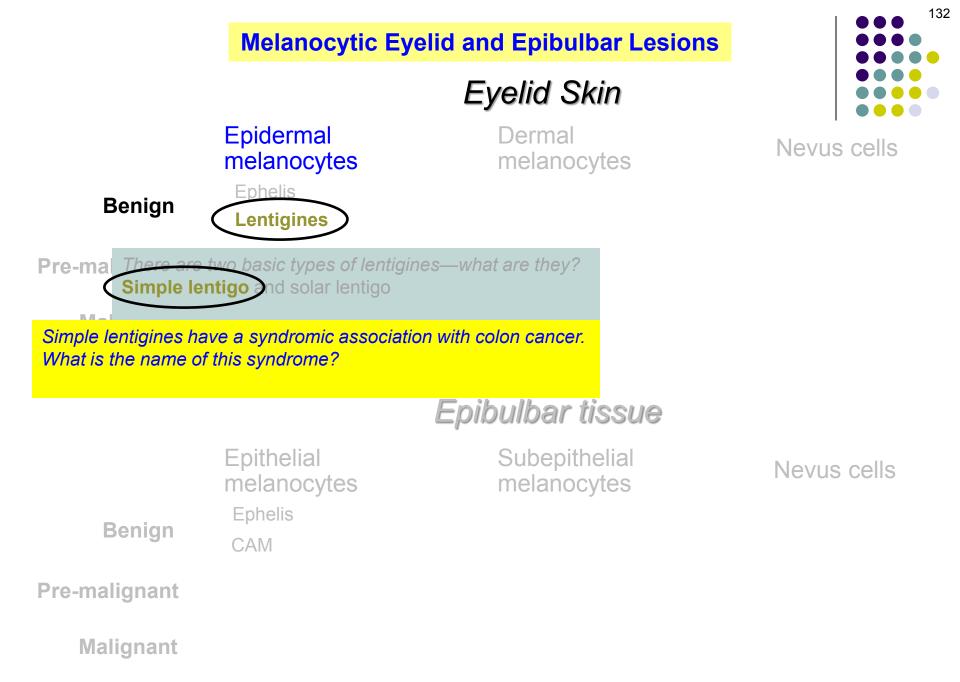
Solar lentigines: Classic location (dorsum of the hand)

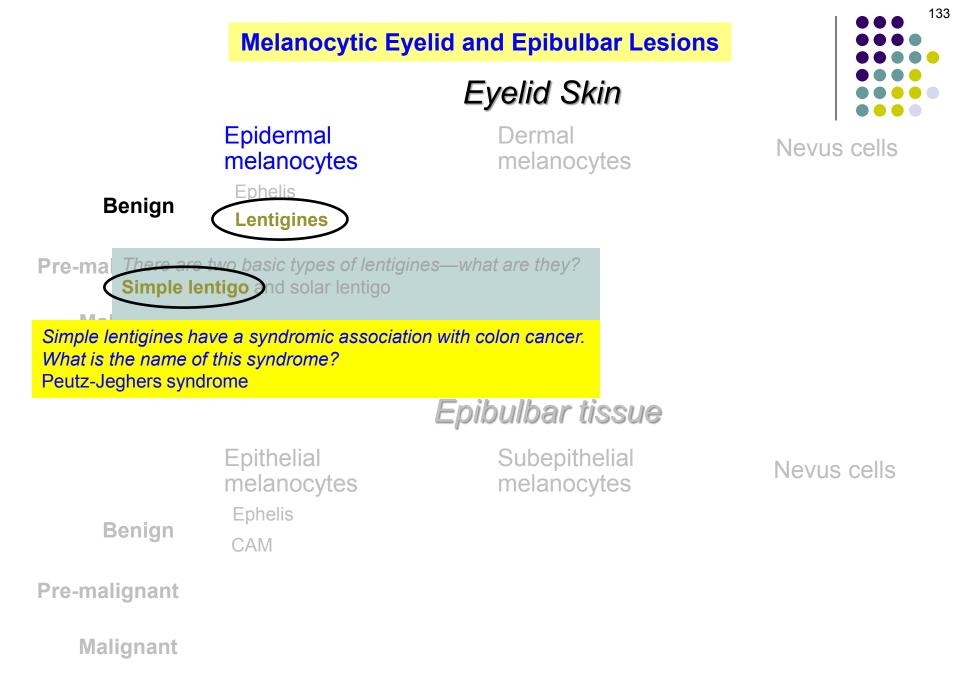




Solar lentigo of upper lid



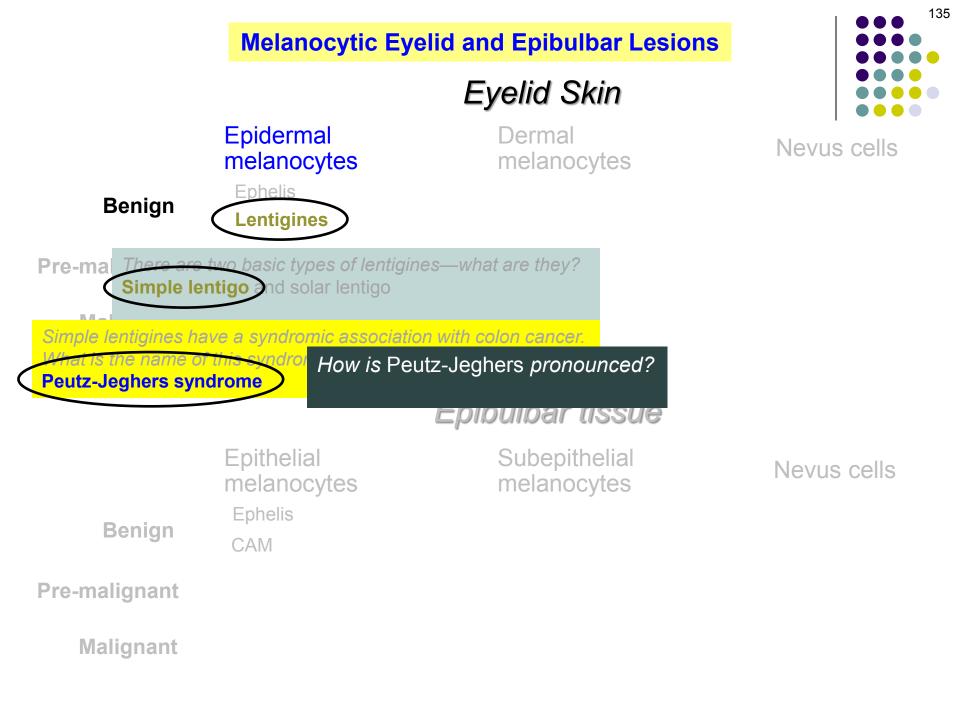


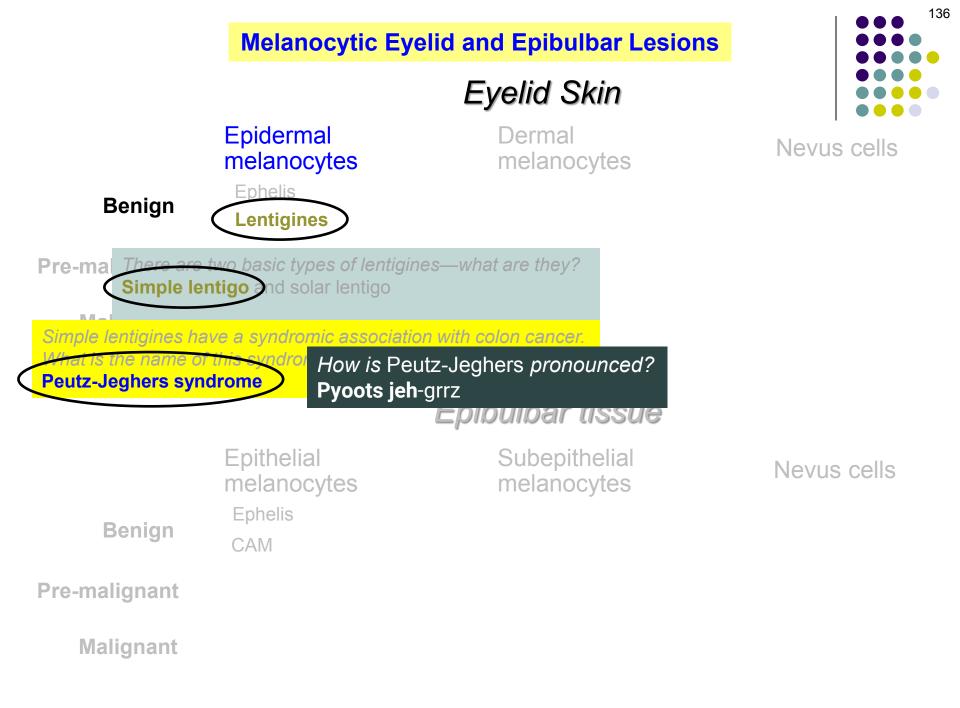


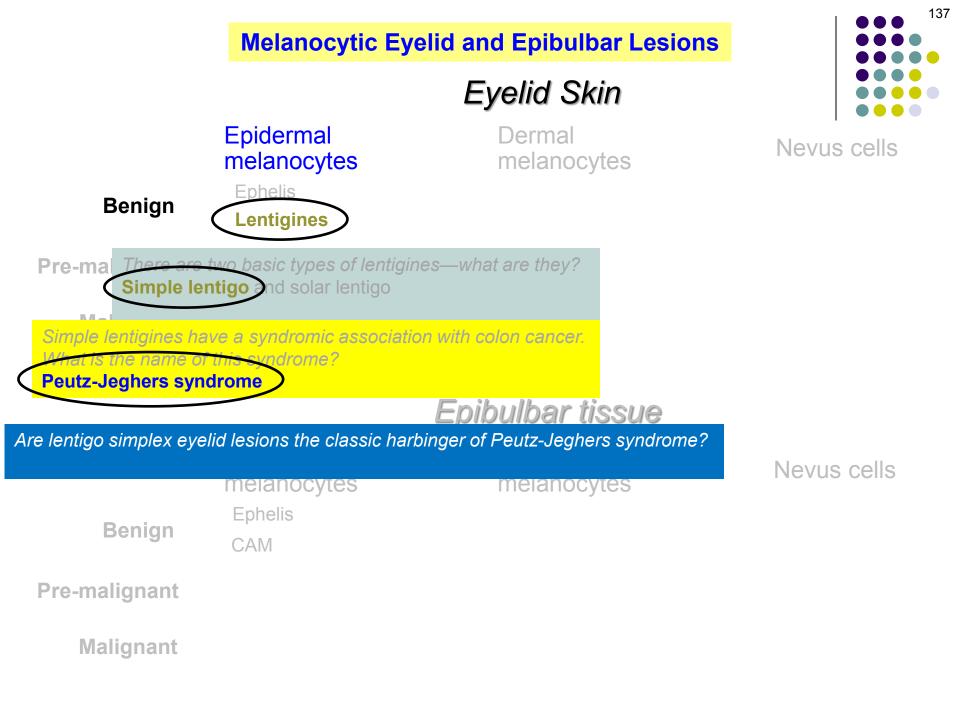


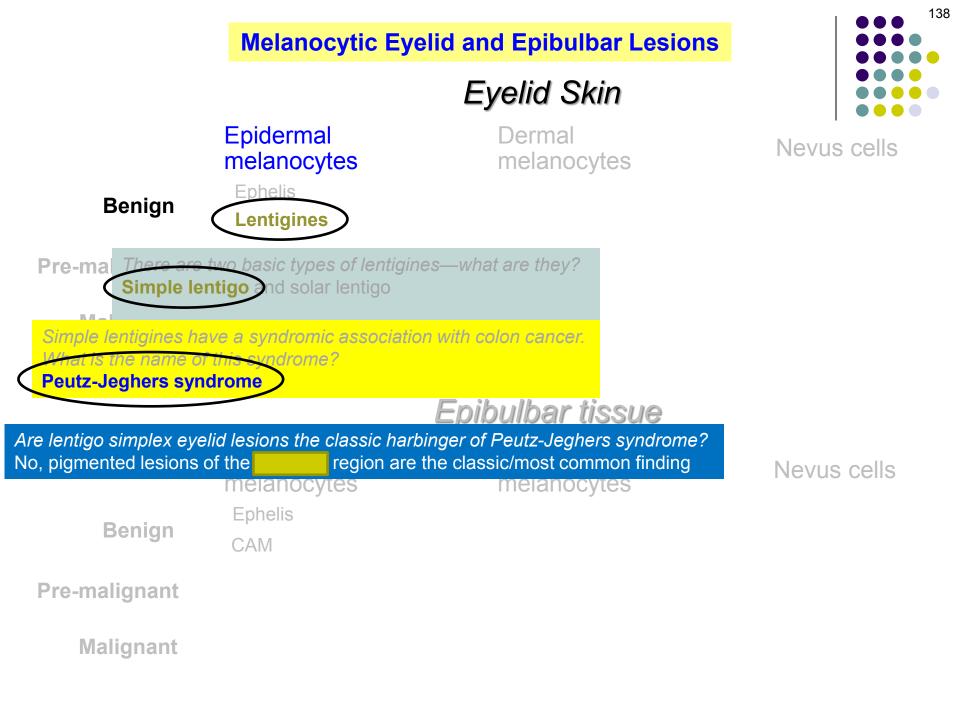
Peutz-Jeghers syndrome: Eyelid simple lentigines

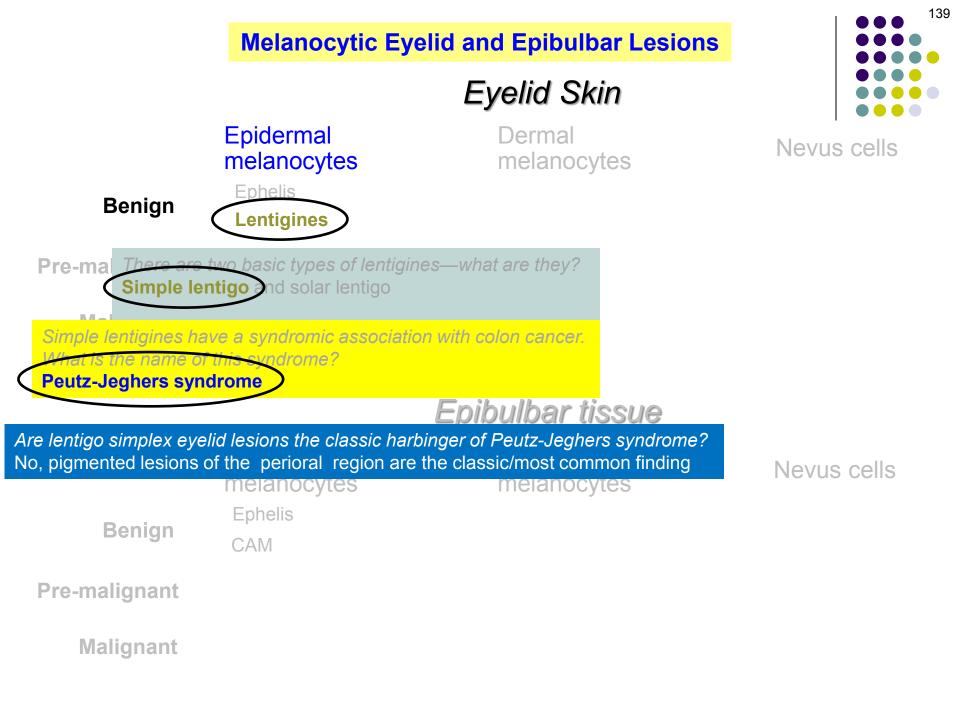














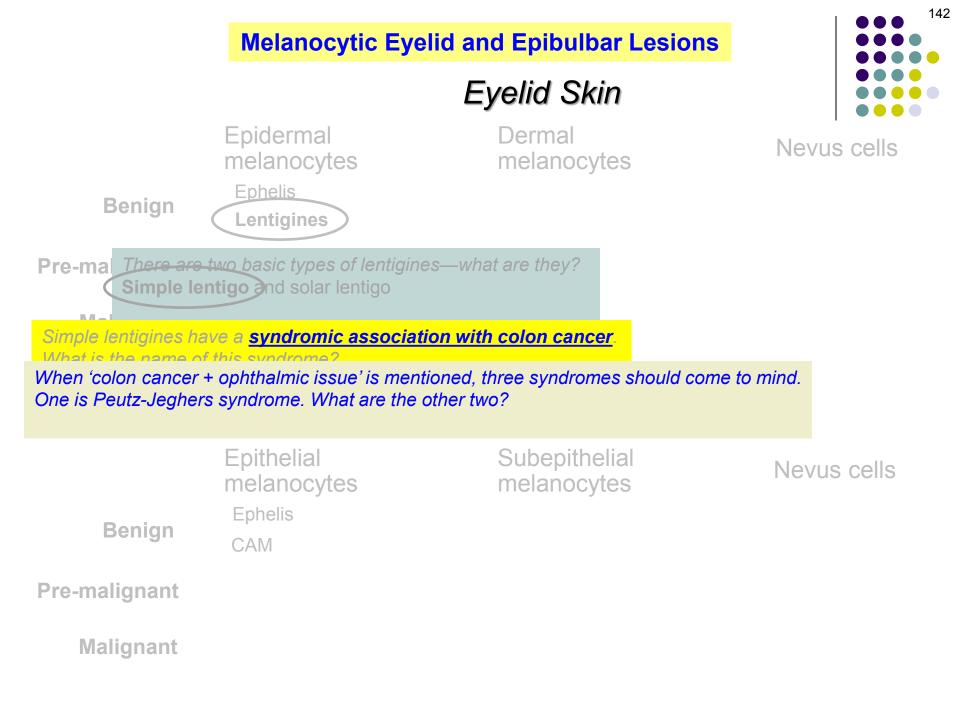


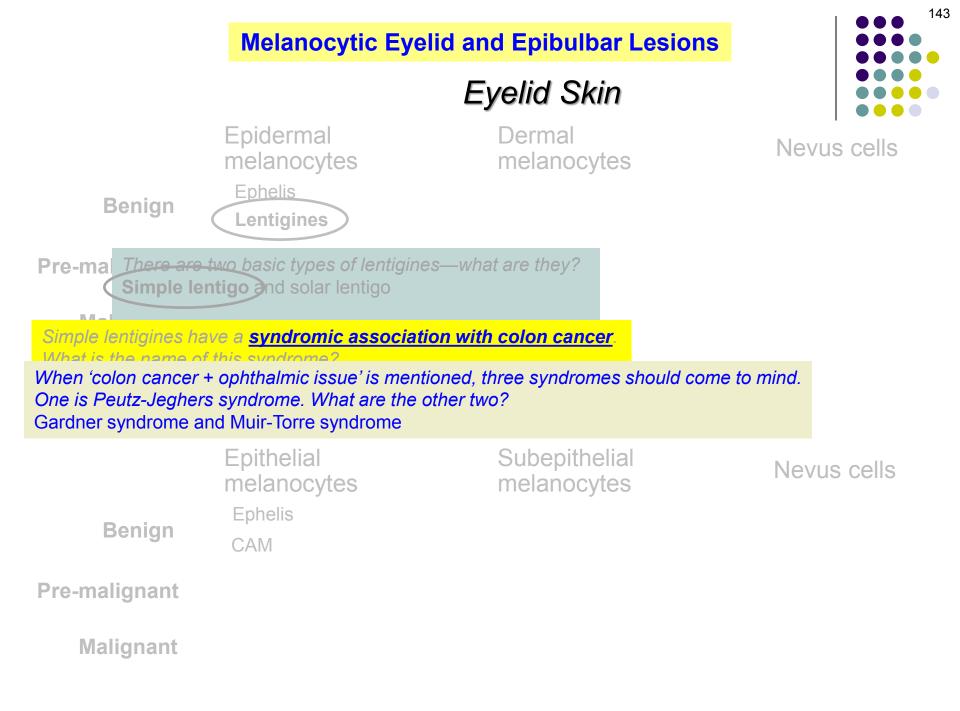


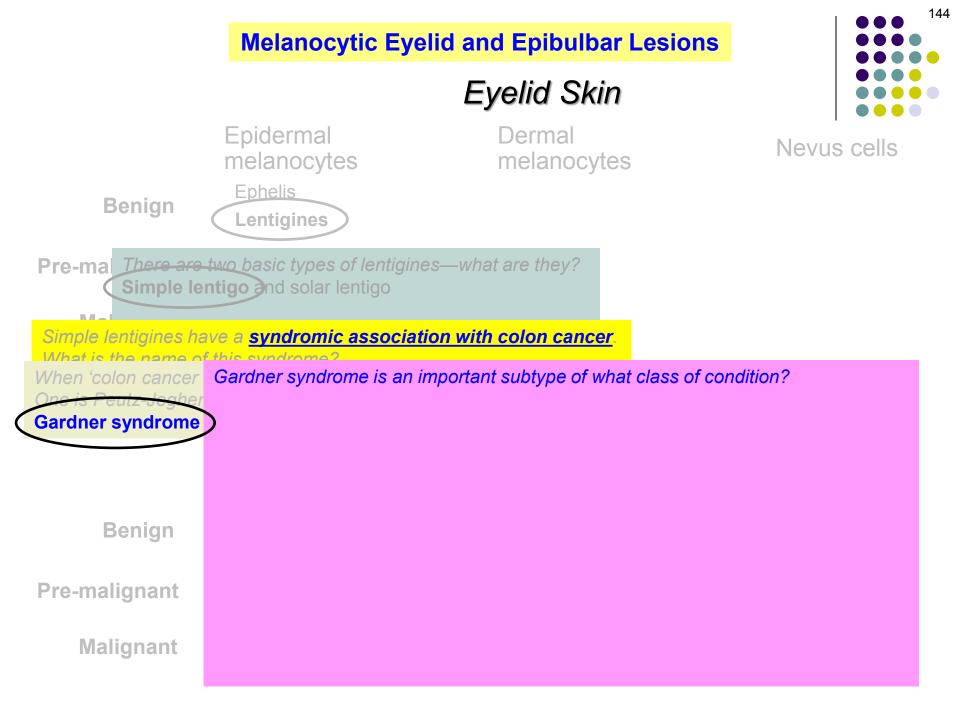


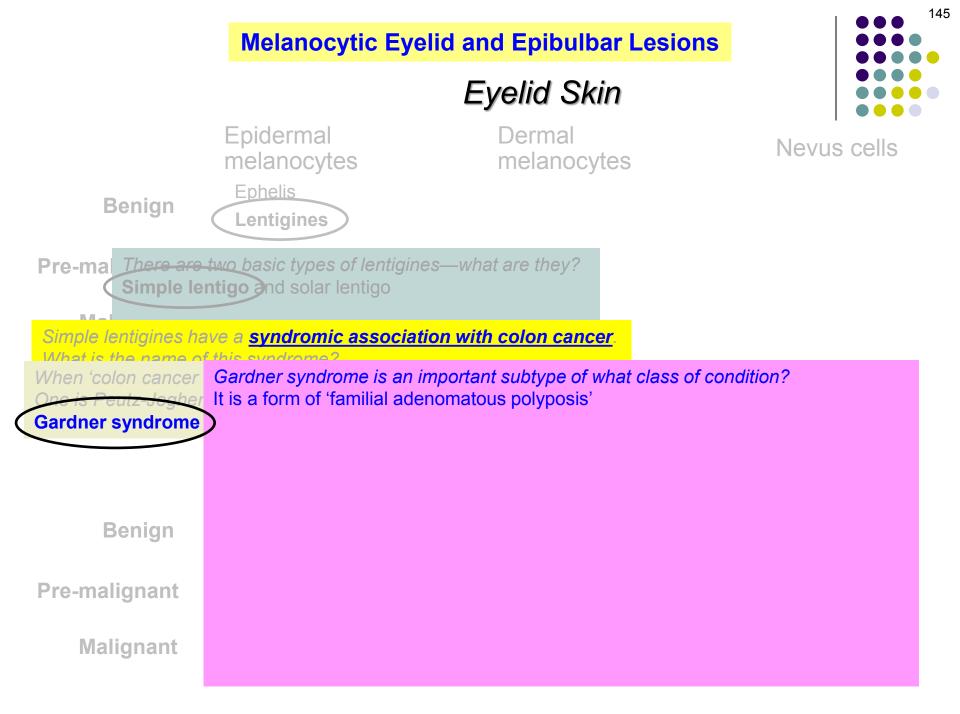
Speaking of: Did you notice the pigmented lip lesions in this pic?

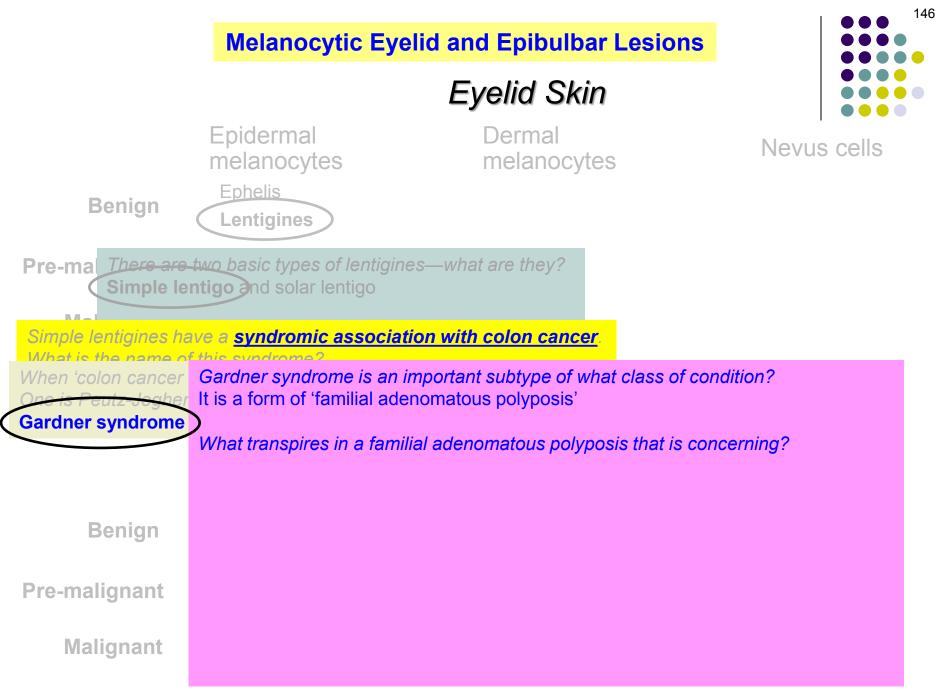


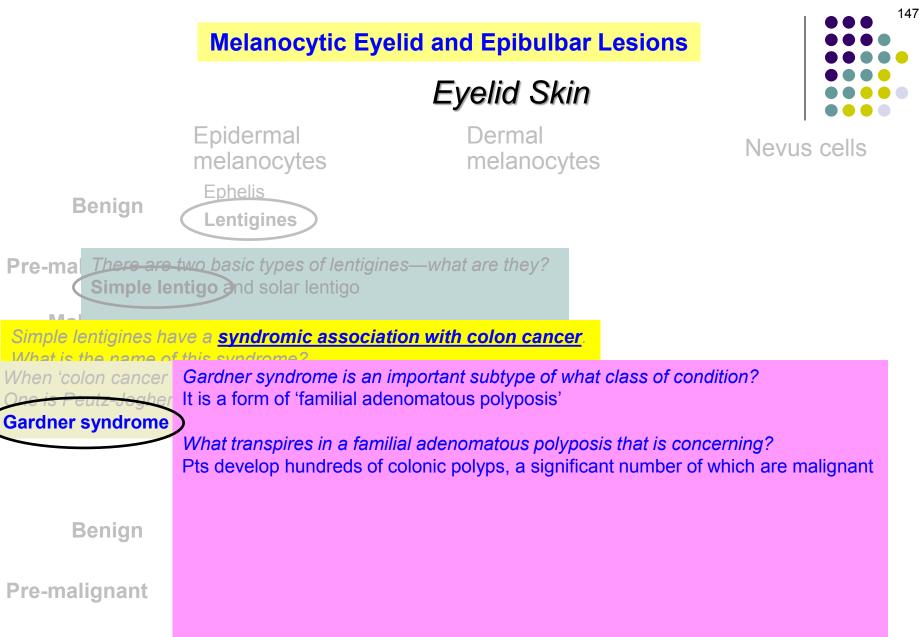












Malignant

Intraocular Tumors of Childhood





Gardner syndrome: Colonic polyps



149

Benign

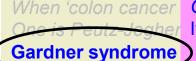
There are two basic types of lentigines—what are they? Pre-ma Simple lentigo and solar lentigo

Ephelis

Lentigines

Simple lentigines have a syndromic association with colon cancer.

What is the name of this syndrome?



When 'colon cancer' Gardner syndrome is an important subtype of what class of condition? wher It is a form of 'familial adenomatous polyposis'

> What transpires in a familial adenomatous polyposis that is concerning? Pts develop hundreds of colonic polyps, a significant number of which are malignant

Benign

Pre-malignant

Malignant

What proportion of untreated Gardner syndrome pts will develop colon cancer?





Ephelis

Lentigines

Dermal melanocytes



150

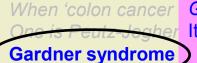
Nevus cells



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Benign

Malignant

Pre-malignant

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Ephelis

Lentigines

Dermal melanocytes



151



Benign

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By what age will this occur?

What is the name of this syndrome?



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Benign

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Pre-malignant

Malignant

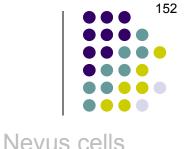




Ephelis

Lentigines

Dermal melanocytes

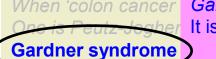


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Benign

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Pre-malignant

By what age will this occur? 40, maybe a little later

Malignant

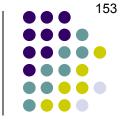




Ephelis

Lentigines

Dermal melanocytes



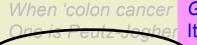
Nevus cells

Benign

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Gardner syndrome

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Benign

Pre-malignant

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By what age will this occur? 40, maybe a little later

Malignant What is the treatment of choice?

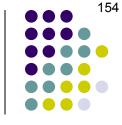




Ephelis

Lentigines

Dermal melanocytes



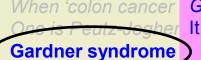
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Benign

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By what age will this occur? **Pre-malignant** 40, maybe a little later

> What is the treatment of choice? Malignant Prophylactic colectomy



Lentigines

Ephelis

Dermal melanocytes

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What ocular finding is associated with Gardner syndrome?

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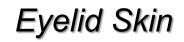
155

Nevus cells

syndrome pts will develop colon cancer?

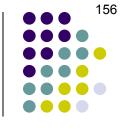
Gardner syndrome





Ephelis

Dermal melanocytes



Nevus cells

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Ephelis

Lentigines

Dermal melanocytes



157

Nevus cells

Benign

Gardner syndrome

mangnan

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What ocular finding is associated with Gardner syndrome? CHRPE-like lesions

What does CHRPE stand for in this context?

s, a significant number of which are malignant

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Ephelis

Lentigines

Dermal melanocytes



158

Benign

Gardner syndrome

mangnan

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syndrome pts will develop colon cancer?





Dermal melanocytes



159

Benign Lentigines There are two basic types of lentigines—what are they? Pre-ma Simple lentigo and solar lentigo Simple lentigines have a syndromic association with colon cancer. What is the name of this syndrome? When 'colon cancer Gardner syndrome is an important subtype of what class of condition? leaber It is a form of 'familial adenomatous polyposis' Gardner syndrome s, a significant number of which are malignant What ocular finding is associated with Gardner syndrome? **CHRPE-like** lesions syndrome pts will develop colon cancer? What does CHRPE stand for in this context? Congenital hypertrophy of the RPE How does CHRPE present? mangnan

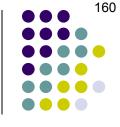




Ephelis

Lentigines

Dermal melanocytes



Nevus cells



Gardner syndrome

mangman

Pre-mal There are two basic types of lentigines—what are they? Simple lentigo and solar lentigo

Simple lentigines have a syndromic association with colon cancer.

What is the name of this sundrome?

When 'colon cancer Gardner syndrome is an important subtype of what class of condition? One is Peutz-Jegher It is a form of 'familial adenomatous polyposis'

What transpires in a familial adenomatous polyposis that is concerning?

What ocular finding is associated with Gardner syndrome? CHRPE-like lesions

What does CHRPE stand for in this context? Congenital hypertrophy of the RPE

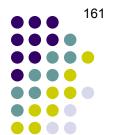
How does CHRPE present? As solitary or grouped hyperpigmented lesions

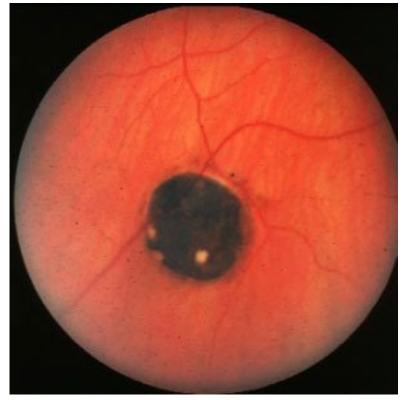
Prophylactic colectomy

s, a significant number of which are malignant

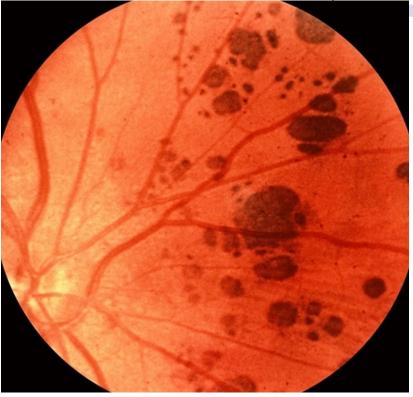
syndrome pts will develop colon cancer?

Intraocular Tumors of Childhood





Solitary



Grouped

CHRPE



Ephelis

Lentigines

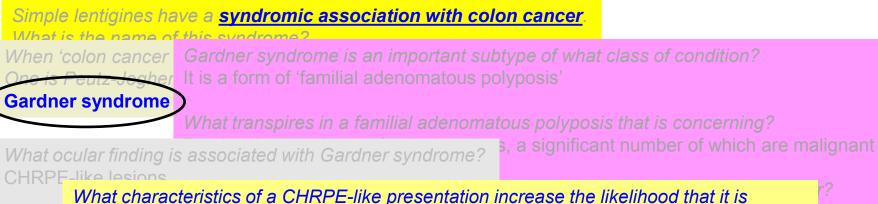
Dermal melanocytes

162

Nevus cells



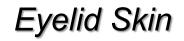
Pre-mal There are two basic types of lentigines—what are they? Simple lentigo and solar lentigo



What d actually a manifestation of Gardner syndrome? Conger --? --? How dc --?

As solitary or grouped hyperpigmented lesions

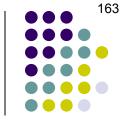




Ephelis

Lentigines

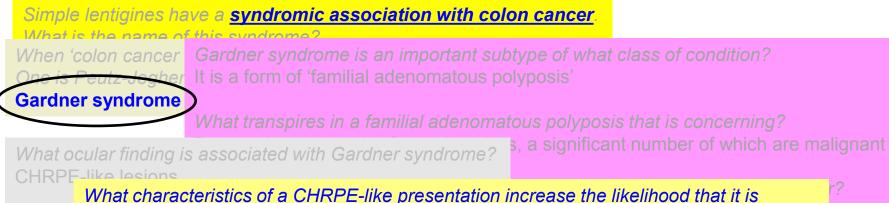
Dermal melanocytes

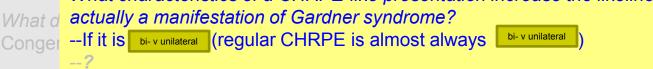


Nevus cells



Pre-mal There are two basic types of lentigines—what are they? Simple lentigo and solar lentigo

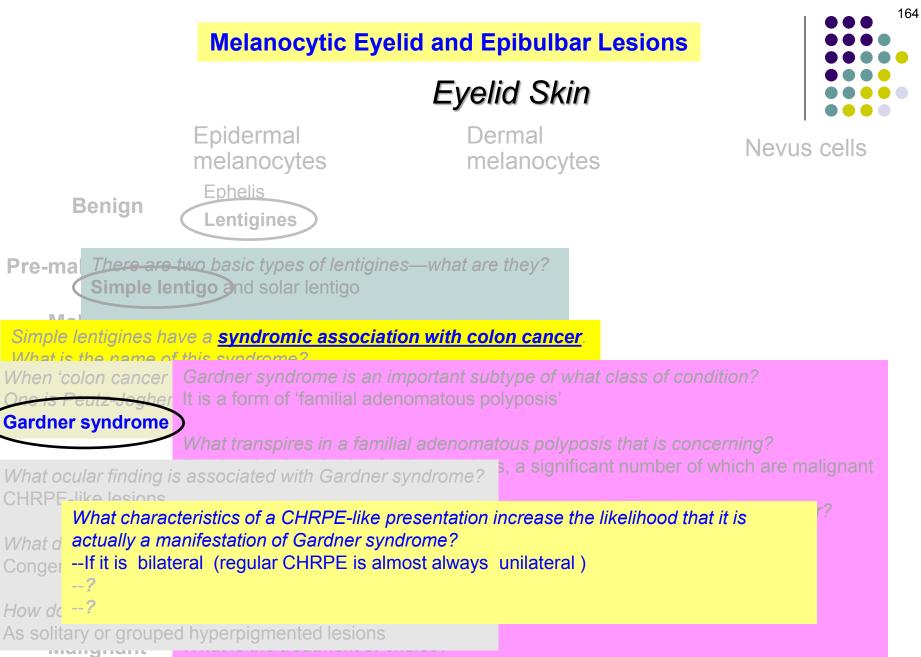




As solitary or grouped hyperpigmented lesions

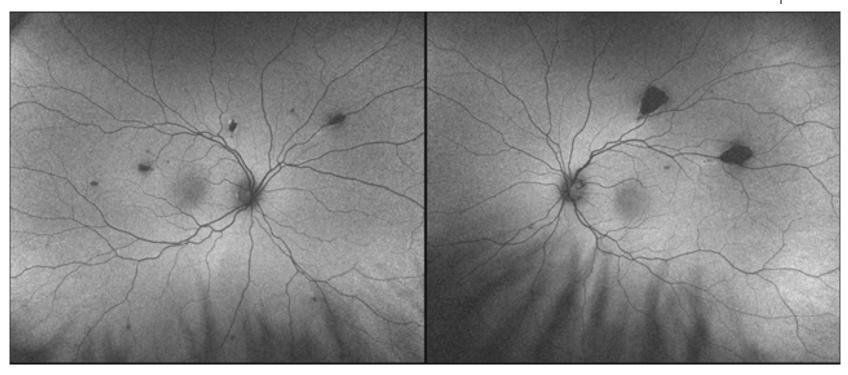
How de --?

mangnanc



Melanocytic Eyelid and Epibulbar Lesions





CHRPE-like lesions of Gardner syndrome: Bilateral presentation

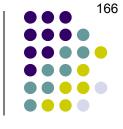




Ephelis

Lentigines

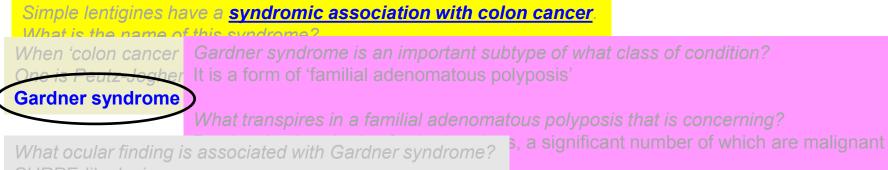
Dermal melanocytes



Nevus cells



Pre-mal There are two basic types of lentigines—what are they? Simple lentigo and solar lentigo



CHRPE-like lesions

mangnanc

How do --?

What characteristics of a CHRPE-like presentation increase the likelihood that it is what d actually a manifestation of Gardner syndrome?

- Conger -- If it is bilateral (regular CHRPE is almost always unilateral)
 - --If the lesions are

distribution pattern

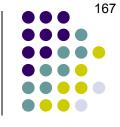
As solitary or grouped hyperpigmented lesions





Ephelis

Dermal melanocytes



Nevus cells

Benign Lentigines

Pre-mal There are two basic types of lentigines—what are they? Simple lentigo and solar lentigo

Simple lentigines have a <u>syndromic association with colon cancer</u>. What is the name of this syndrome? When 'colon cancer' Gardner syndrome is an important subtype of what class of condition?

Peutz-Jegher It is a form of 'familial adenomatous polyposis'

What transpires in a familial adenomatous polyposis that is concerning?

What ocular finding is associated with Gardner syndrome?

What characteristics of a CHRPE-like presentation increase the likelihood that it is what d actually a manifestation of Gardner syndrome?

Conger -- If it is bilateral (regular CHRPE is almost always unilateral)

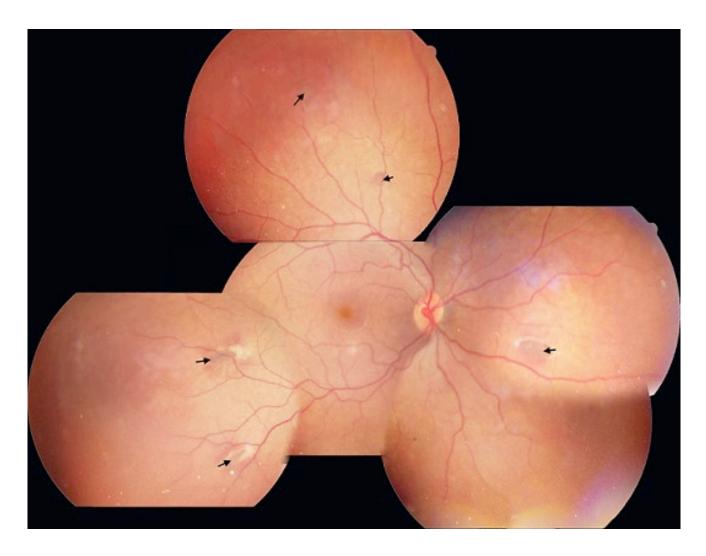
--If the lesions are scattered throughout multiple sectors of the eyes (ie, not 'grouped')

How dc --?

Gardner syndrome

As solitary or grouped hyperpigmented lesions

Melanocytic Eyelid and Epibulbar Lesions



CHRPE-like lesions of Gardner syndrome: Scattered distribution



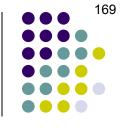




Ephelis

Lentigines

Dermal melanocytes



Nevus cells



Gardner syndrome

mangnanc

Pre-mal There are two basic types of lentigines—what are they? Simple lentigo and solar lentigo



Peutz-Jegher It is a form of 'familial adenomatous polyposis'

What transpires in a familial adenomatous polyposis that is concerning?

What ocular finding is associated with Gardner syndrome? CHRPE-like lesions What characteristics of a CHRPE-like presentation increase the likelihood that it is

What characteristics of a CHRPE-like presentation increase the likelihood that it is what d actually a manifestation of Gardner syndrome?

Conger -- If it is bilateral (regular CHRPE is almost always unilateral)

--If the lesions are scattered throughout multiple sectors of the eyes (ie, not 'grouped')

How dc -- If the shape of the lesions is

As solitary or grouped hyperpigmented lesions

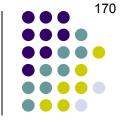




Ephelis

Lentigines

Dermal melanocytes



Nevus cells



Gardner syndrome

mangnanc

Pre-mal There are two basic types of lentigines—what are they? Simple lentigo and solar lentigo



When 'colon cancer Gardner syndrome is an important subtype of what class of condition?

What transpires in a familial adenomatous polyposis that is concerning?

What ocular finding is associated with Gardner syndrome? CHRPE-like lesions

What characteristics of a CHRPE-like presentation increase the likelihood that it is what d actually a manifestation of Gardner syndrome?

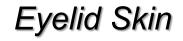
Conger -- If it is bilateral (regular CHRPE is almost always unilateral)

--If the lesions are scattered throughout multiple sectors of the eyes (ie, not 'grouped')

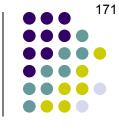
How dc -- If the shape of the lesions is pisciform

As solitary or grouped hyperpigmented lesions

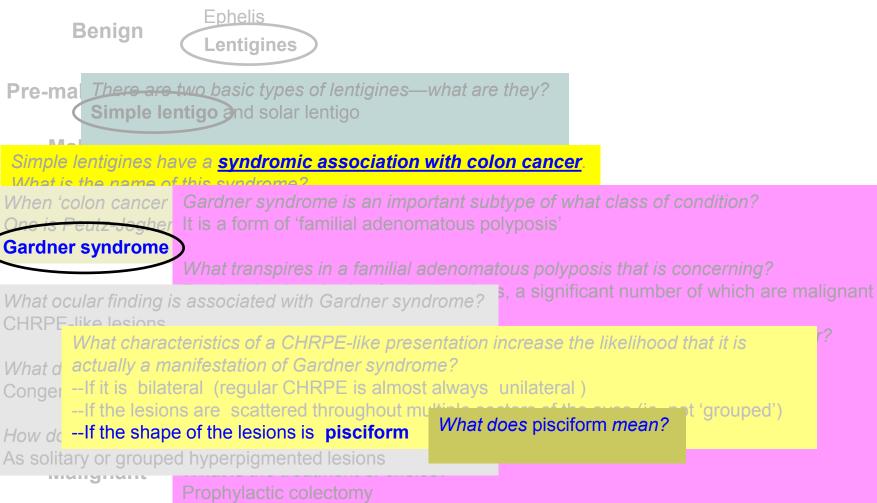




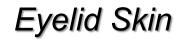
Dermal melanocytes



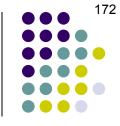
Nevus cells







Dermal melanocytes



Nevus cells

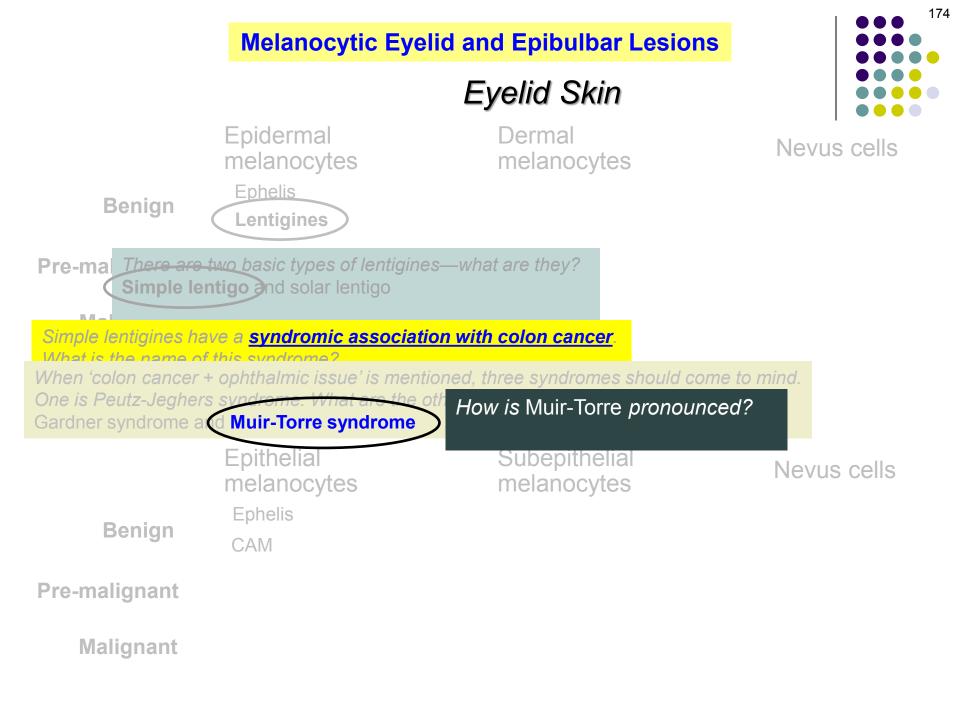
Ephelis Benign Lentigines There are two basic types of lentigines—what are they? Pre-ma Simple lentigo and solar lentigo Simple lentigines have a syndromic association with colon cancer. What is the name of this sundrame? When 'colon cancer Gardner syndrome is an important subtype of what class of condition? Peutz-Jeaber It is a form of 'familial adenomatous polyposis' Gardner syndrome What ocular finding is associated with Gardner syndrome? s, a significant number of which are malignant CHRPE-like lesions What characteristics of a CHRPE-like presentation increase the likelihood that it is actually a manifestation of Gardner syndrome? What d Conger -- If it is bilateral (regular CHRPE is almost always unilateral) --If the lesions are scattered throughout mu 'grouped') What does pisciform mean? How dc -- If the shape of the lesions is **pisciform** It means 'fish-shaped' As solitary or grouped hyperpigmented lesions mangnant

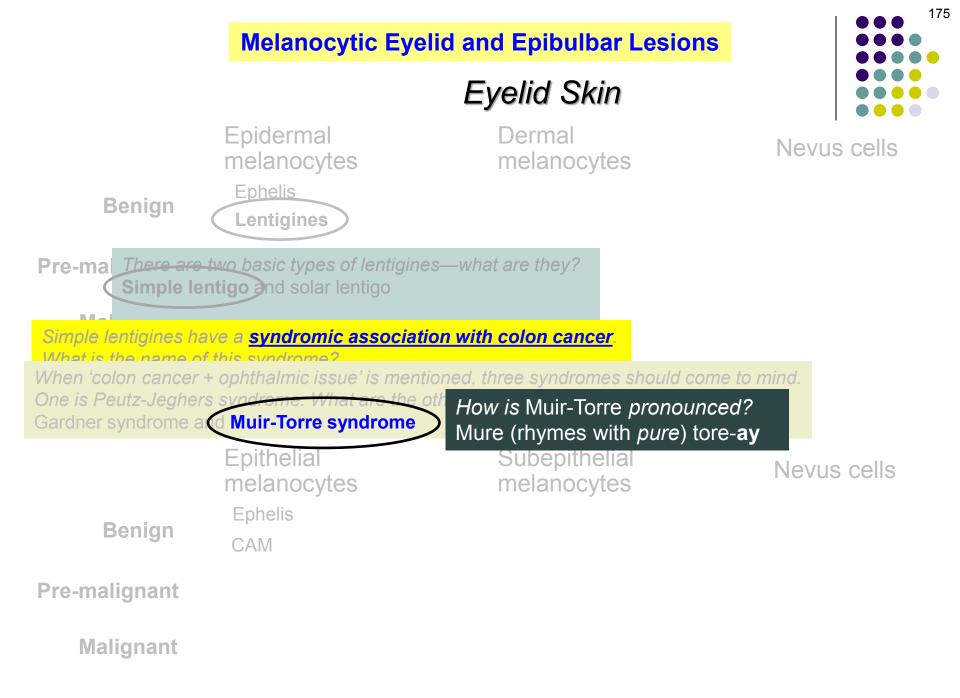
Melanocytic Eyelid and Epibulbar Lesions

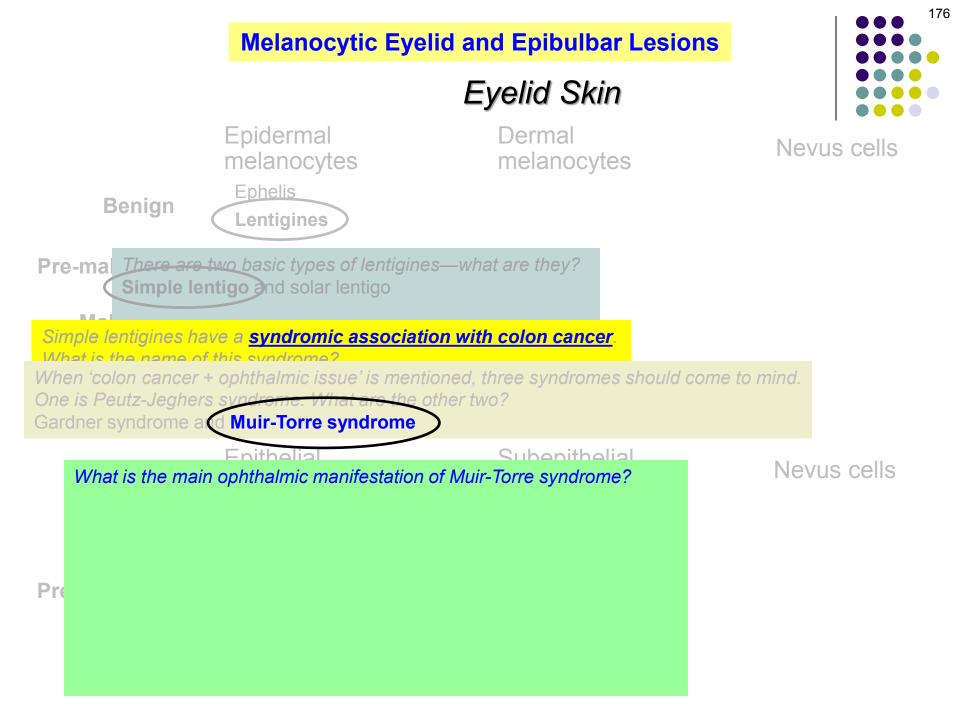


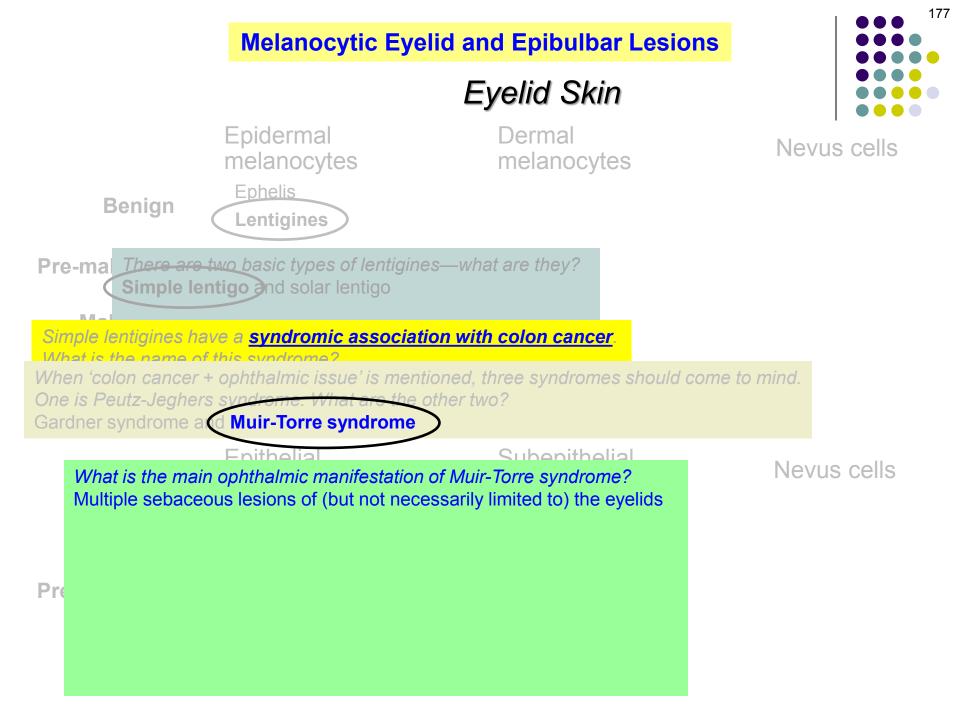


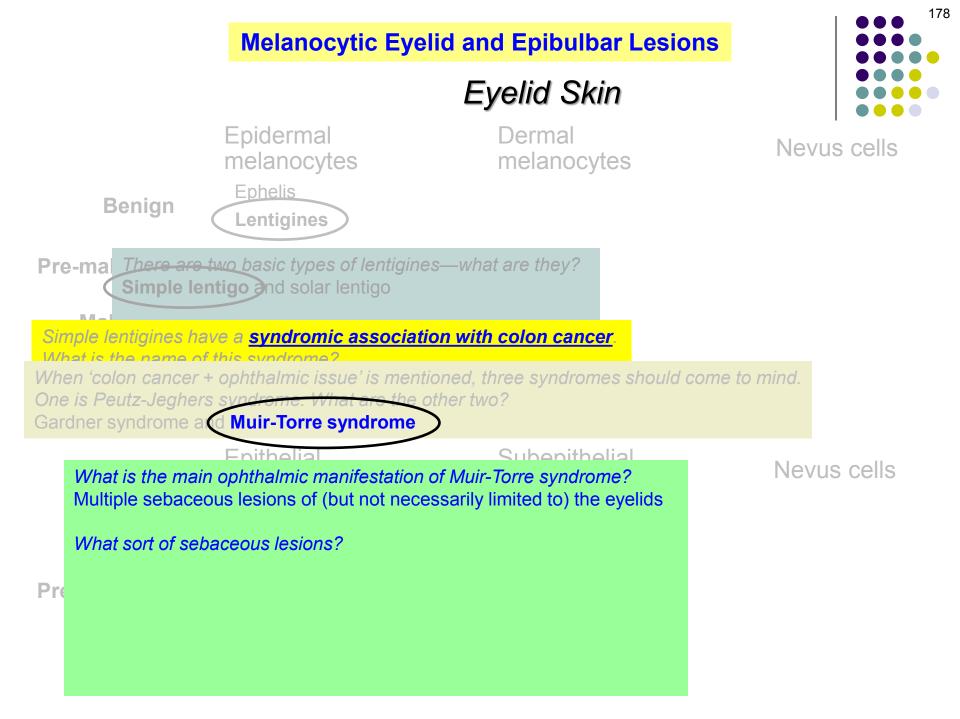
CHRPE-like lesions of Gardner syndrome: Pisciform shape

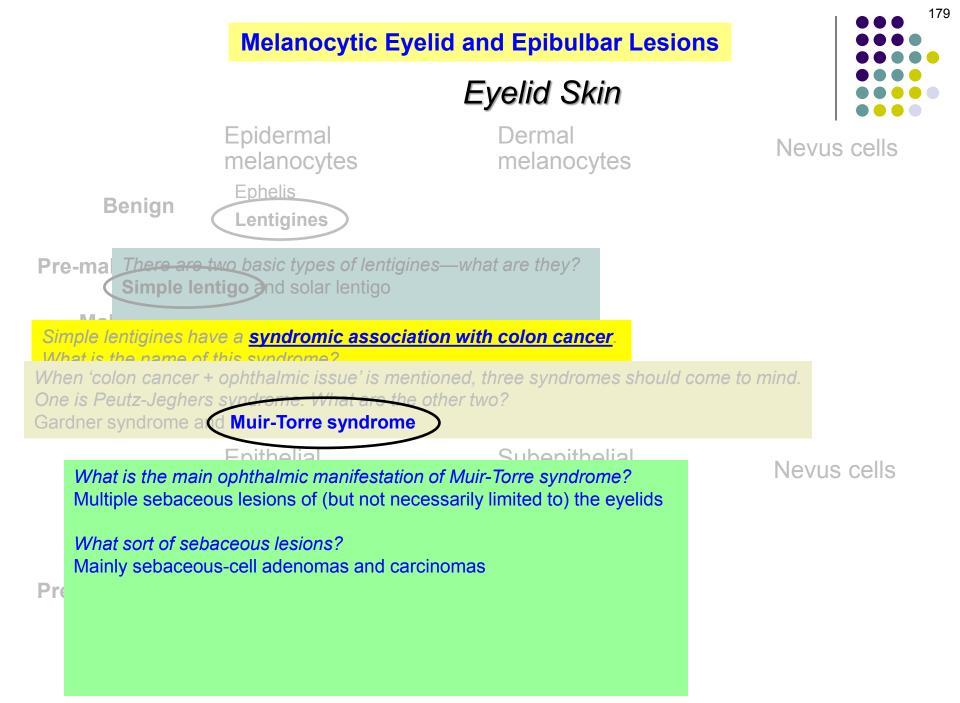




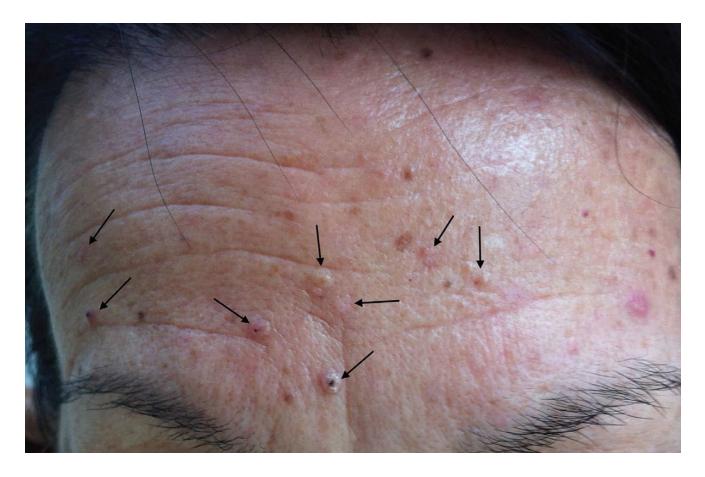






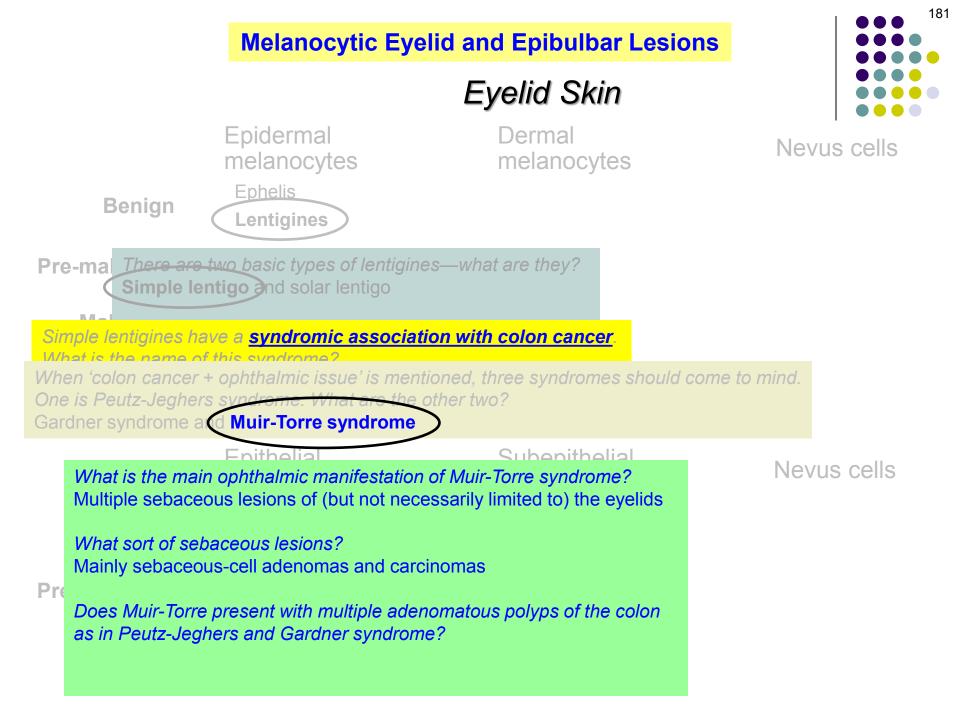


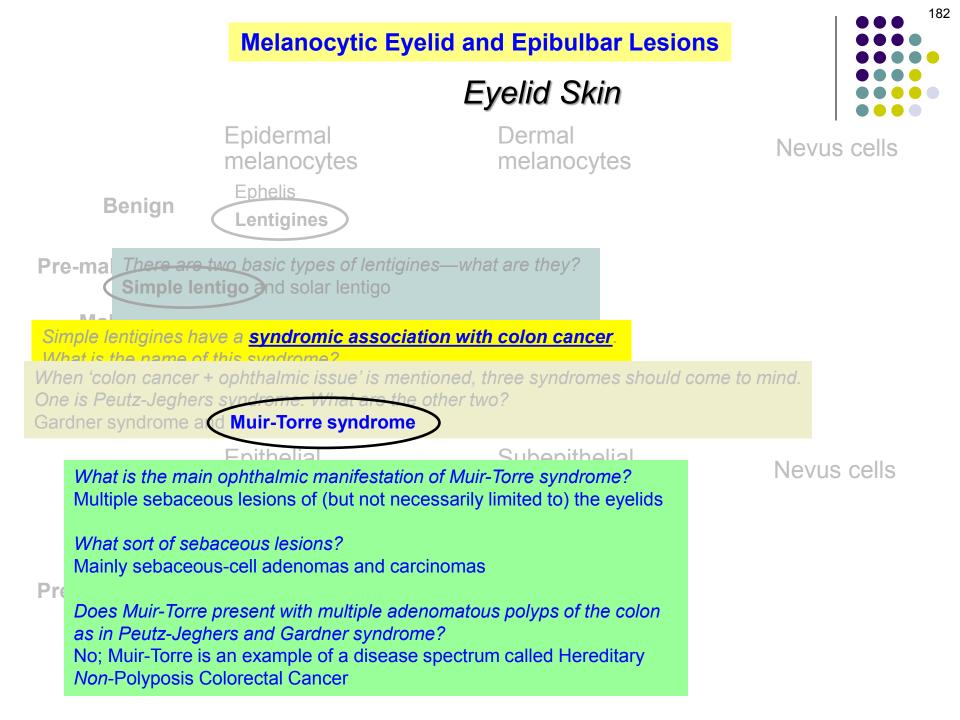
Melanocytic Eyelid and Epibulbar Lesions



Multiple skin-colored to yellow–pink papules (arrows) on the face of a 64-year-old woman with a history of colon and cervical cancer. A skin biopsy confirmed a diagnosis of sebaceous adenoma resulting from Muir–Torre syndrome







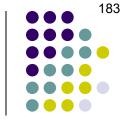


Epidermal melanocytes

Ephelis

Lentigines

Dermal melanocytes

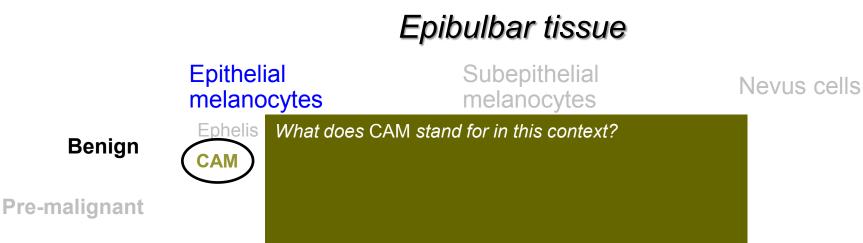


Nevus cells

Benign

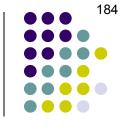
Pre-malignant

Malignant





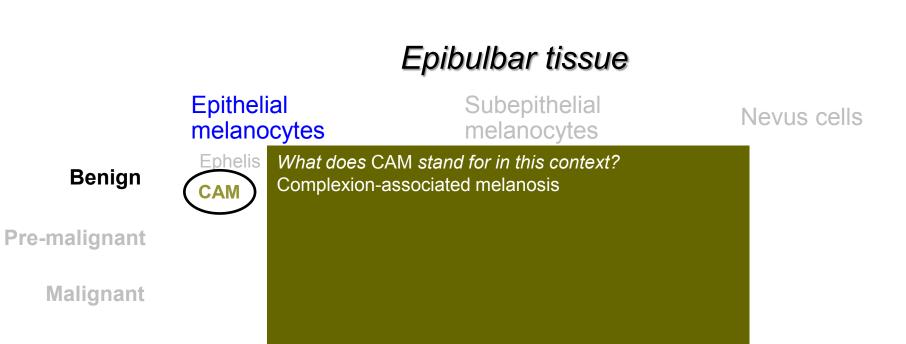
Epidermal melanocytes Ephelis Lentigines Dermal melanocytes



Nevus cells

Benign

Pre-malignant





Dermal

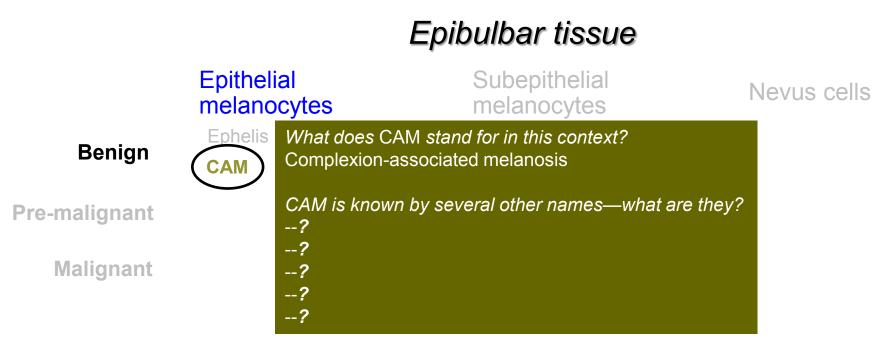
melanocytes

Epidermal melanocytes Ephelis Lentigines 185

Nevus cells

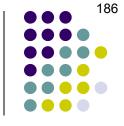
Pre-malignant

Malignant





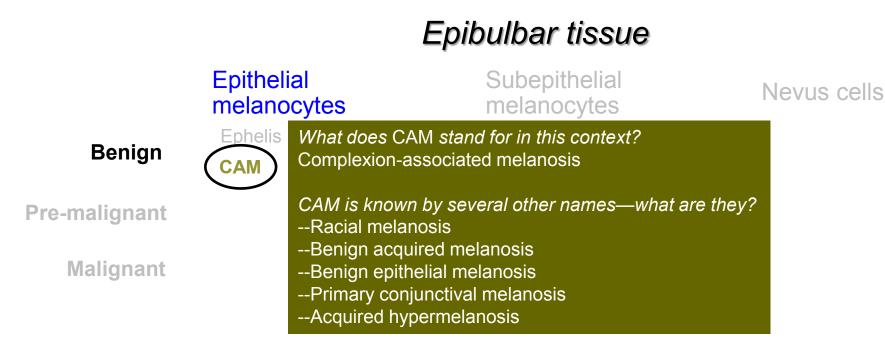
Epidermal melanocytes Ephelis Lentigines Dermal melanocytes



Nevus cells

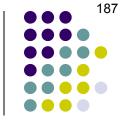
Pre-malignant

Benign





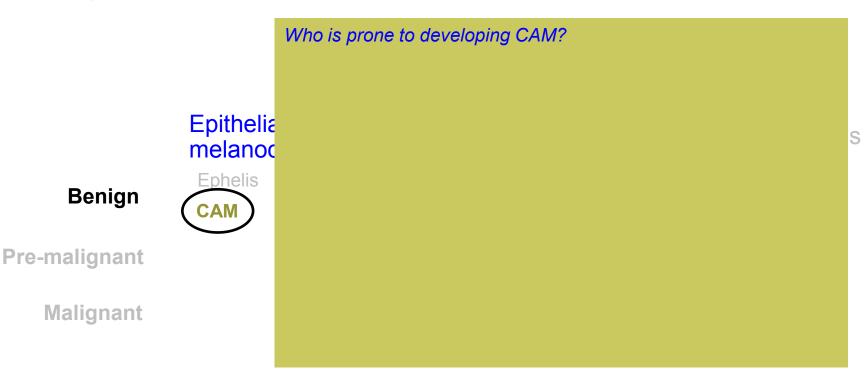
Epidermal melanocytes Ephelis Lentigines Dermal melanocytes



Nevus cells

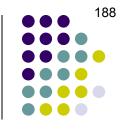
Pre-malignant

Malignant





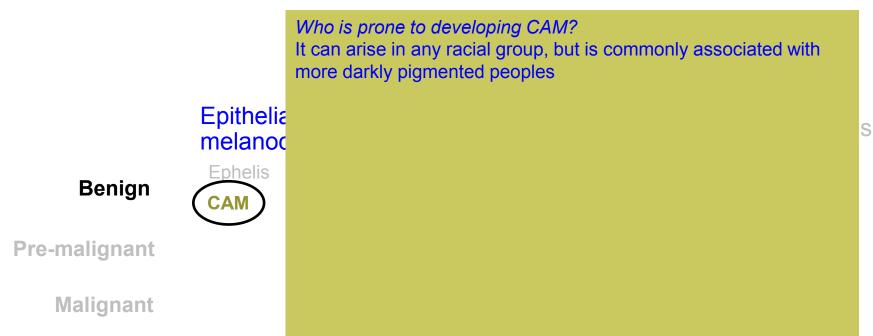
Epidermal melanocytes Ephelis Lentigines Dermal melanocytes



Nevus cells

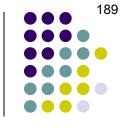
Pre-malignant

Malignant





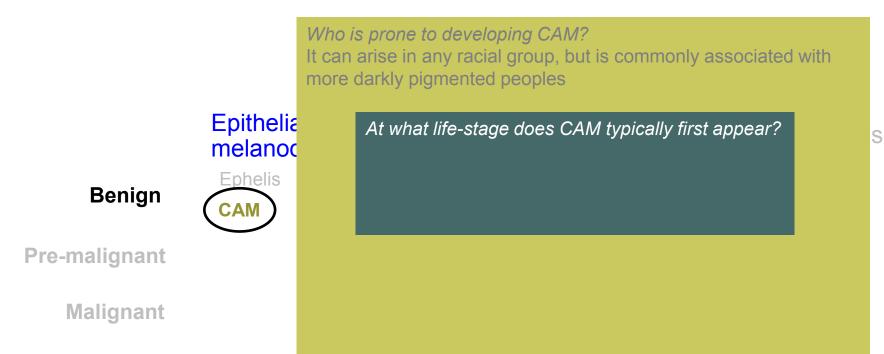
Epidermal melanocytes Ephelis Lentigines Dermal melanocytes



Nevus cells

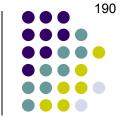
Pre-malignant

Malignant





Epidermal melanocytes Ephelis Lentigines Dermal melanocytes

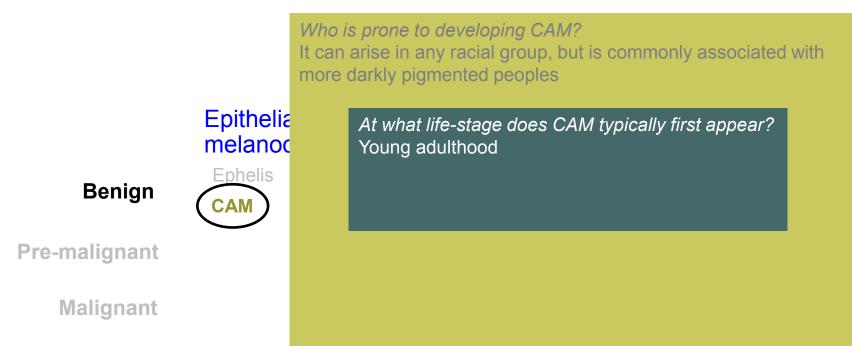


S

Nevus cells

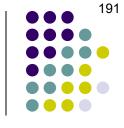
Pre-malignant

Malignant





Epidermal melanocytes Ephelis Lentigines Dermal melanocytes

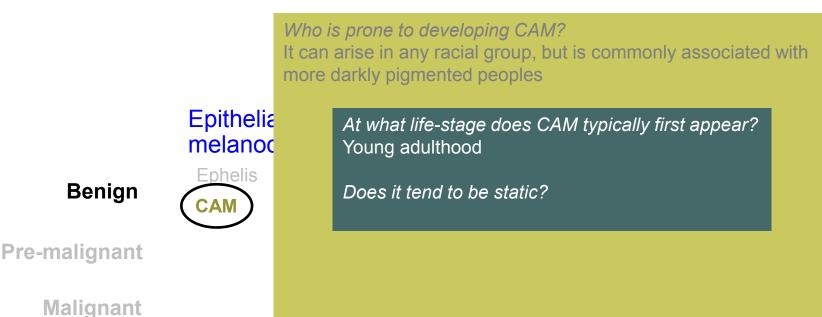


S

Nevus cells

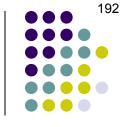
Pre-malignant

Malignant





Epidermal melanocytes Ephelis Lentigines Dermal melanocytes

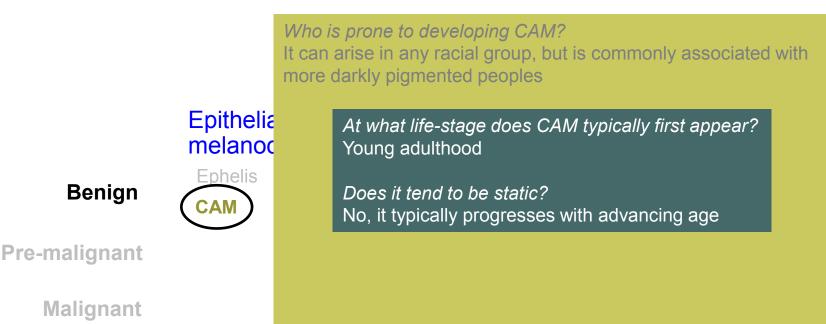


S

Nevus cells

Pre-malignant

Malignant





Dermal

melanocytes

Epidermal melanocytes Ephelis Lentigines

Ephelis

CAM

193

S

Nevus cells

Pre-malignant

Malignant

Benign

Who is prone to developing CAM? It can arise in any racial group, but is commonly associated with more darkly pigmented peoples

Epithelia Which portion of the conj is most likely to be involved? melanod

Benign

Pre-malignant



Dermal

melanocytes

Epidermal melanocytes Ephelis Lentigines

Ephelis

CAN

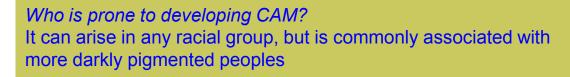
194

Nevus cells

Pre-malignant

Malignant

Benign



Epithelia Which portion of the conj is most likely to be involved? melanoc The perilimbal region

Benign

Pre-malignant

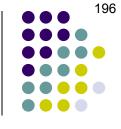




CAM: Perilimbal involvement



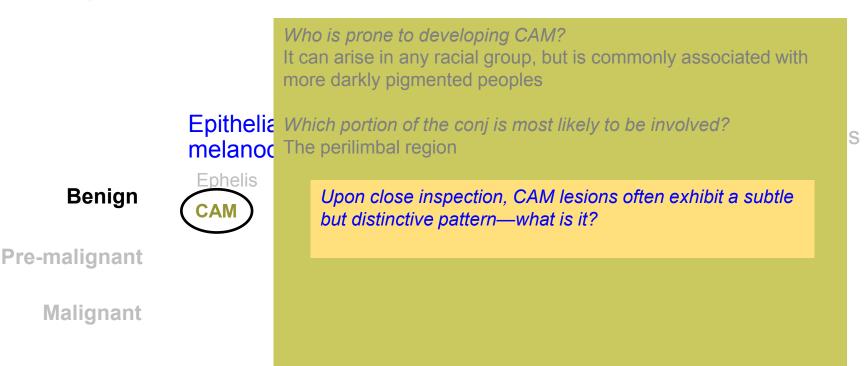
Epidermal melanocytes Ephelis Lentigines Dermal melanocytes



Nevus cells

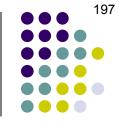
Pre-malignant

Malignant





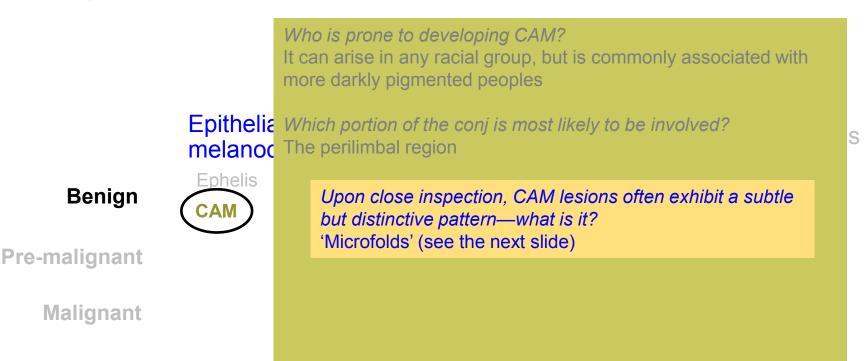
Epidermal melanocytes Ephelis Lentigines Dermal melanocytes

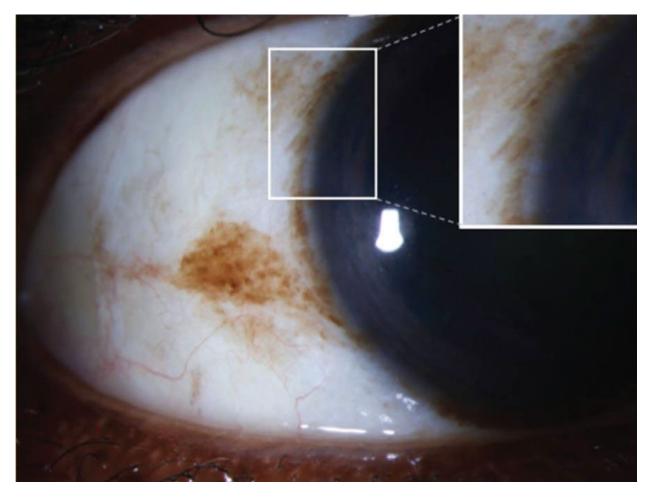


Nevus cells

Pre-malignant

Malignant



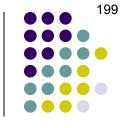


Complexion-associated melanosis. Slit-lamp photograph of a 73-year- old Black man that demonstrates conjunctival pigmentation with limbal "microfolds" [inset].





Epidermal melanocytes Ephelis Lentigines Dermal melanocytes



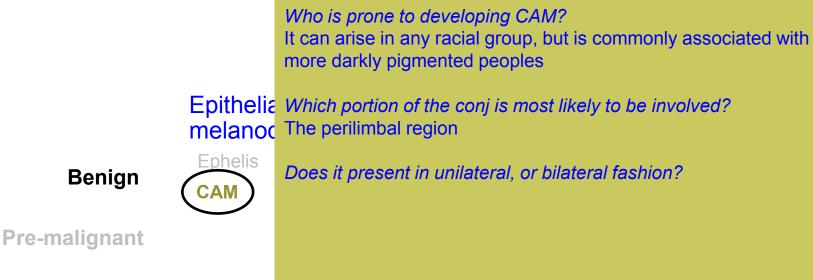
S

Nevus cells

Pre-malignant

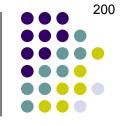
Malignant

Benign





Epidermal melanocytes Ephelis Lentigines Dermal melanocytes

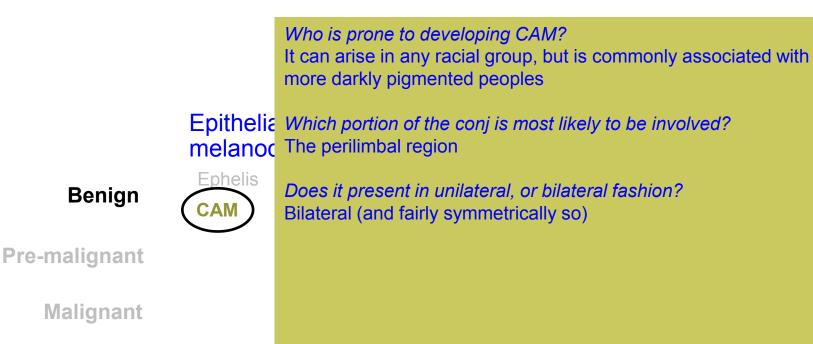


S

Nevus cells

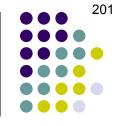
Benign

Pre-malignant





Epidermal melanocytes Ephelis Lentigines Dermal melanocytes

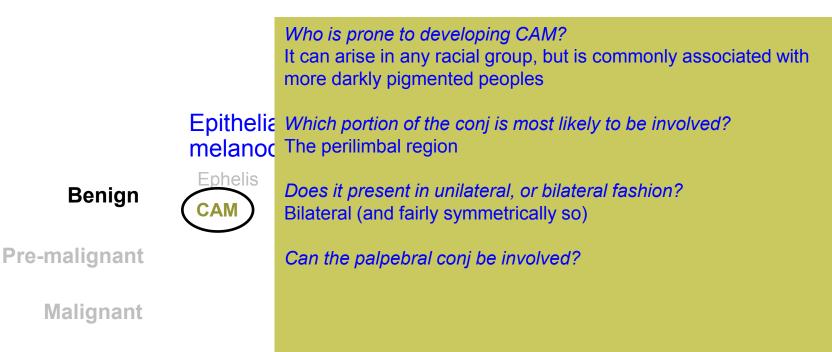


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Nevus cells

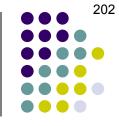
Pre-malignant

Malignant





Epidermal melanocytes Ephelis Lentigines Dermal melanocytes

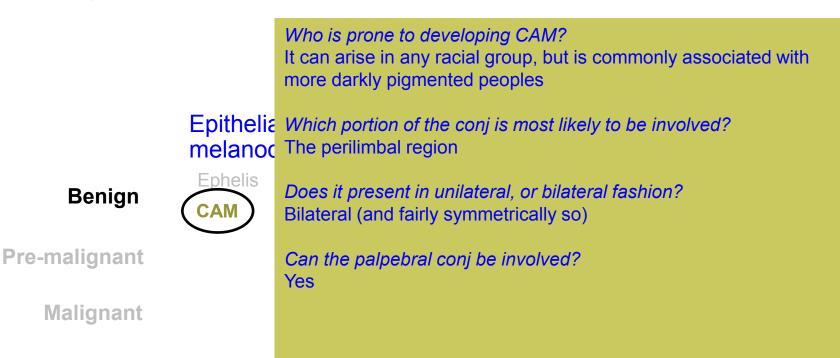


S

Nevus cells

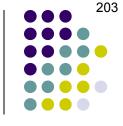
Pre-malignant

Malignant





Epidermal melanocytes Ephelis Lentigines Dermal melanocytes

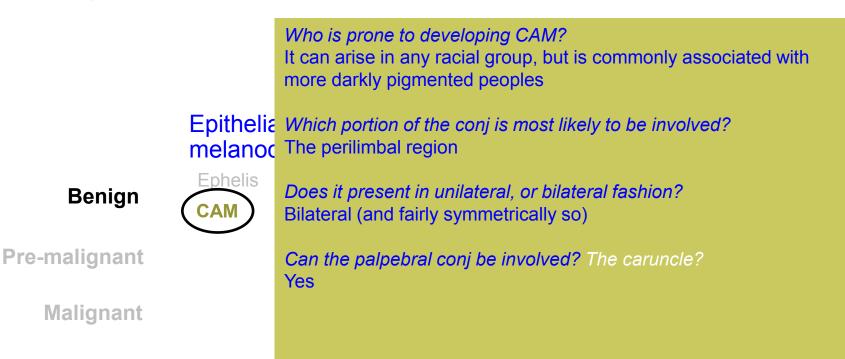


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Nevus cells

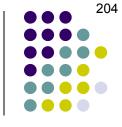
Pre-malignant

Malignant





Epidermal melanocytes Ephelis Lentigines Dermal melanocytes

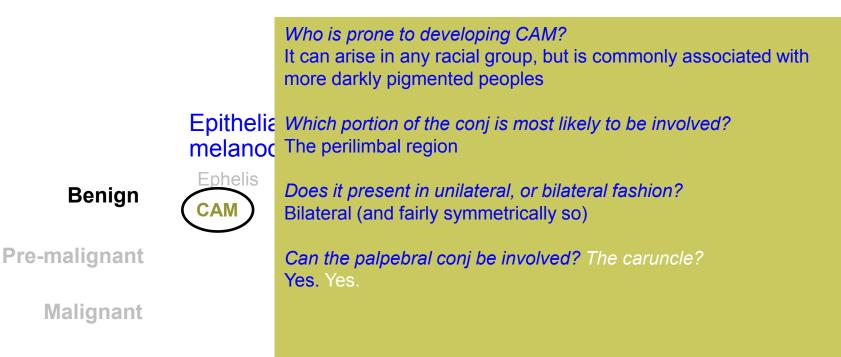


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Nevus cells

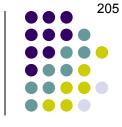
Pre-malignant

Malignant





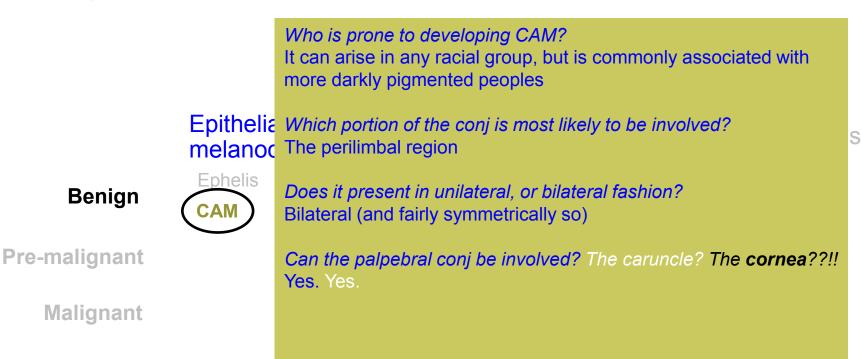
Epidermal melanocytes Ephelis Lentigines Dermal melanocytes



Nevus cells

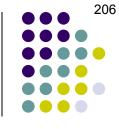
Pre-malignant

Malignant





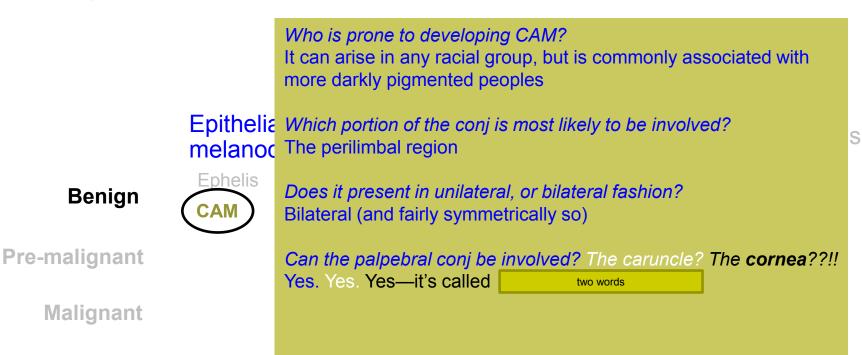
Epidermal melanocytes Ephelis Lentigines Dermal melanocytes



Nevus cells

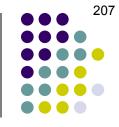
Pre-malignant

Malignant





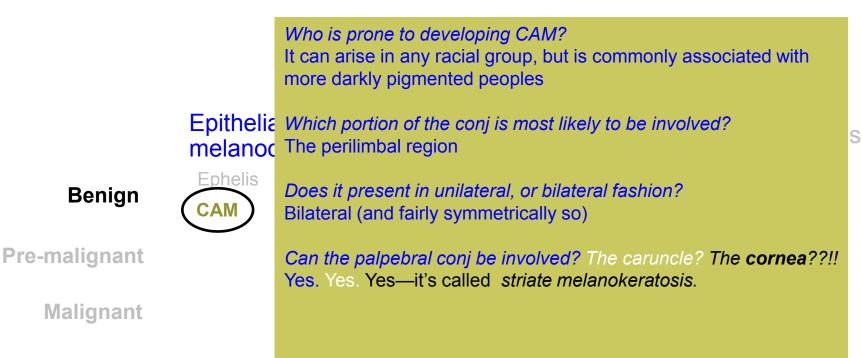
Epidermal melanocytes Ephelis Lentigines Dermal melanocytes

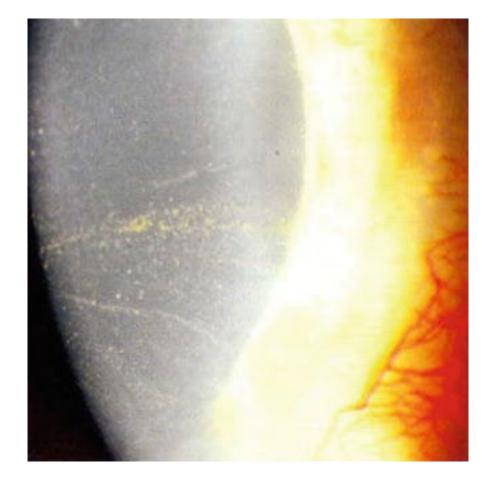


Nevus cells

Pre-malignant

Malignant



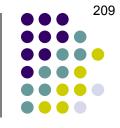




CAM: Striate melanokeratosis



Epidermal melanocytes Ephelis Lentigines Dermal melanocytes



Nevus cells

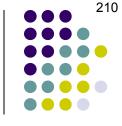
Pre-malignant

Malignant



Eyelid Skin

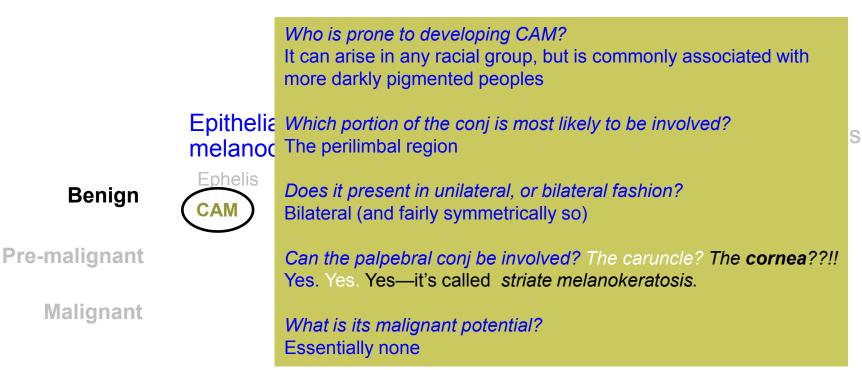
Epidermal melanocytes Ephelis Lentigines Dermal melanocytes



Nevus cells

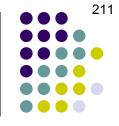
Benign

Pre-malignant





Epidermal melanocytes Ephelis Lentigines Dermal melanocytes



Nevus cells

Pre-malignant

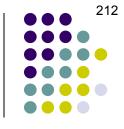
Malignant



Eyelid Skin

Epidermal melanocytes Ephelis Lentigines

Dermal melanocytes



Nevus cells

Benign

Pre-malignant

Malignant

Who is prone to developing CAM? It can arise in any racial group, but is commonly associated with more darkly pigmented peoples

Epithelia Which portion of the conj is most likely to be involved?

Benign



melanc There's a simple, commonsense reason why these highly pigmented lesions have essentially no malignant potential. What is it? It's because the increased pigment in CAM doesn't stem from the proliferation of melanocytes (with its attendant risk of malignant transformation)

Pre-malignant

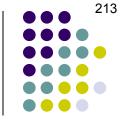
Malignant

ILS CAILEU SILIALE ITTELATIONETALUSIS

What is its malignant potential? **Essentially none**



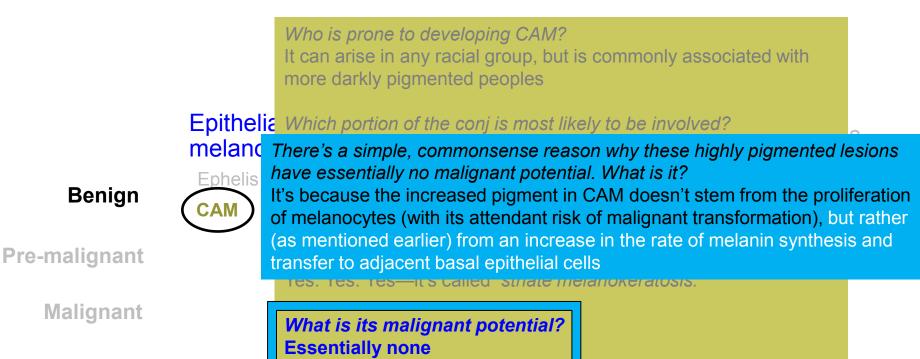
Epidermal melanocytes Ephelis Lentigines Dermal melanocytes



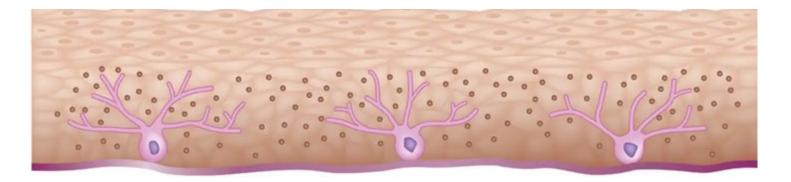
Nevus cells

Benign

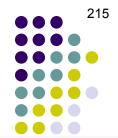
Pre-malignant

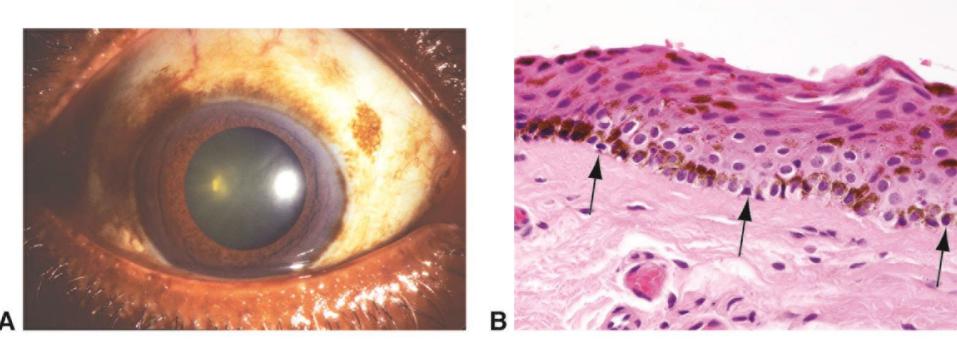




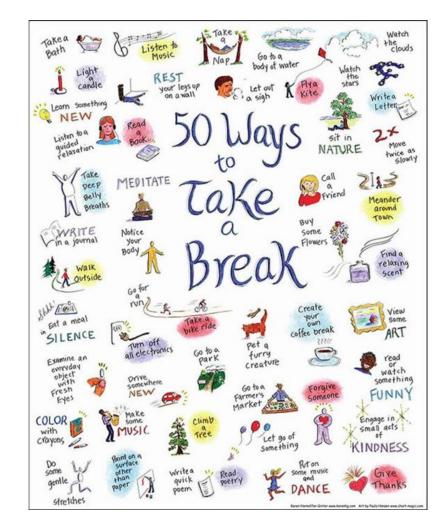


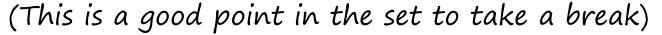
CAM is a *nonproliferative* process: The number of melanocytes is normal, they just produce an increased amount of melanin that gets transferred to the surrounding keratinocytes.





Complexion-associated melanosis. A, Clinical appearance. B, Histologic examination shows a normal density of small, morphologically unremarkable melanocytes confined mainly to the basal layer of the epithelium (arrows) with variable extension of pigment into more superficial epithelial layers





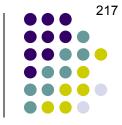


Eyelid Skin

Epidermal melanocytes Ephelis

Lentigines

Dermal melanocytes



Nevus cells

Pre-malignant

Malignant

Benign

Next, let's look at *benign lesions deriving from dermal and subepithelial melanocytes*

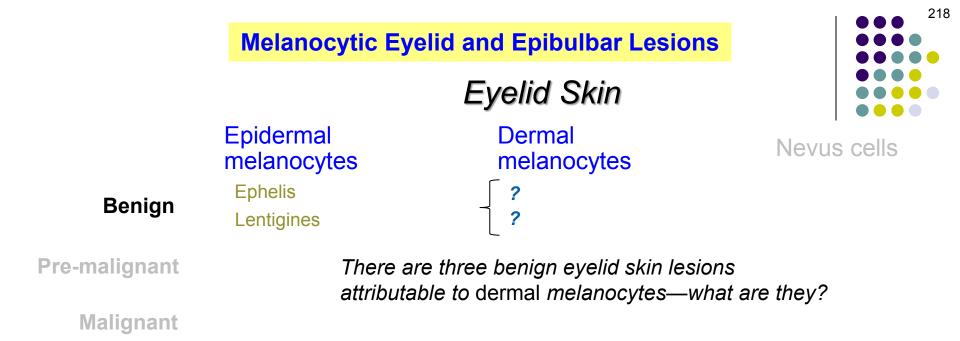
Epibulbar tissue

Epithelial melanocytes Ephelis CAM Subepithelial melanocytes

Nevus cells

Pre-malignant

Malignant



Epibulbar tissue

Epithelial melanocytes Ephelis CAM Subepithelial melanocytes

Nevus cells

Pre-malignant

Malignant

Eyelid Skin

Epidermal melanocytes **Ephelis** Lentigines

Dermal Nevus cells melanocytes Blue nevus (Oculo)dermal melanocytosis



Pre-malignant

There are three benign eyelid skin lesions attributable to dermal melanocytes—what are they?

Malignant

Benign

(Note: Oculodermal melanocytosis and dermal melanocytosis are separate conditions)

Epibulbar tissue

Epithelial melanocytes Ephelis CAM

Subepithelial melanocytes

Nevus cells

Pre-malignant

Malignant

Eyelid Skin

Epidermal melanocytes Ephelis Lentigines

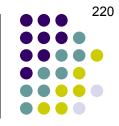
Pre-malignant

Malignant

Benign

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

Epibulbar tissue

Epithelial
melanocytesSubepithelial
melanocytesBenignEphelis
CAM?

Nevus cells

Pre-malignant

What are the equivalent lesions of epibulbar tissue?

Eyelid Skin

Epidermal melanocytes **Ephelis** Lentigines

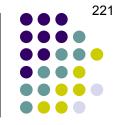
Pre-malignant

Benign

Malignant

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

Epibulbar tissue

Epithelial Subepithelial melanocytes melanocytes Blue nevus? Ocular(dermal) melanocytosis **Ephelis** Benign CAM

Nevus cells

Pre-malignant

What are the equivalent lesions of epibulbar tissue?

(Ditto for oculodermal melanocytosis and ocular melanocytosis)

Eyelid Skin

Epidermal melanocytes Ephelis Lentigines

Pre-malignant

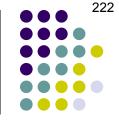
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Malignant

Benign

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

Epibulbar tissue

Epithelial
melanocytesSubepithelial
melanocytesNevus cellsBenignEphelis
CAM________<_____<_____<______</td>_________

Pre-malignant

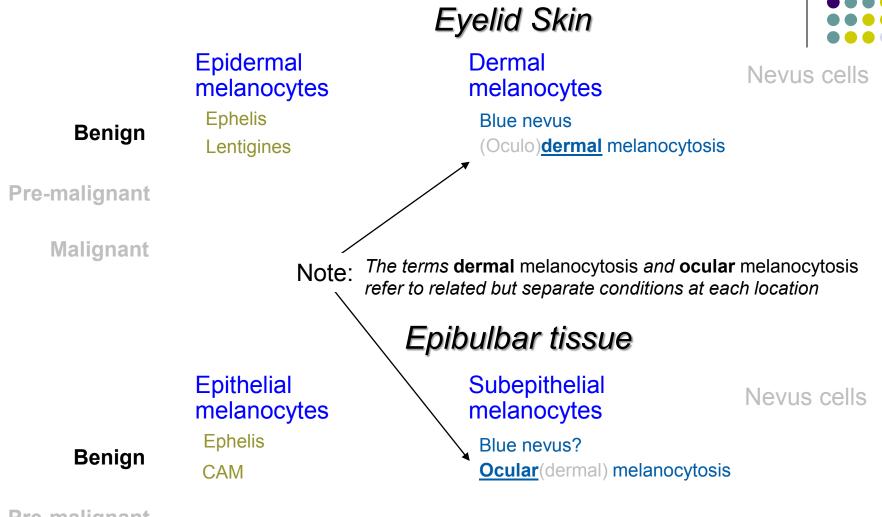
Malignant

What are the equivalent lesions of epibulbar tissue?

(Ditto for oculodermal melanocytosis and ocular melanocytosis)

*We'll unpack the question mark shortly

223



Pre-malignant

Eyelid Skin

melanocytes

Blue nevus

Dermal

Epidermal melanocytes Ephelis

Lentigines

Benign

Pre-malignant

Malignant

Note: But oculodermal melanocytosis refers to a single condition involving both locations

Epibulbar tissue

Epithelial melanocytes Ephelis CAM

Subepithelial melanocytes

Nevus cells

Nevus cells

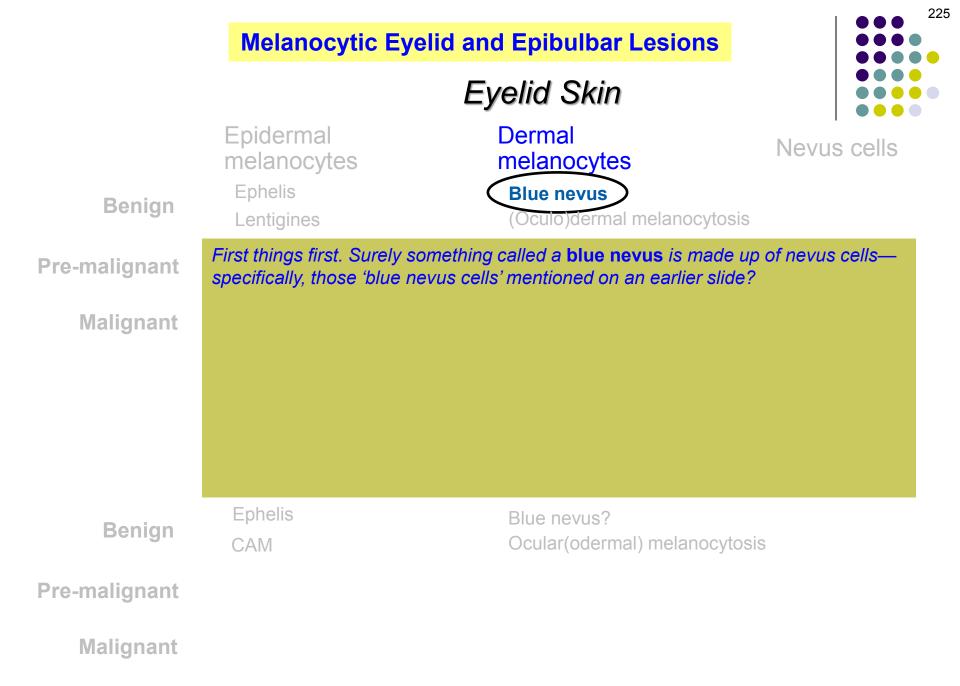
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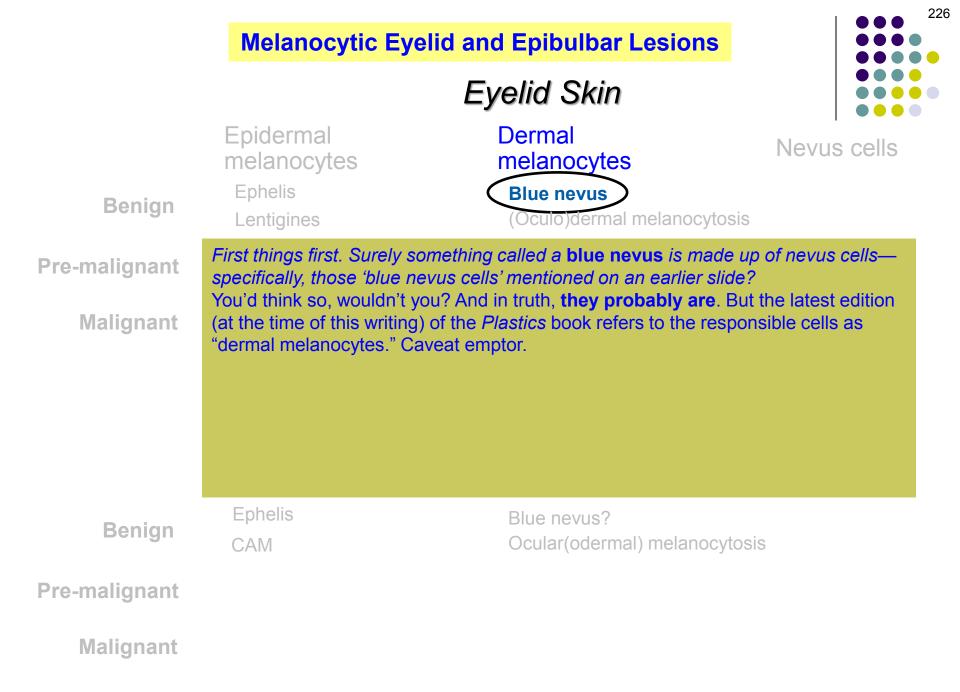
Blue nevus? Oculo dermal melanocytosis

Oculo dermal melanocytosis

Pre-malignant

Malignant





	Melanocytic Ey	elid and Epibulbar Lesions	227
		Eyelid Skin	
Benign	Epidermal melanocytes Ephelis Lentigines	Dermal melanocytes Blue nevus (Oculo)dermal melanocytos	Nevus cells
Pre-malignant	specifically, those 'blue r	something called a blue nevus is made nevus cells' mentioned on an earlier slid	le?
Malignant	You'd think so, wouldn't you? And in truth, they probably are . But the latest edition (at the time of this writing) of the <i>Plastics</i> book refers to the responsible cells as "dermal melanocytes." Caveat emptor.		
	Diameter-wise, are blue	nevi large, or small?	
Benign	Ephelis CAM	Blue nevus? Ocular(odermal) melanocyto	osis
Pre-malignant			
Malignant			

	Melanocytic Ey	yelid and Epibulbar Lesions		
Eyelid Skin				
Benign	Epidermal melanocytes Ephelis Lentigines	Dermal melanocytes Blue nevus (Oculo)dermal melanocytosis	Nevus cells	
Pre-malignant Malignant	specifically, those 'blue You'd think so, wouldn't	e nevi large, or small?	? It the latest edition	
Benign Pre-malignant Malignant	Ephelis CAM	Blue nevus? Ocular(odermal) melanocyto	sis	

			229
	Melanocytic Eye	elid and Epibulbar Lesions	
		Eyelid Skin	
Benign	Epidermal melanocytes Ephelis Lentigines	Dermal melanocytes Blue nevus (Oculo)dermal melanocytosi	Nevus cells
Pre-malignant	First things first. Surely something called a blue nevus is made up of nevus cells— specifically, those 'blue nevus cells' mentioned on an earlier slide? You'd think so, wouldn't you? And in truth, they probably are . But the latest edition (at the time of this writing) of the <i>Plastics</i> book refers to the responsible cells as "dermal melanocytes." Caveat emptor.		
Malignant			
	<i>Diameter-wise, are blue i</i> Small—less than 10 mm		
Benign	Ephelis CAM	Blue nevus? Ocular(odermal) melanocyto	osis
Pre-malignant			
Malignant			

			230	
	Melanocytic Eye	elid and Epibulbar Lesions		
	Eyelid Skin			
Benign	Epidermal melanocytes Ephelis Lentigines	Dermal melanocytes Blue nevus (Oculo)dermal melanocytos	Nevus cells	
Pre-malignant	First things first. Surely something called a blue nevus is made up of nevus cells— specifically, those 'blue nevus cells' mentioned on an earlier slide? You'd think so, wouldn't you? And in truth, they probably are . But the latest edition (at the time of this writing) of the <i>Plastics</i> book refers to the responsible cells as "dermal melanocytes." Caveat emptor.			
Malignant				
	<i>Diameter-wise, are blue nevi large, or small?</i> Small—less than 10 mm			
	Are they flat, or elevated?	,		
Benign	Ephelis CAM	Blue nevus? Ocular(odermal) melanocyto	osis	
Pre-malignant				
Malignant				

			231
	Melanocytic Eye	elid and Epibulbar Lesions	
		Eyelid Skin	
Benign	Epidermal melanocytes Ephelis Lentigines	Dermal melanocytes Blue nevus (Oculo)dermal melanocytos	Nevus cells
Pre-malignant	First things first. Surely something called a blue nevus is made up of nevus cells— specifically, those 'blue nevus cells' mentioned on an earlier slide? You'd think so, wouldn't you? And in truth, they probably are . But the latest edition (at the time of this writing) of the <i>Plastics</i> book refers to the responsible cells as "dermal melanocytes." Caveat emptor.		
Malignant			
	<i>Diameter-wise, are blue nevi large, or small?</i> Small—less than 10 mm		
	Are they flat, or elevated? Elevated—looks like a small dark dome		
Benign	Ephelis CAM	Blue nevus? Ocular(odermal) melanocyte	osis
Pre-malignant			
Malignant			



Blue nevus (not eyelid, obvs)





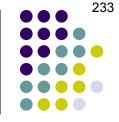
Epidermal melanocytes Ephelis Lentigines

Benign

Pre-malignant

Malignant

Dermal melanocytes Blue nevus (Oculo)dermal melanocytosis



Nevus cells

Epibulbar tissue

Epithelial Subepithelial melanocytes melanocytes Ephelis Blue nevus? Ocular(odermal) melanocytosis CAM

Nevus cells

Benign

Pre-malignant

About that question mark: The latest (again, as I write this) edition of the External Dz book doesn't mention blue nevi of the conj. The Path book **might** (it's not entirely clear in context).



Epidermal melanocytes Ephelis Lentigines

Benign

Pre-malignant

Malignant

Dermal melanocytes Blue nevus (Oculo)dermal melanocytosis



Nevus cells

Epibulbar tissue

Epithelial Subepithelial melanocytes melanocytes **Blue nevus?** Ocular(odermal) melanocytosis

Nevus cells

Benign

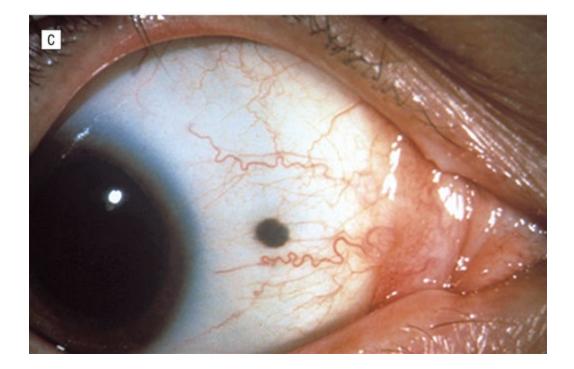
Ephelis CAM

Pre-malignant

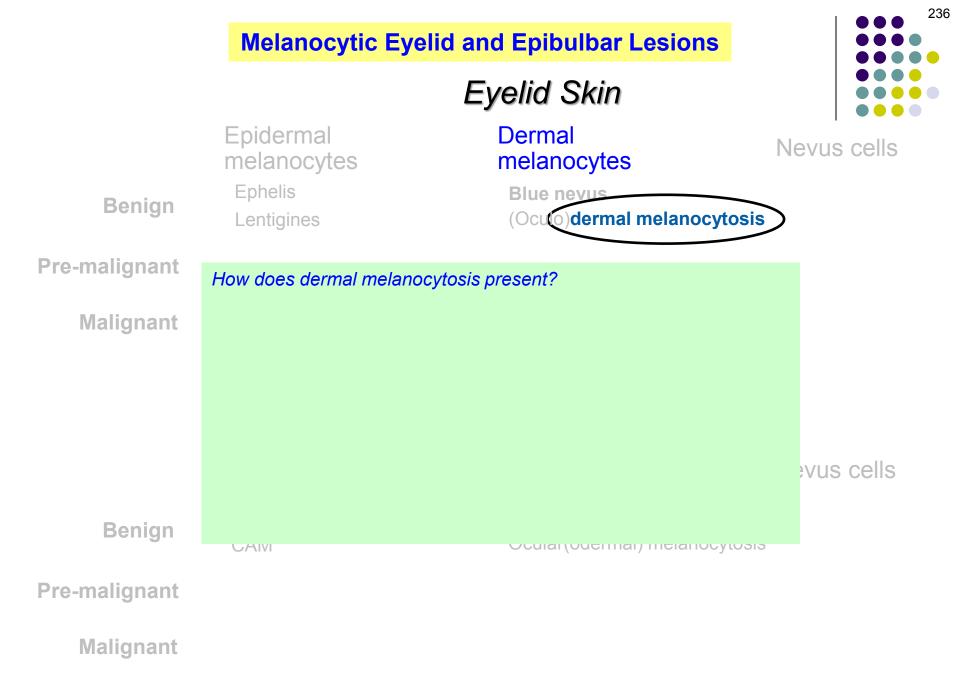
Malignant

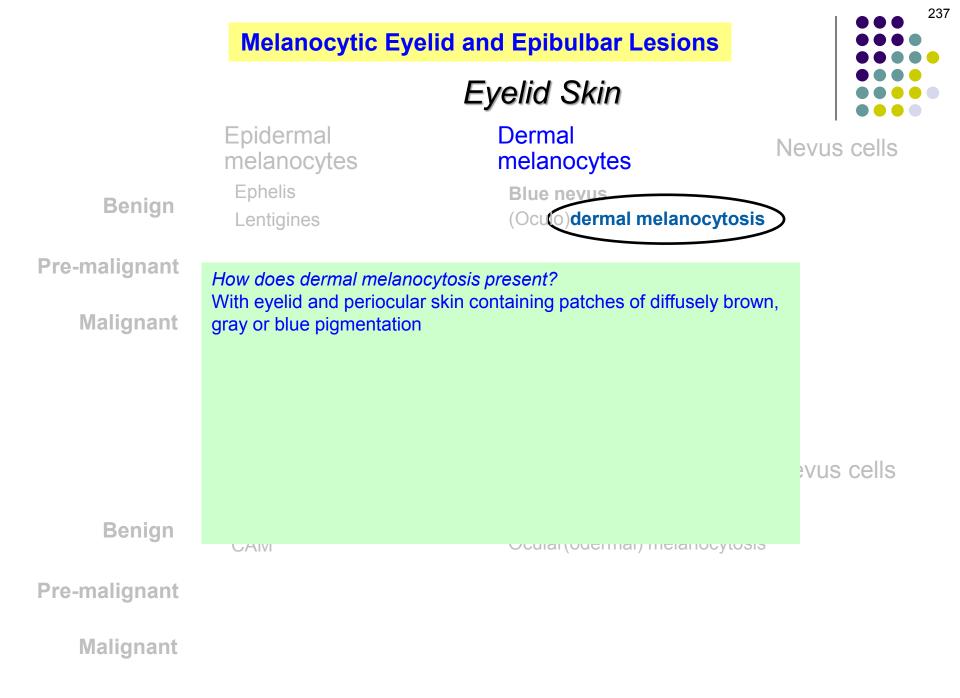
About that question mark: The latest (again, as I write this) edition of the External Dz book doesn't mention blue nevi of the conj. The Path book **might** (it's not entirely clear in context). My take: The likelihood of encountering an OKAP question about blue nevi of the conj is too low to warrant fretting about (like I'm doing right now).

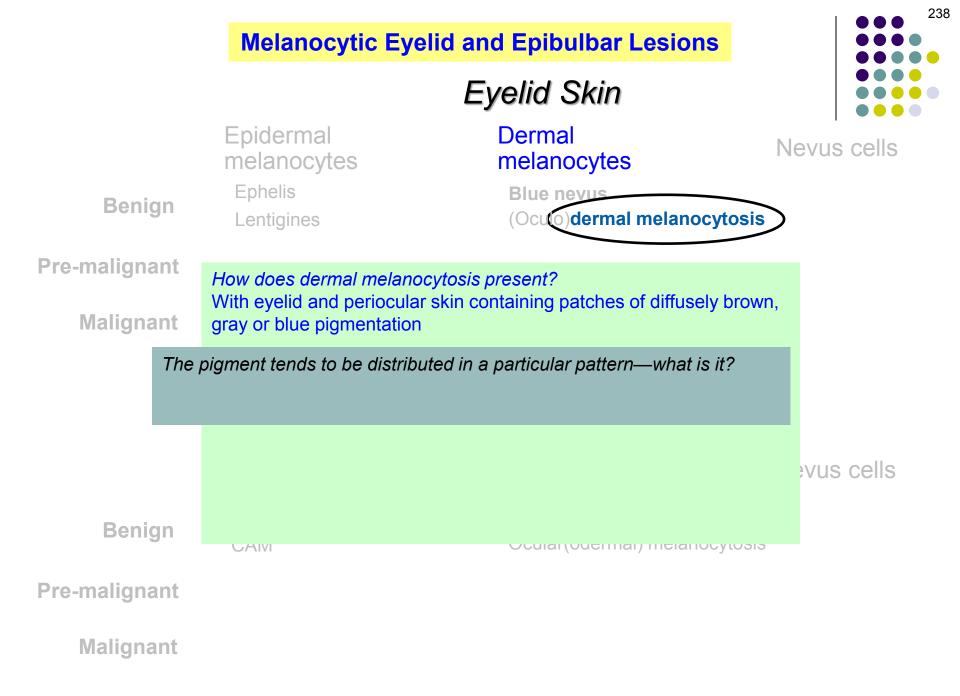


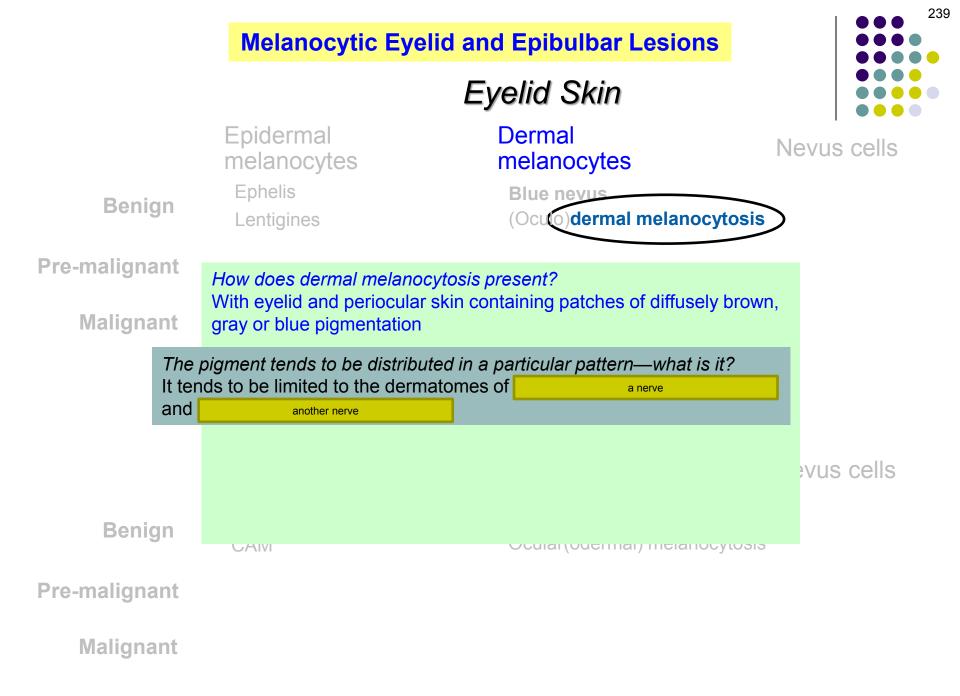


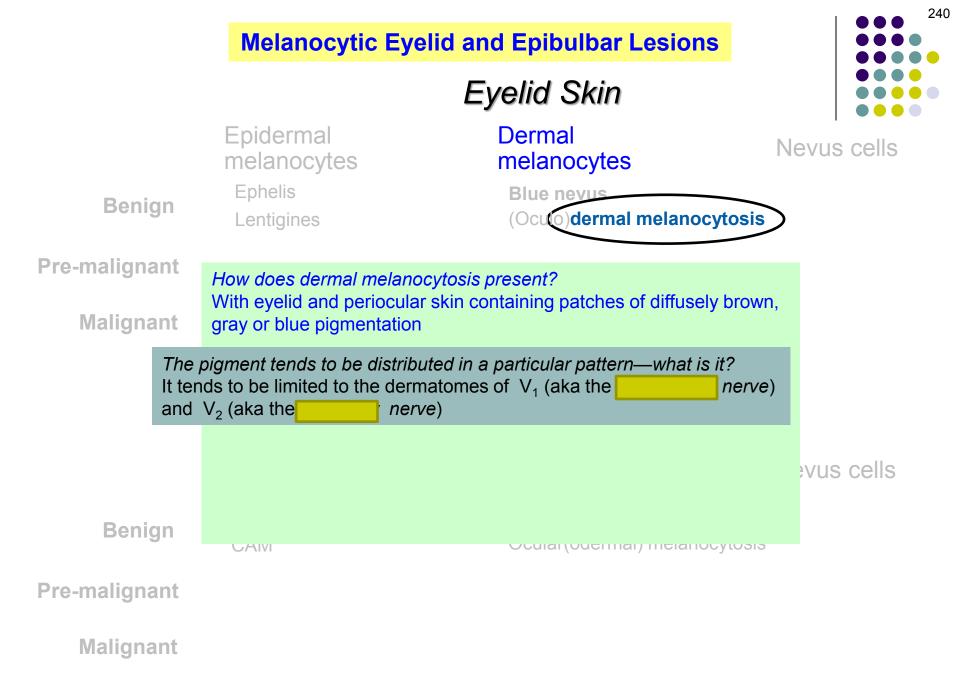
Just because: Blue nevus of the conj

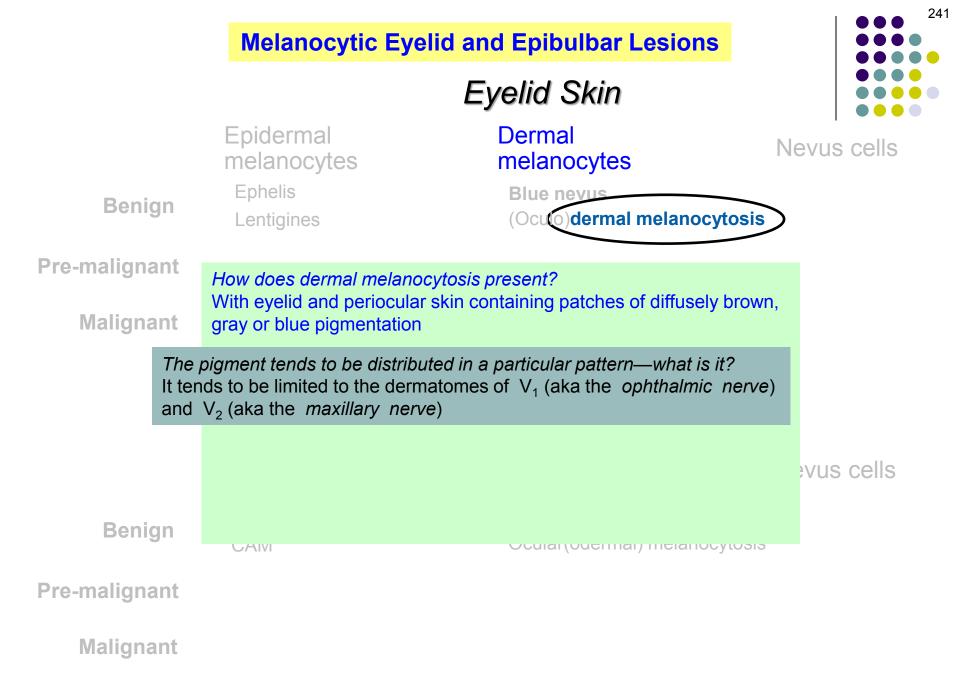








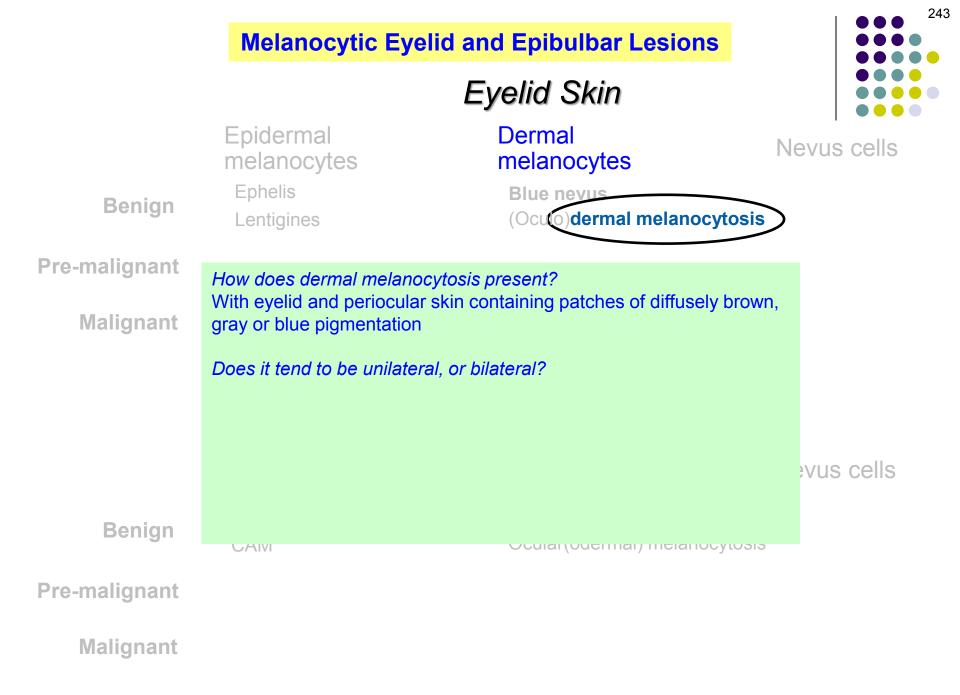


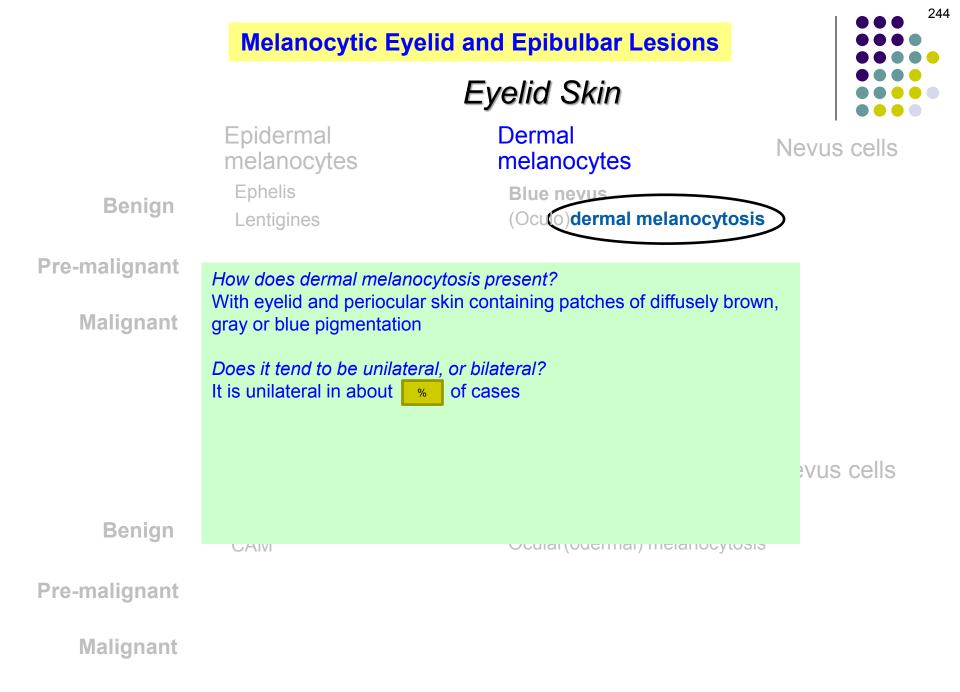


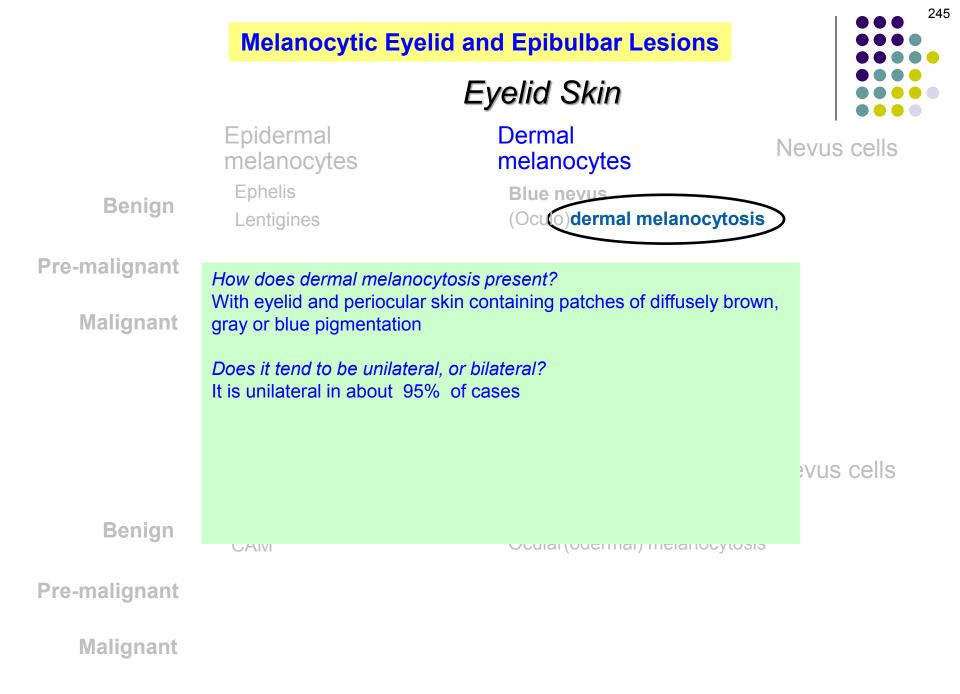


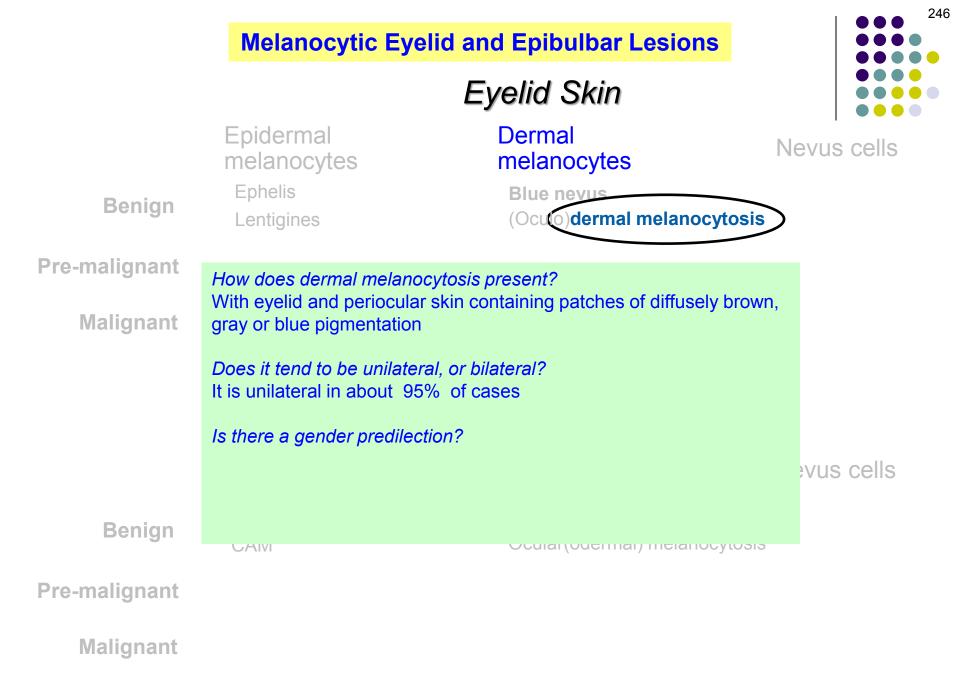
Dermal melanocytosis

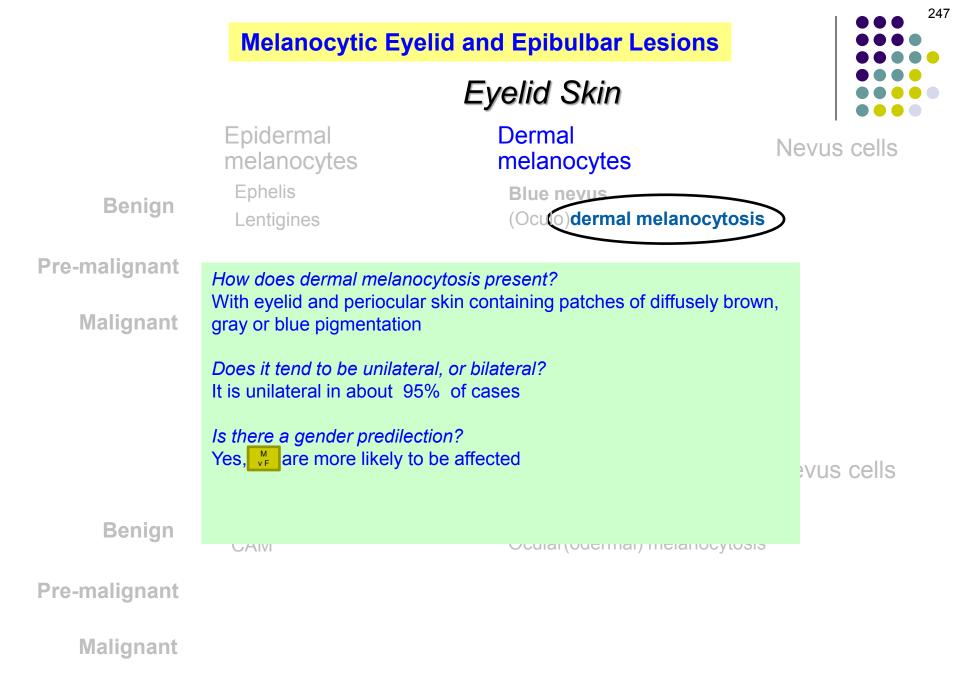


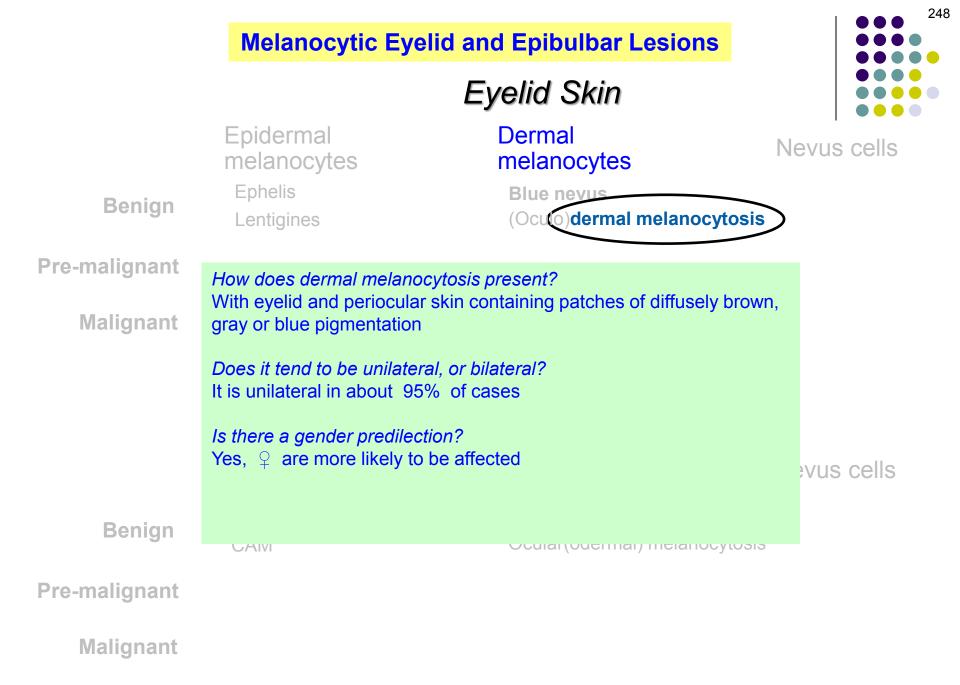


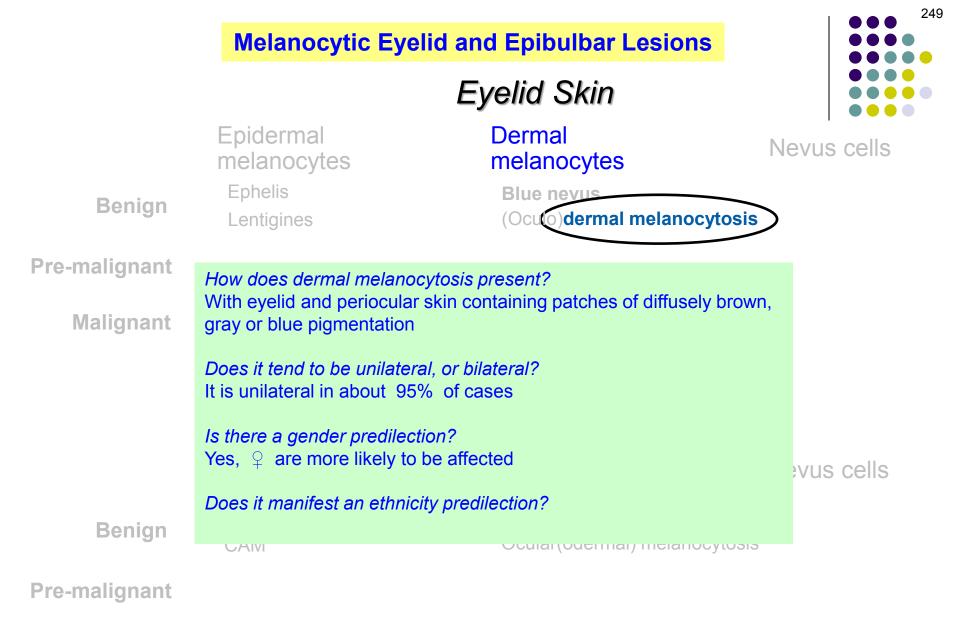






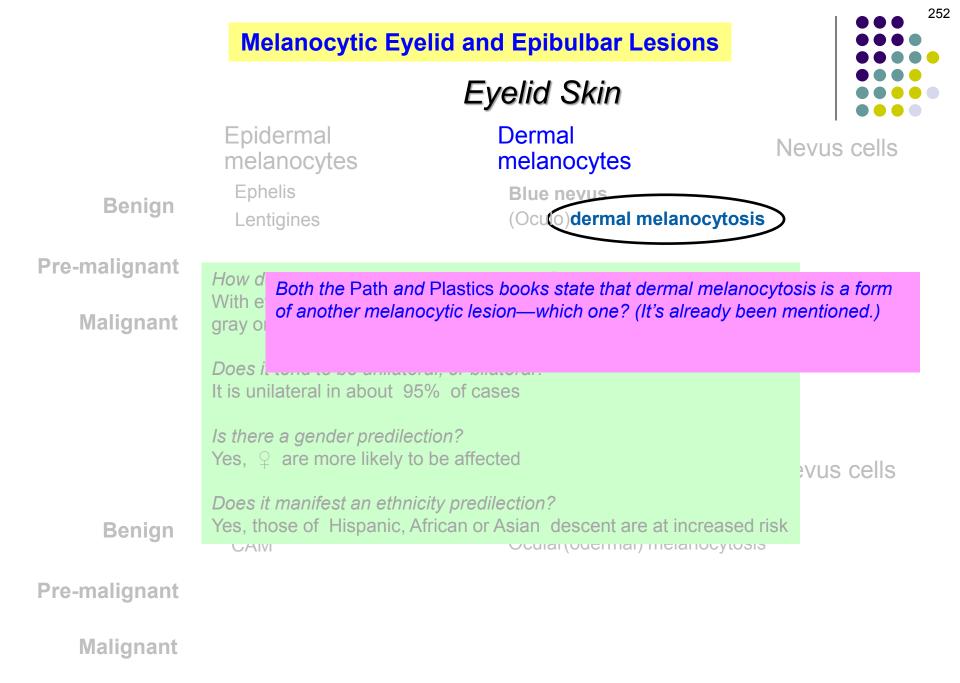


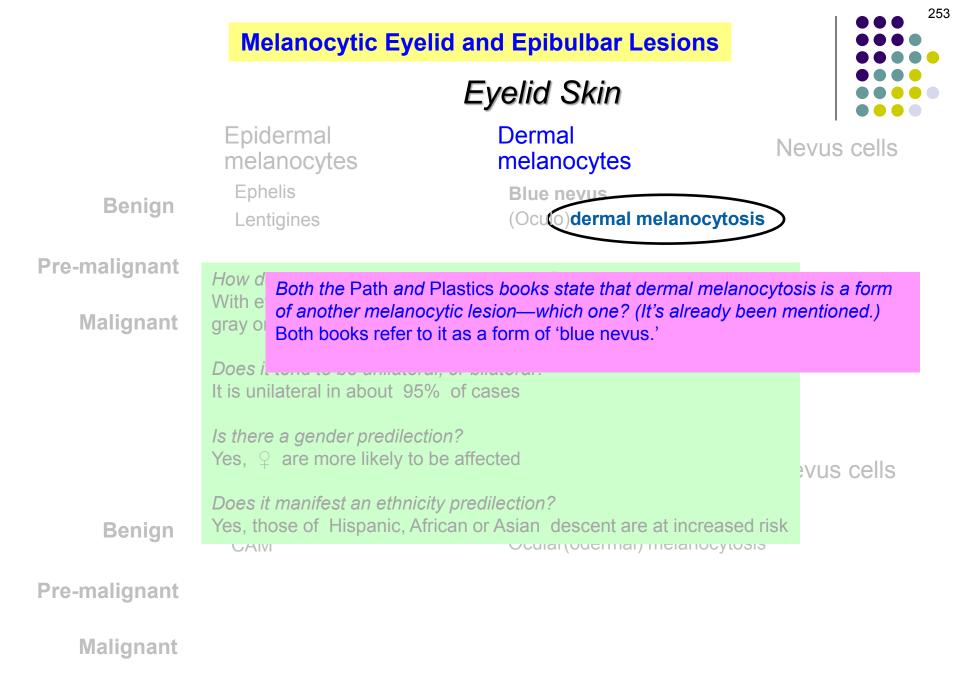


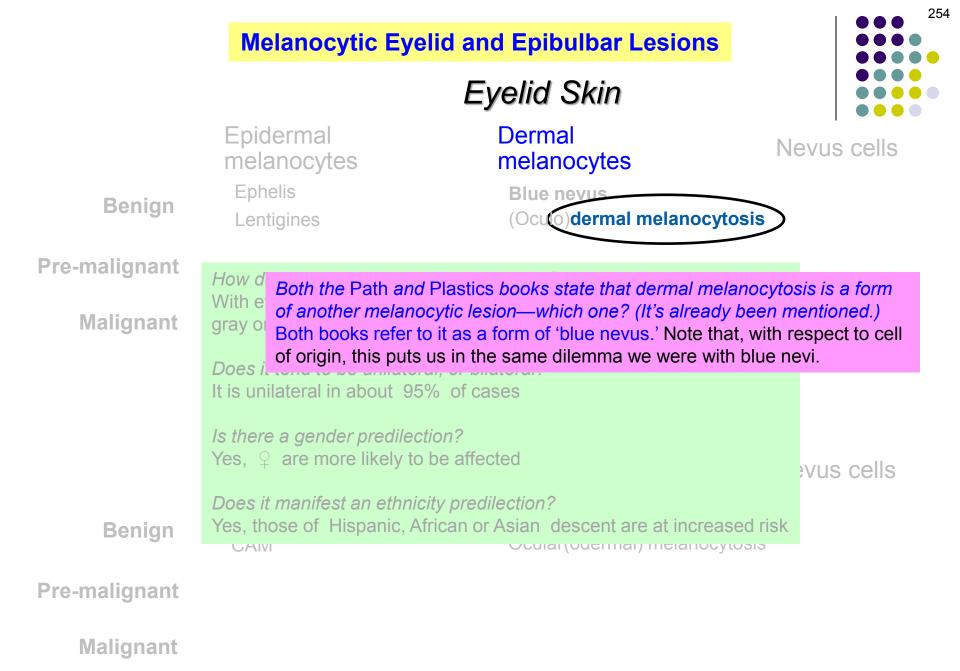


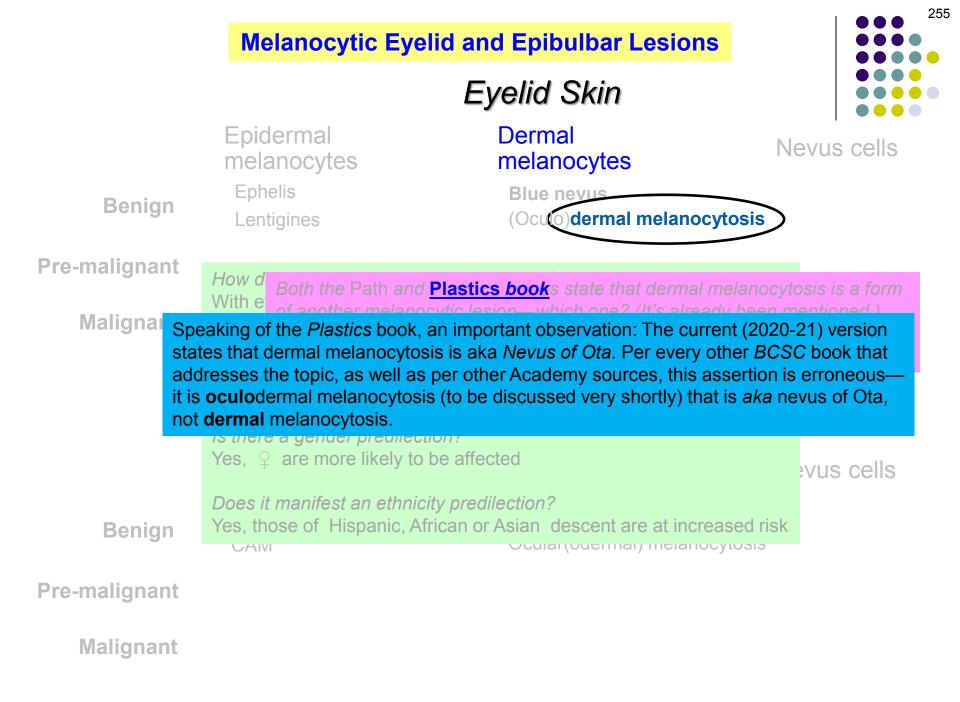
		250	
	Melanocytic Eyelid and Epibulbar Lesions		
	Eyelid Skin		
	Epidermal Dermal melanocytes Melanocytes	levus cells	
Benign	EphelisBlue nevusLentigines(Ocuto)dermal melanocytosis		
Pre-malignant	How does dermal melanocytosis present?		
Malignant	With eyelid and periocular skin containing patches of diffusely brown, gray or blue pigmentation		
	Does it tend to be unilateral, or bilateral? It is unilateral in about 95% of cases		
	Is there a gender predilection? Yes, \bigcirc are more likely to be affected	vus cells	
Benign	Does it manifest an ethnicity predilection? Yes, those of three ethnicities descent are at increased risk CAIN Courar (odermal) metanocytosis	C	
Pre-malignant			

			251
	Melanocytic Eyel	id and Epibulbar Lesions	
		Eyelid Skin	
	Epidermal melanocytes	Dermal melanocytes	Nevus cells
Benign	Ephelis Lentigines	Blue nevus (Ocuto)dermal melanocy	tosis
Pre-malignant	How does dermal melanocy		
Malignant	With eyelid and periocular s gray or blue pigmentation	skin containing patches of diffusely	brown,
	Does it tend to be unilateral, or bilateral? It is unilateral in about 95% of cases		
	Is there a gender predilection $Yes, \ Q$ are more likely to be	vus cells	
Benign	Does it manifest an ethnicit Yes, those of Hispanic, Afri	y predilection? ican or Asian descent are at increa	
Pre-malignant			
Malignant			

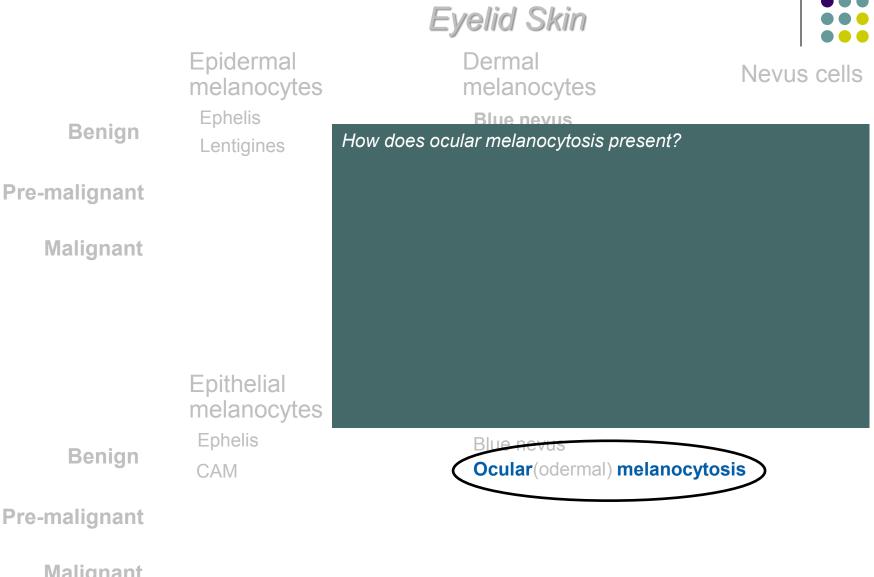




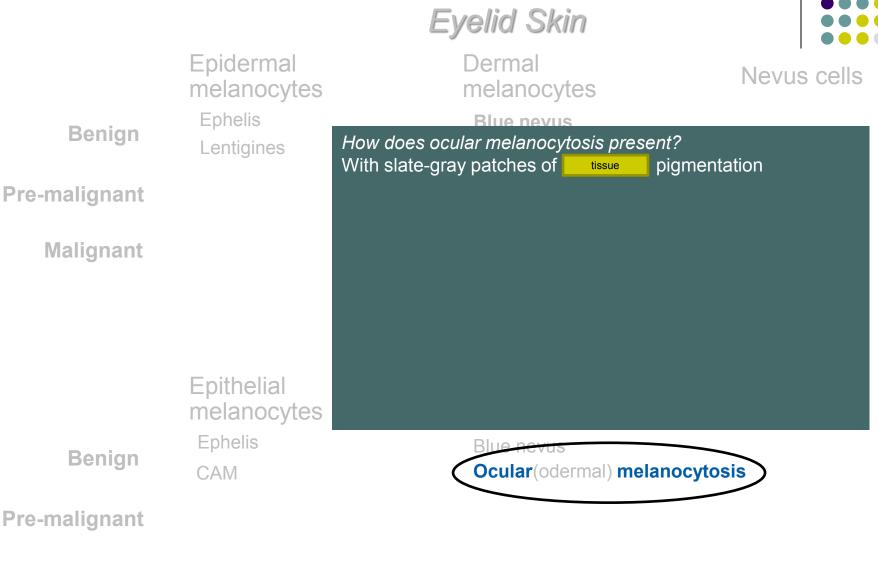




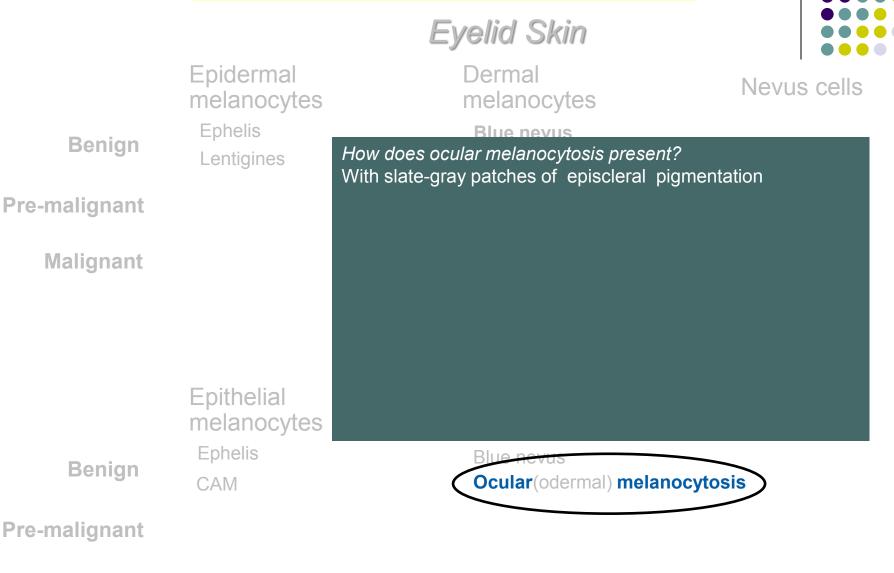
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257



258







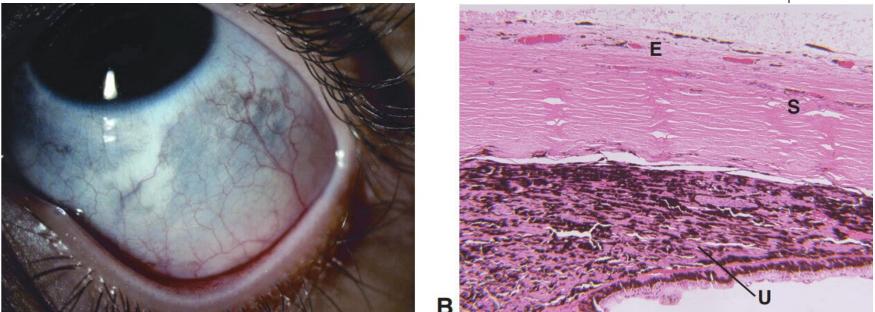
Ocular melanocytosis



Ocular melanocytosis







A, Clinical photograph illustrating slate-gray patches of pigmentation of the scleral surface. **B**, Histologic examination shows an increased population of intensely pigmented spindle and dendritic melanocytes in the deep episclera (E), sclera (S), and uveal tract (U).

Ocular melanocytosis





Nevus cells

262

Benign

Lentigines

Pre-malignant

Malignant

Epithelial melanocytes Ephelis CAM

Epidermal

Ephelis

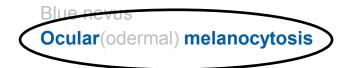
melanocytes

Blue nevus

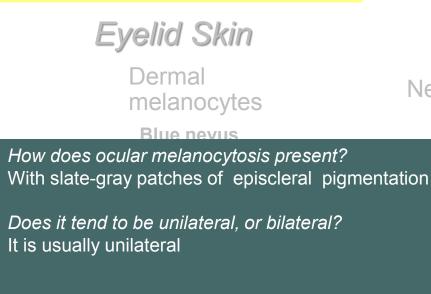
How does ocular melanocytosis present? With slate-gray patches of episcleral pigmentation

Does it tend to be unilateral, or bilateral?

Benign



Pre-malignant





Lentigines

Benign

Pre-malignant

Malignant

Epithelial melanocytes Ephelis CAM

Ocular(odermal) melanocytosis

....

Pre-malignant

Malignant

Benign

263

Nevus cells

Eyelid Skin

Epidermal melanocytes

Ephelis

Lentigines

Benign

Pre-malignant

Malignant

Epithelial melanocytes Ephelis CAM

Dermal melanocytes

Rhip nevus

How does ocular melanocytosis present? With slate-gray patches of episcleral pigmentation

Does it tend to be unilateral, or bilateral? It is usually unilateral

An eye with ocular melanocytosis is at increased risk of what potentially blinding ocular condition?

Ocular(odermal) melanocytosis

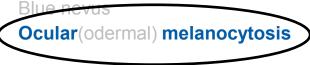
Pre-malignant

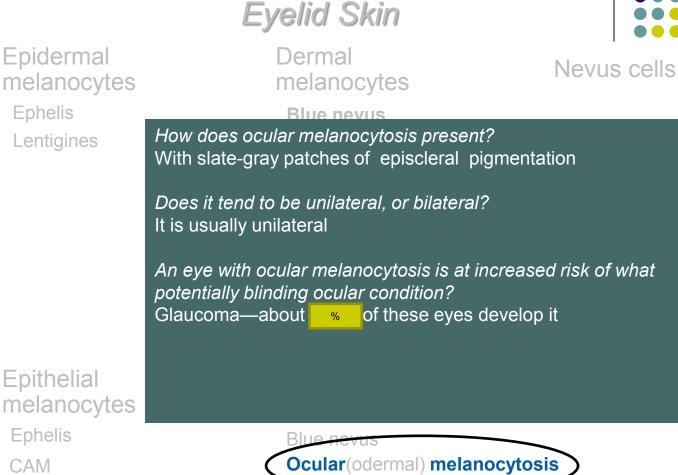
Malignant

Benign

264

Nevus cells





265

Benign

Pre-malignant

Malignant

Benign

melanocytes Ephelis CAM

Pre-malignant



Dermal melanocytes



How does ocular melanocytosis present? With slate-gray patches of episcleral pigmentation

Does it tend to be unilateral, or bilateral? It is usually unilateral

An eye with ocular melanocytosis is at increased risk of what potentially blinding ocular condition? Glaucoma—about 10% of these eyes develop it

Epithelial melanocytes Ephelis

Epidermal

Lentigines

Ephelis

melanocytes

Ocular(odermal) melanocytosis

Benign

Pre-malignant

Malignant

Benign

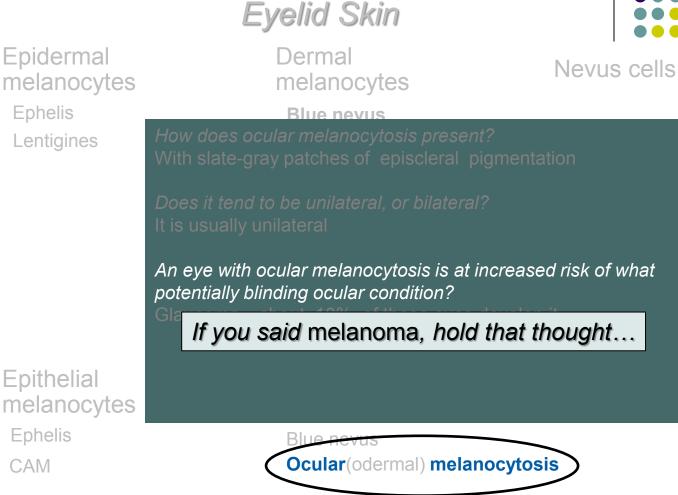
CAM

Pre-malignant

Malignant

266

Nevus cells



267

Benign

Pre-malignant

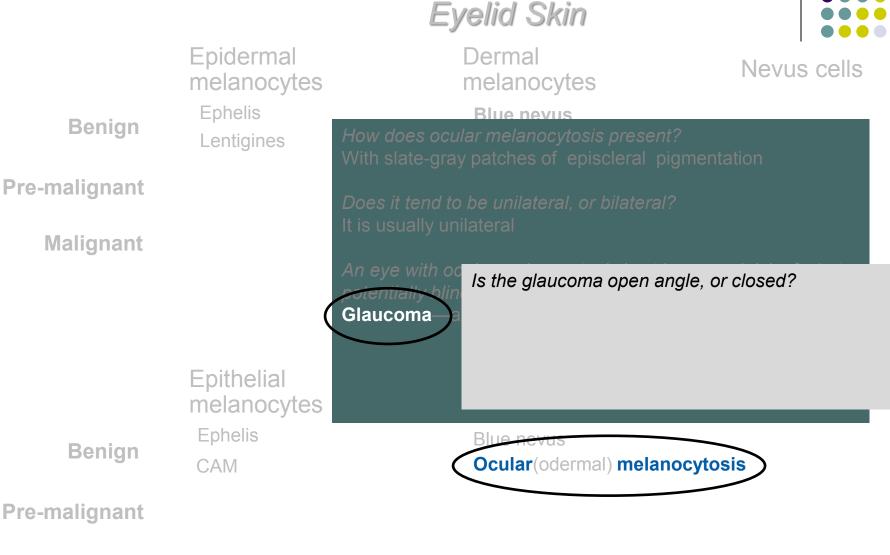
Malignant

Benign

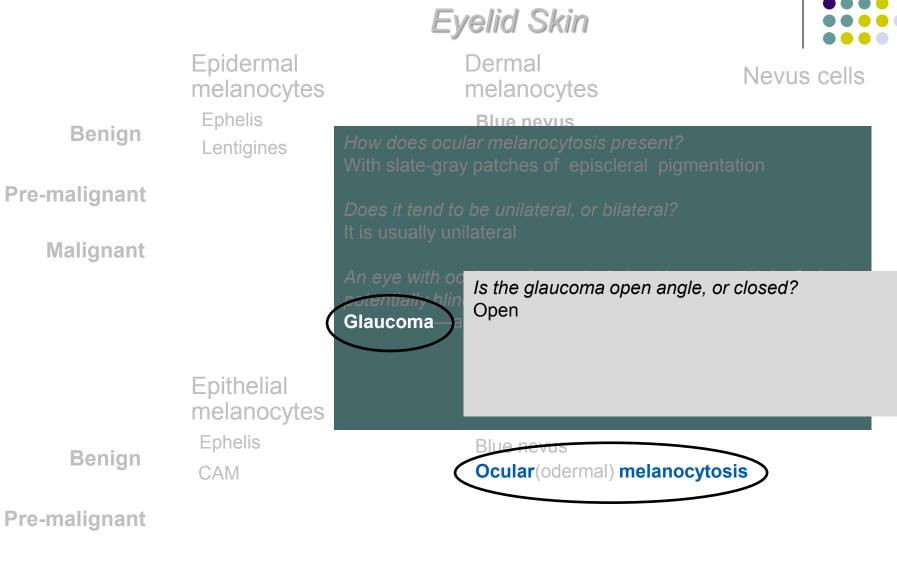
Epithelial melanocytes **Ephelis** CAM

Pre-malignant

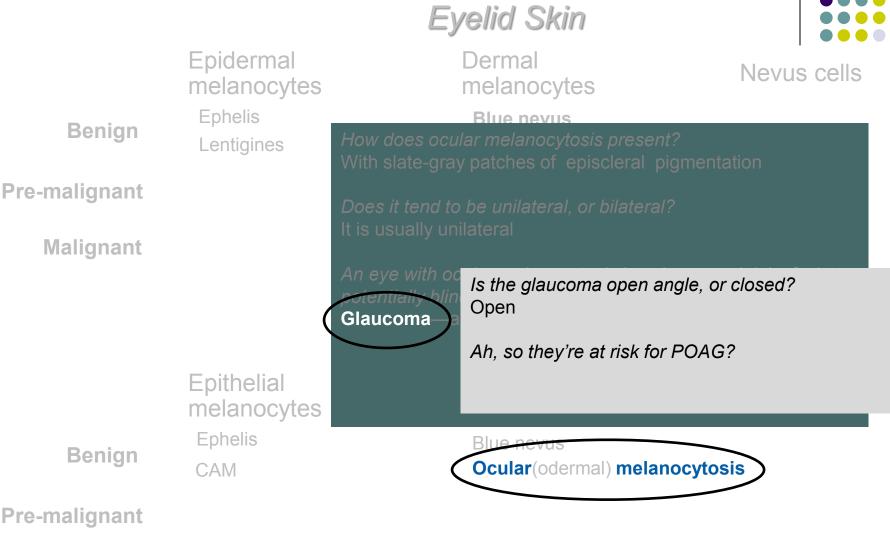
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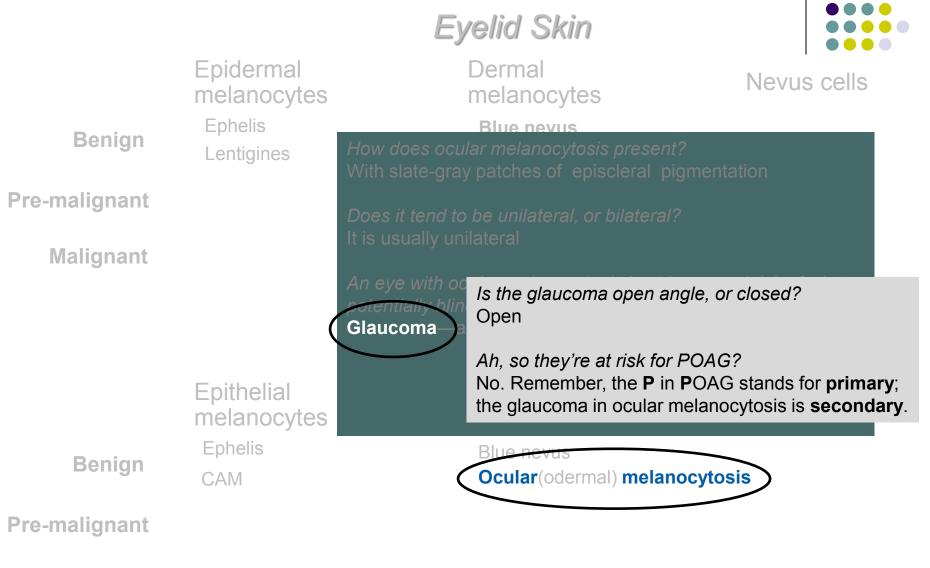
269

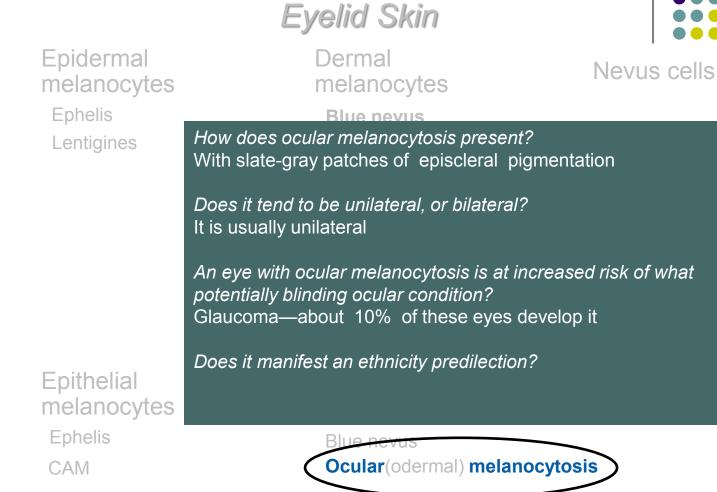


270



271





272

Benign

Pre-malignant

Malignant

Benign

Pre-malignant

273

		Eyelid Skin	
	Epidermal melanocytes	Dermal melanocytes	Nevus cells
Benign	Ephelis Lentigines	Blue nevus How does ocular melanocytosis present? With slate-gray patches of episcleral pigment	ation
Pre-malignant		Does it tend to be unilateral, or bilateral?	
Malignant		It is usually unilateral	
		An eye with ocular melanocytosis is at increase potentially blinding ocular condition? Glaucoma—about 10% of these eyes develop	
	Epithelial melanocytes	<i>Does it manifest an ethnicity predilection?</i> Like the dermal version, it is more common am of Hispanic, African, and/or Asian descent	ong individuals
Benign	Ephelis CAM	Blue nevus Ocular(odermal) melanocytos	sis
Pre-malignant			

		Eyelid Skin	
	Epidermal melanocytes	Dermal melanocytes	Nevus cells
Benign	Ephelis Lentigines	Blue nevus How does ocular melanocytosis present? With slate-gray patches of episcleral pigmer	ntation
Pre-malignant		Does it tend to be unilateral, or bilateral?	
Malignant		It is usually unilateral An eye with ocular melanocytosis is at increa	melanoma? sed risk of _A what
		potentially blinding ocular condition? og back to the 'Hold that thought': Does ocular i creased risk of melanoma?	melanocytosis convey
	Epithelia melanoo		
Benign	Ephelis CAM		
Pre-malignant			
Malignant			

		Eyelid Skin	
	Epidermal melanocytes	Dermal melanocytes	Nevus cells
Benign	Ephelis Lentigines	Blue nevus How does ocular melanocytosis present? With slate-gray patches of episcleral pigmer	ntation
Pre-malignant		Does it tend to be unilateral, or bilateral?	
Malignant		It is usually unilateral An eye with ocular melanocytosis is at increa potentially blinding ocular condition?	melanoma? sed risk of _N what
Benign	an inc	ng back to the 'Hold that thought': Does ocular i pereased risk of melanoma? particular subset of pts, it does indeed	melanocytosis convey
Pre-malignant			
Malignant			

	Eyelid Skin	
Epidermal melanocytes	Dermal melanocytes	Nevus cells
Ephelis Lentigines	Blue nevus How does ocular melanocytosis present? With slate-gray patches of episcleral pigme	entation
	Does it tend to be unilateral, or bilateral?	
	An eye with ocular melanocytosis is at incre	melanoma? ased risk of _A what
<i>an inc</i> For a Epithelia	ng back to the 'Hold that thought': Does ocular creased risk of melanoma? particular subset of pts, it does indeed	r melanocytosis convey
	Ephelis Lentigines Gettin an ind For a Epithelia Melanoo Which Ephelis	Epidermal melanocytesDermal melanocytesEphelis LentiginesElue nevusMow does ocular melanocytosis present? With slate-gray patches of episcleral pigmeDoes it tend to be unilateral, or bilateral? It is usually unilateralDoes it tend to be unilateral, or bilateral? It is usually unilateralAn eye with ocular melanocytosis is at increa potentially blinding ocular condition?Getting back to the 'Hold that thought': Does ocular an increased risk of melanoma? For a particular subset of pts, it does indeedEpitheliaWhich pts are at increased risk?

		Eyelid Skin	
	Epidermal melanocytes	Dermal melanocytes	Nevus cells
Benign	Ephelis Lentigines	Blue nevus How does ocular melanocytosis present? With slate-gray patches of episcleral pigmer	ntation
Pre-malignant		Does it tend to be unilateral, or bilateral?	
Malignant		It is usually unilateral An eye with ocular melanocytosis is at increa	melanoma? sed risk of what
Benign Pre-malignant Malignant	<i>an inc</i> For a Epithelia	potentially blinding ocular condition? Ig back to the 'Hold that thought': Does ocular is preased risk of melanoma? particular subset of pts, it does indeed a pts are at increased risk? e of ethnicity	melanocytosis convey

		Eyelid Skin	
	Epidermal melanocytes	Dermal melanocytes	Nevus cells
Benign	Ephelis Lentigines	Blue nevus How does ocular melanocytosis present? With slate-gray patches of episcleral pigme	ntation
Pre-malignant		Does it tend to be unilateral, or bilateral?	
Malignant		It is usually unilateral An eye with ocular melanocytosis is at increa	melanoma? ased risk of _A what
Benign Pre-malignant Malignant	Epithelia Melanoo <i>Which</i>	potentially blinding ocular condition? og back to the 'Hold that thought': Does ocular creased risk of melanoma? particular subset of pts, it does indeed of pts are at increased risk? e of Caucasian ethnicity	<i>melanocytosis convey</i>

		Eyelid Skin	
	Epidermal melanocytes	Dermal melanocytes	Nevus cells
Benign	Ephelis Lentigines	Blue nevus How does ocular melanocytosis present? With slate-gray patches of episcleral pigme	entation
Pre-malignant		Does it tend to be unilateral, or bilateral?	
Malignant		It is usually unilateral An eye with ocular melanocytosis is at incre	melanoma? eased risk of _N what
Benign Pre-malignant Malignant	Epithelia Ephelis CAM	potentially blinding ocular condition? Ing back to the 'Hold that thought': Does ocular preased risk of melanoma? particular subset of pts, it does indeed In pts are at increased risk? The of Caucasian ethnicity Inen a melanoma arises, is it in the episcleral p	

		Eyelid Skin	
	Epidermal melanocytes	Dermal melanocytes	Nevus cells
Benign	Ephelis Lentigines	Blue nevus How does ocular melanocytosis present? With slate-gray patches of episcleral pign	nentation
Pre-malignant		Does it tend to be unilateral, or bilateral?	
Malignant		It is usually unilateral An eye with ocular melanocytosis is at incr	melanoma? reased risk of _N what
Benign Pre-malignant Malignant	Epithelia Ephelis CAM An inc For a For a Which Those So wh	potentially blinding ocular condition? Ing back to the 'Hold that thought': Does ocula preased risk of melanoma? particular subset of pts, it does indeed In pts are at increased risk? The of Caucasian ethnicity Inen a melanoma arises, is it in the episcleral that can happen, but it's very rare	

		Eyelid Skin	
	Epidermal melanocytes	Dermal melanocytes	Nevus cells
Benign	Ephelis Lentigines	Blue nevus How does ocular melanocytosis present? With slate-gray patches of episcleral pigme	entation
Pre-malignant		Does it tend to be unilateral, or bilateral? It is usually unilateral	
Malignant		An eye with ocular melanocytosis is at increa	melanoma? ased risk of <mark>,</mark> what
	<i>an inc</i> For a Epithelia	ng back to the 'Hold that thought': Does ocular creased risk of melanoma? particular subset of pts, it does indeed on pts are at increased risk?	melanocytosis convey
Benign	CAM So wh	e of Caucasian ethnicity then a melanoma arises, is it in the episcleral p	
Pre-malignant	occur	that can happen, but it's very rare. In fact, whi anywhere—skin, conj, intraocular, even the o ity occur in the	
Malignant			

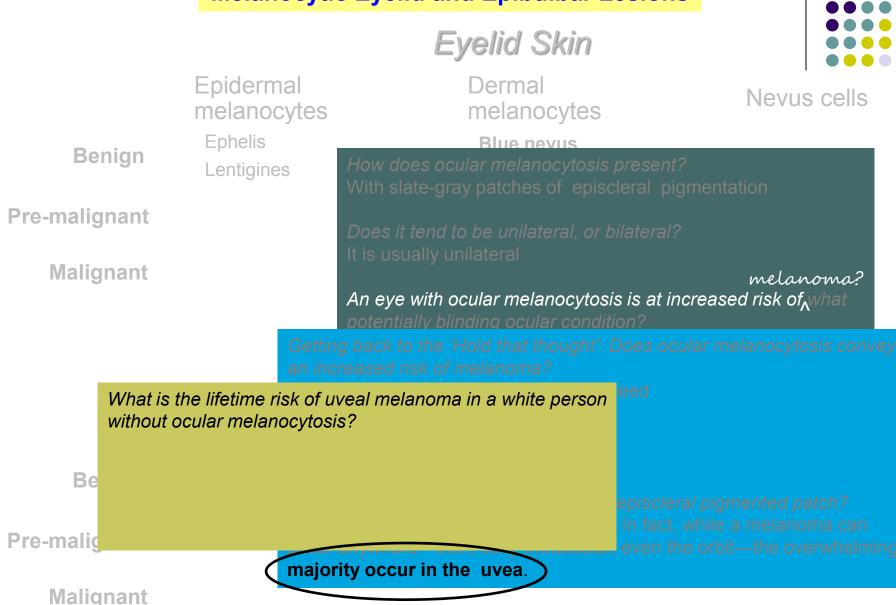
Evelid Claim

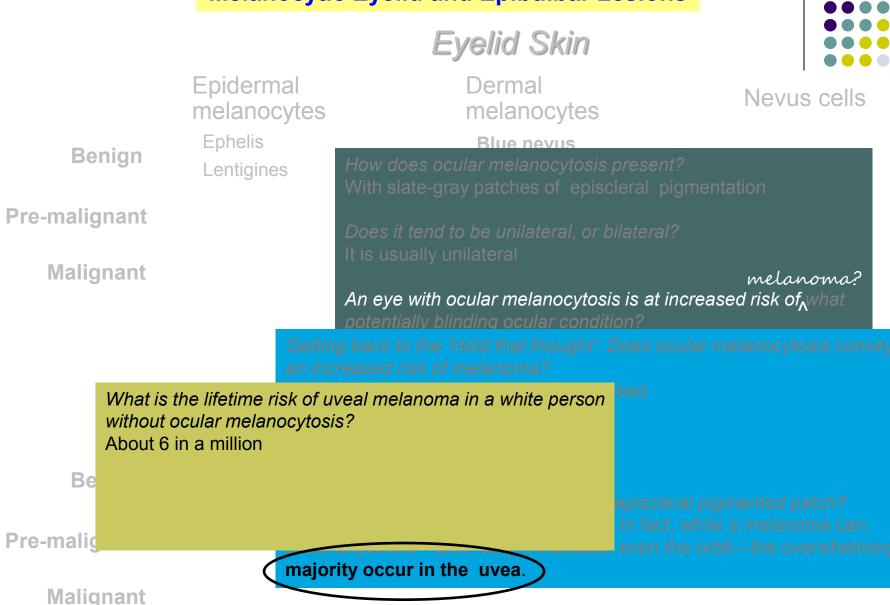
		Eyelid Skin	
	Epidermal melanocytes	Dermal melanocytes	Nevus cells
Benign	Ephelis Lentigines	Blue nevus How does ocular melanocytosis present? With slate-gray patches of episcleral pigme	entation
Pre-malignant		Does it tend to be unilateral, or bilateral? It is usually unilateral	
Malignant		An eye with ocular melanocytosis is at incre	melanoma? ased risk of _N what
	Epithelia Melano(<i>Which</i>	ng back to the 'Hold that thought': Does ocular preased risk of melanoma? particular subset of pts, it does indeed on pts are at increased risk? e of Caucasian ethnicity	melanocytosis convey
Benign			inner at a la state
Pre-malignant	Well, to occur	nen a melanoma arises, is it in the episcleral p that can happen, but it's very rare. In fact, wh anywhere—skin, conj, intraocular, even the o ity occur in the uvea.	ile a melanoma can
Malignant			

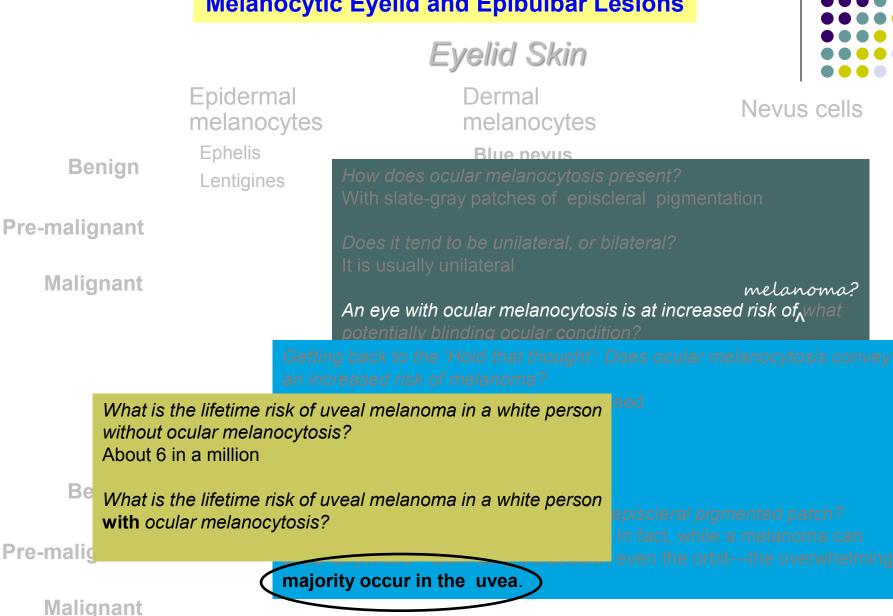
Evelid Olim

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wangnant



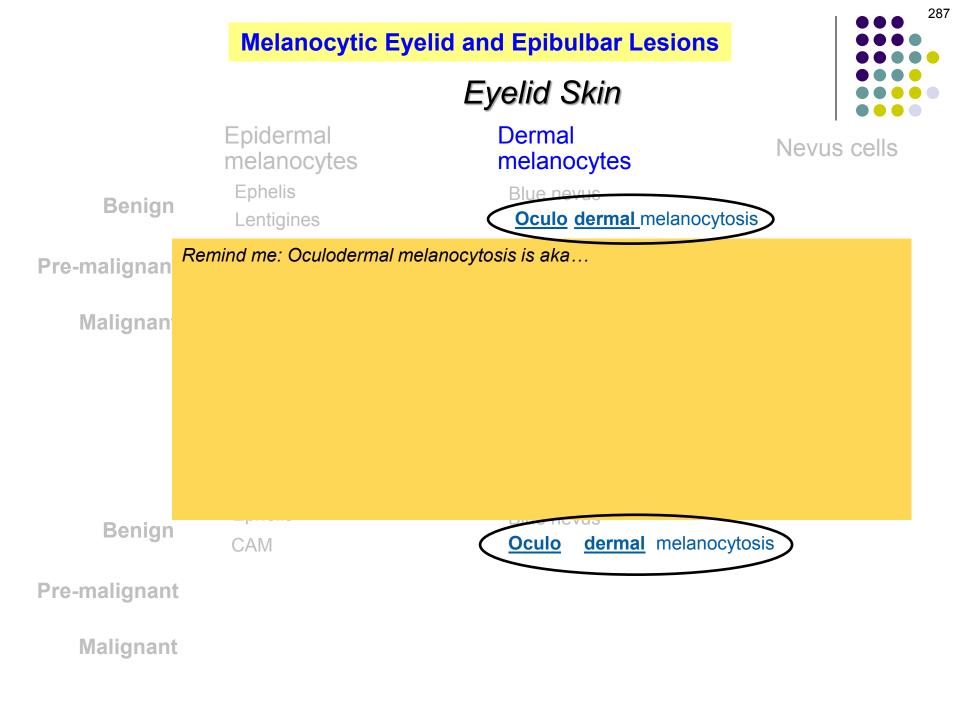


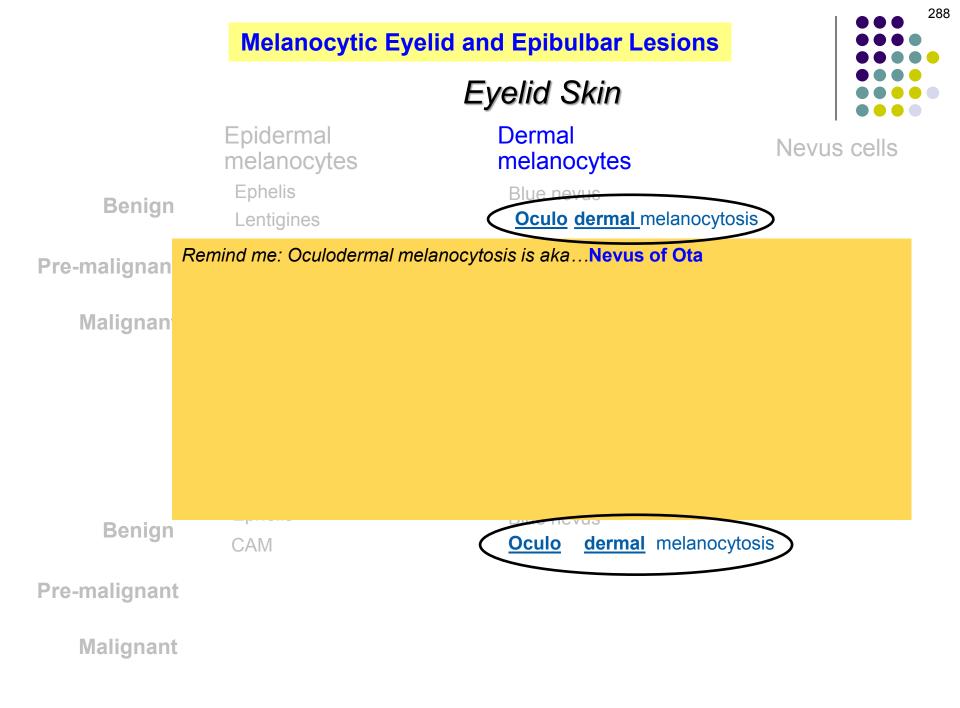


Malanaoutia Evalid and Enibulbar Logiana

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		Melanocyti	c Eyelid and Epibulbar L	esions	
			Eyelid Skin		
Be	nign	Epidermal melanocytes Ephelis Lentigines	Dermal melanocytes Blue nevus How does ocular melanocytosis With slate-gray patches of episo		Nevus cells
Pre-malig Malig	~		Does it tend to be unilateral, or b It is usually unilateral An eye with ocular melanocytosis		melanoma?
Be Pre-malig	without of About 6 What is	the lifetime risk of u ocular melanocytosi in a million the lifetime risk of u ular melanocytosis?	potentially blinding ocular conditi g back to the 'Hold that thought': I reased risk of melanoma? veal melanoma in a white person is? veal melanoma in a white person	on? Does ocula leed episcleral j In fact, wh	
Malig	inant	major	rity occur in the uvea.		



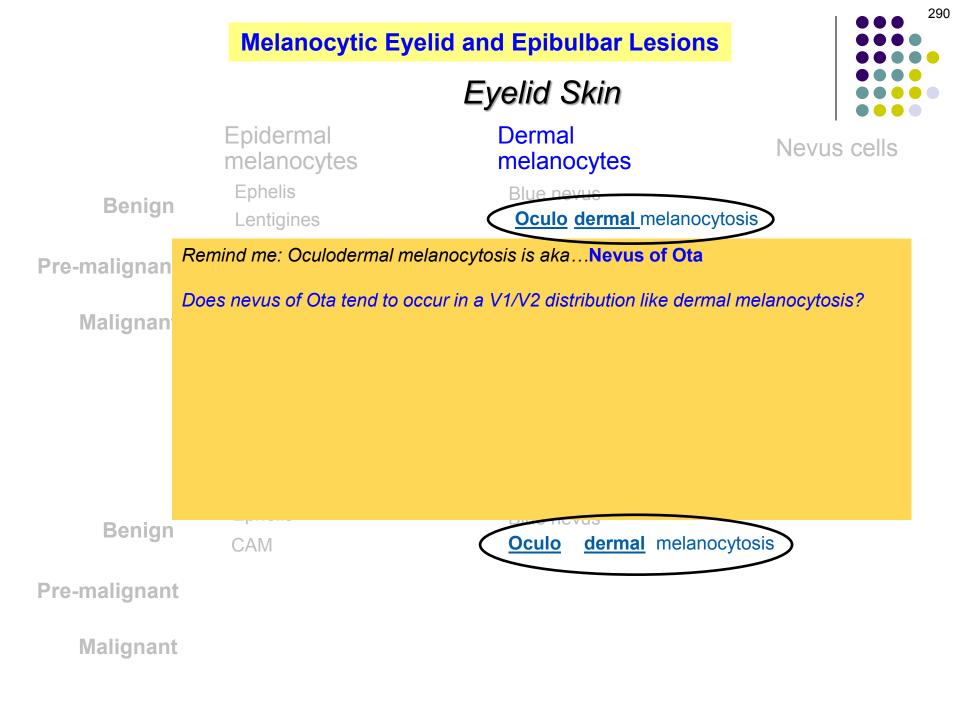


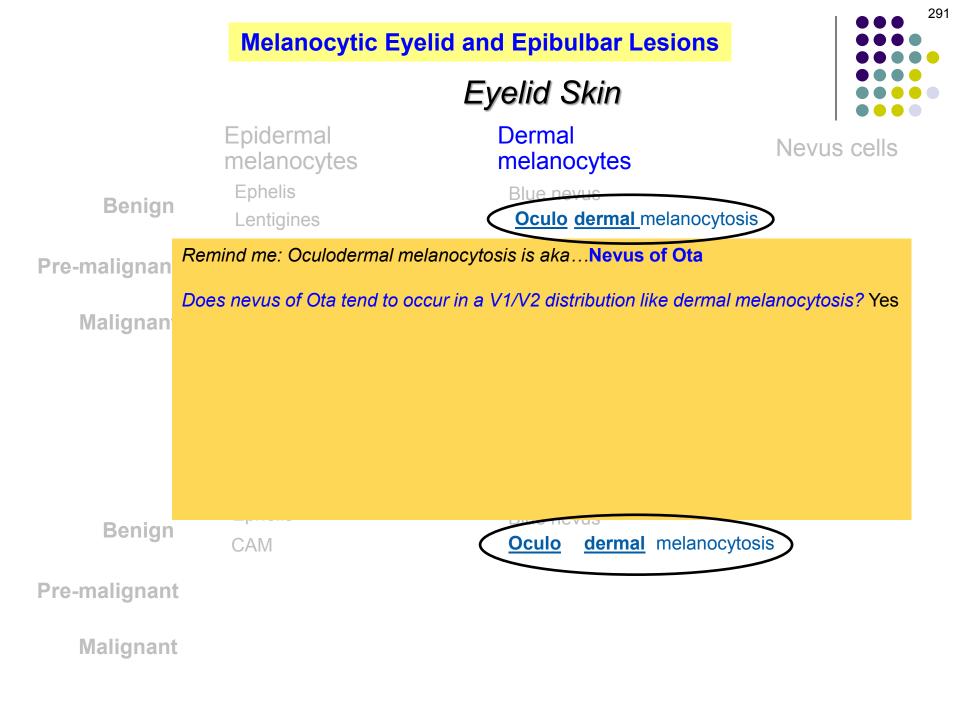


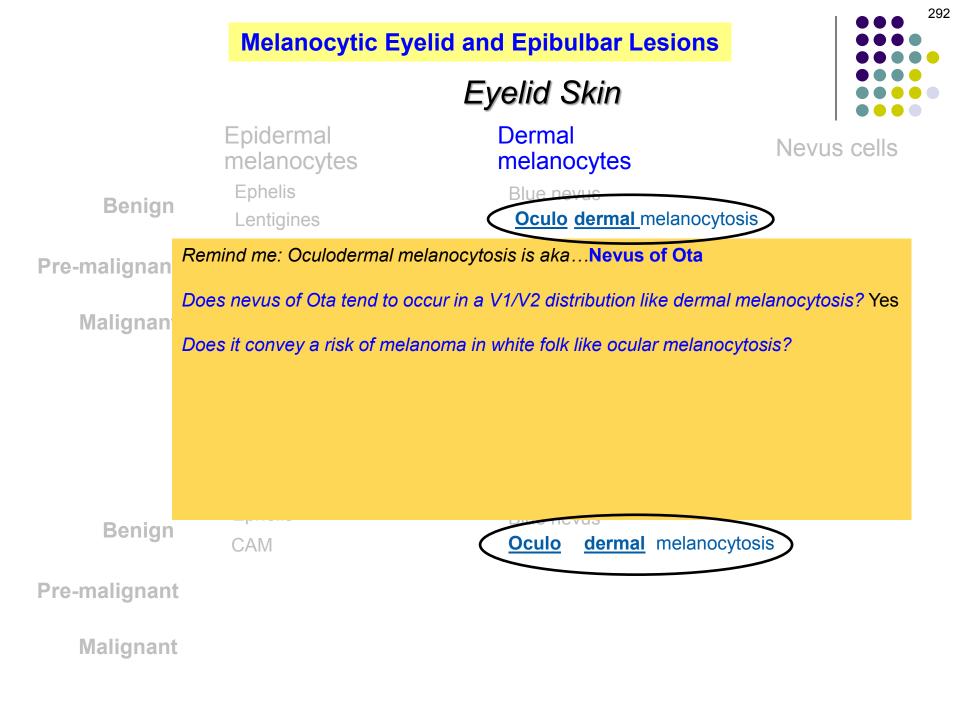


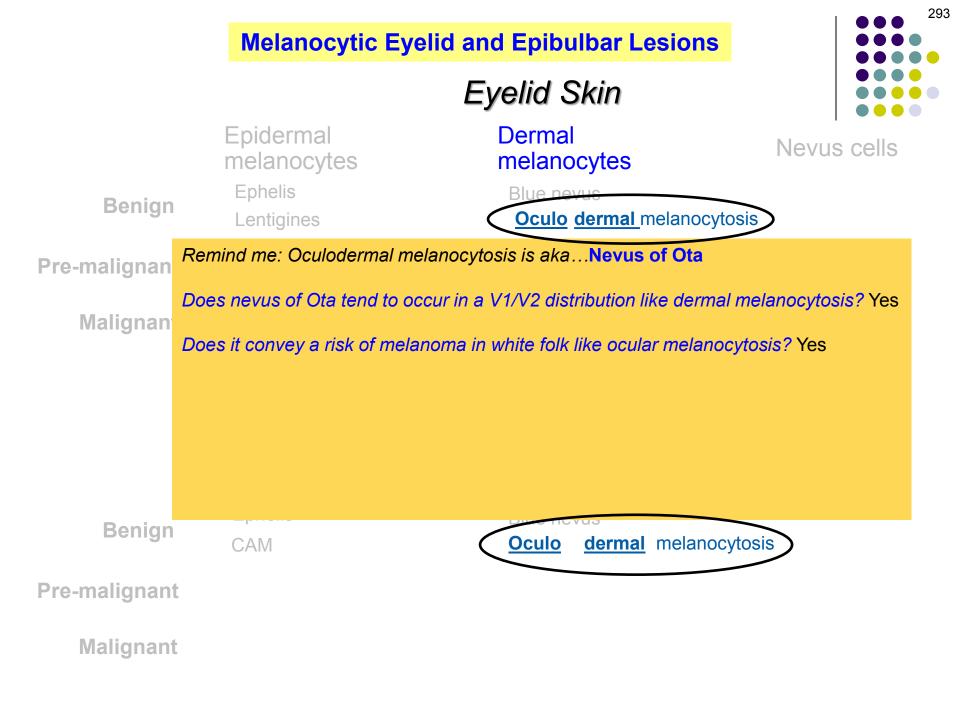


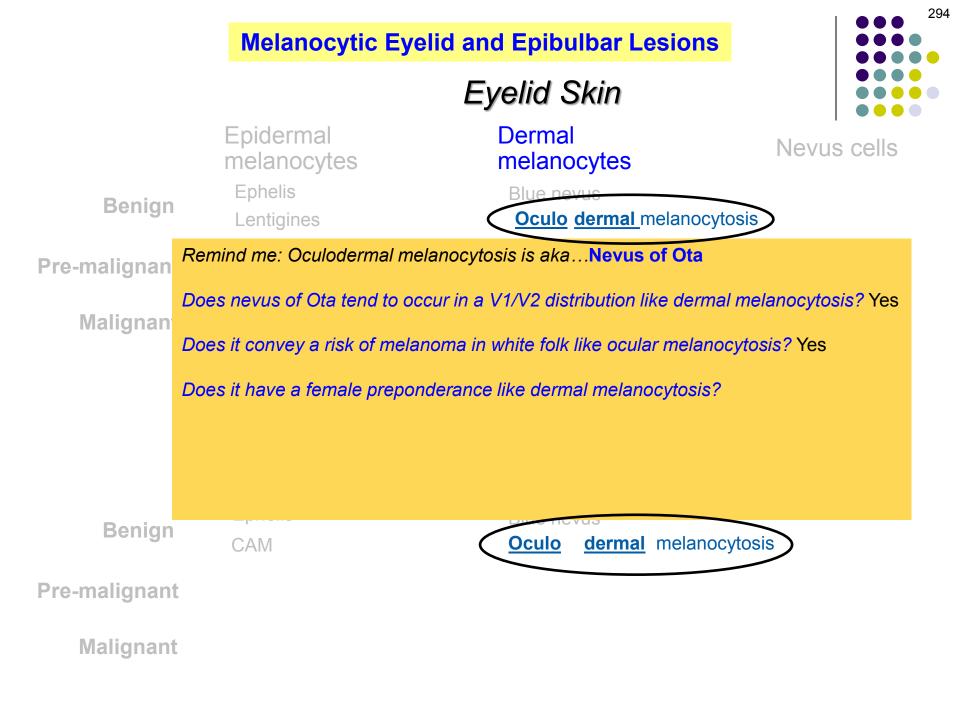
Oculodermal melanocytosis (nevus of Ota)

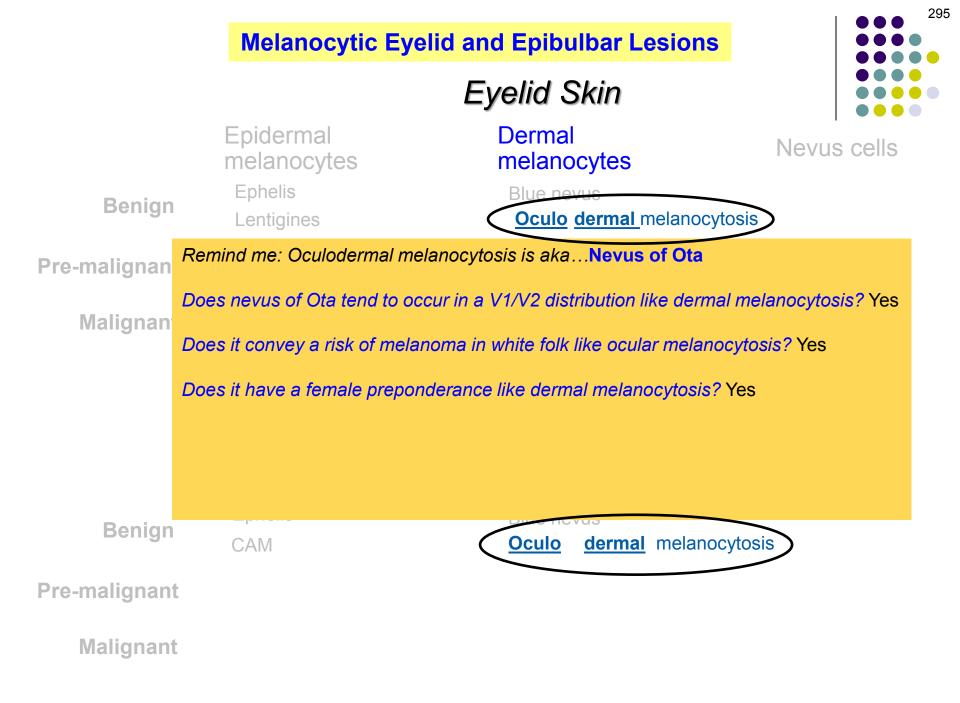


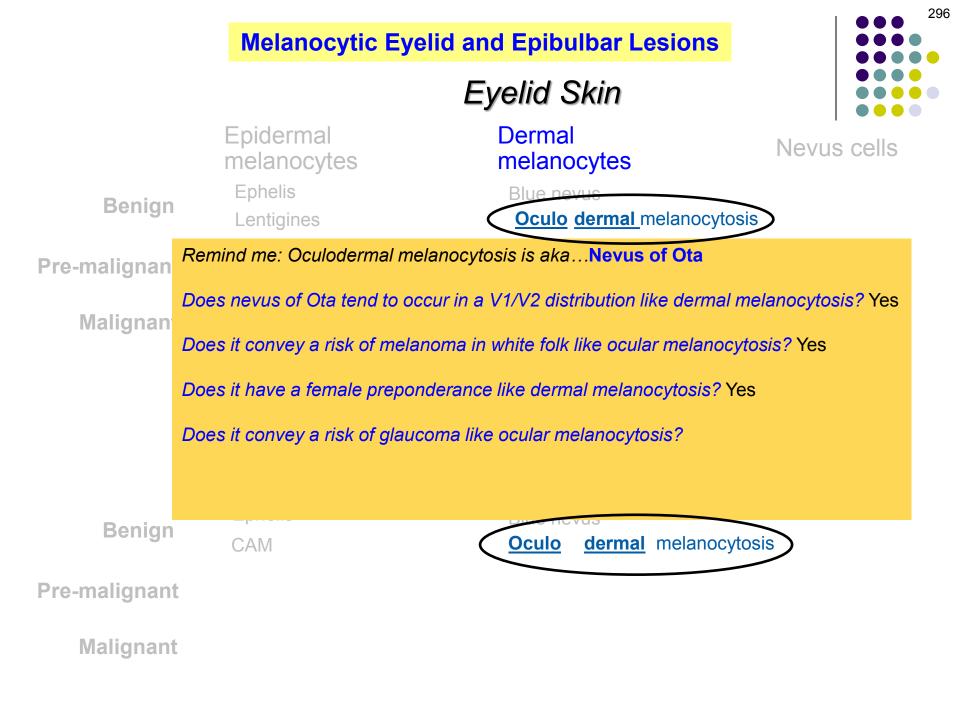


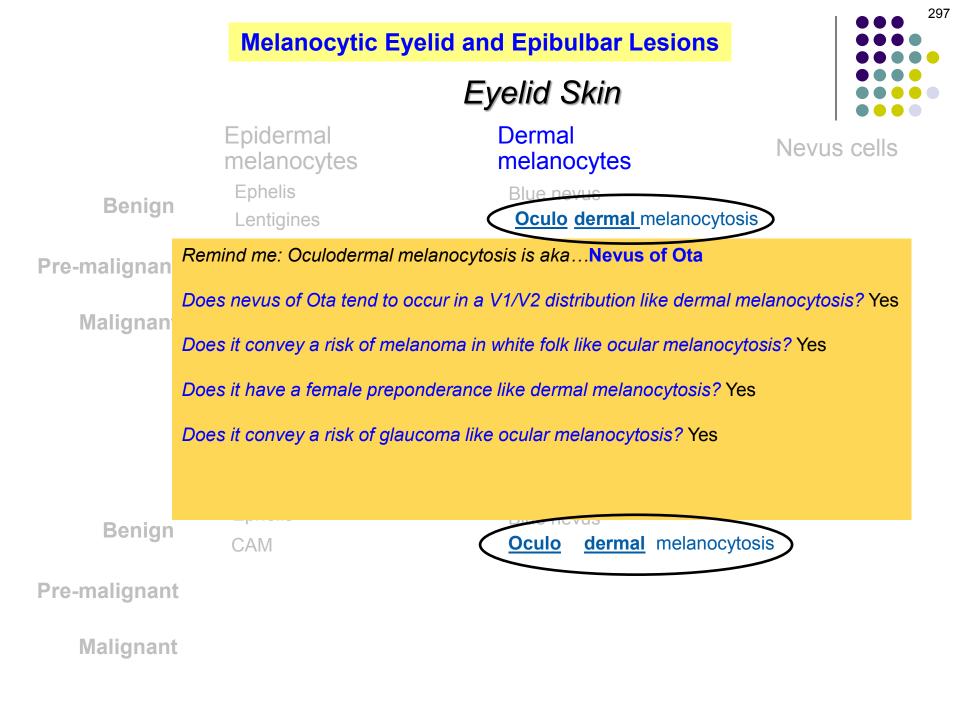


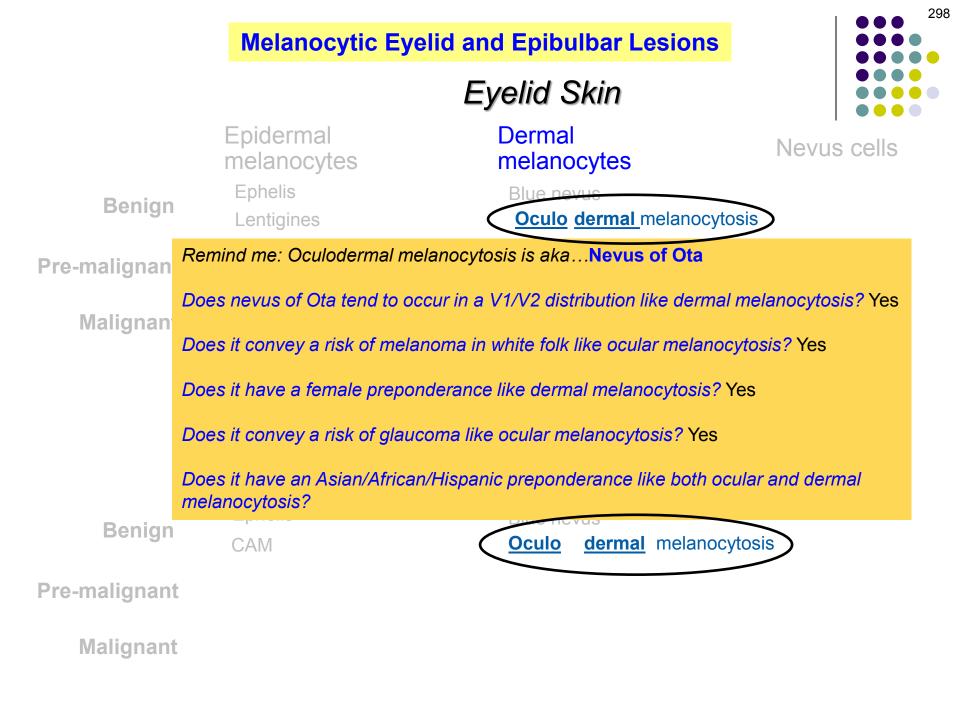


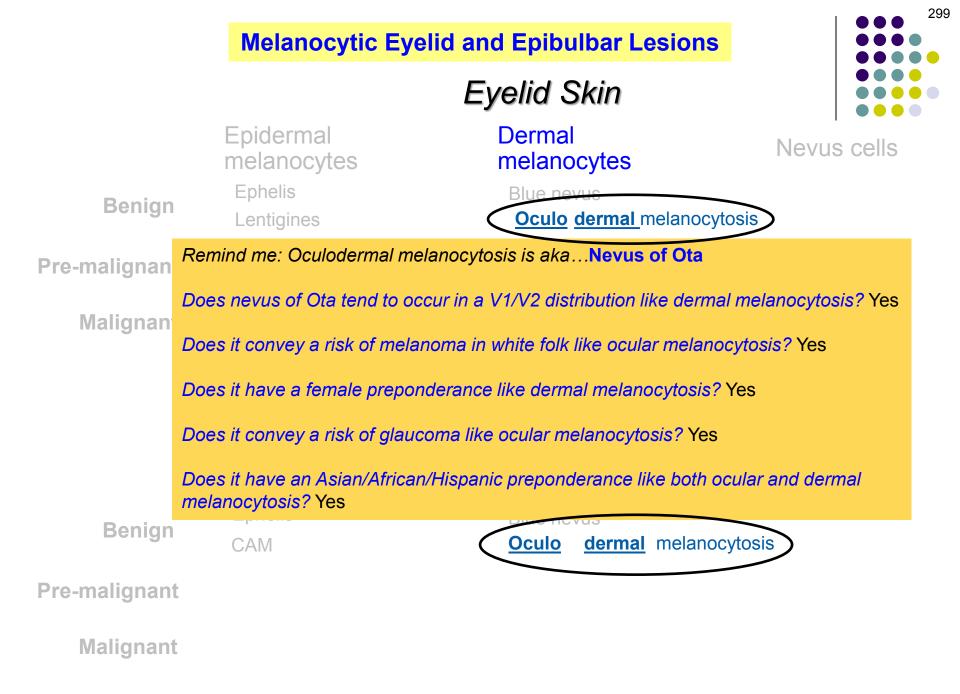












Eyelid Skin

Dermal melanocytes Blue nevus

(Oculo)dermal melanocytosis

Next, let's look at benign lesions deriving from nevus cells

Epibulbar tissue

Subepithelial

melanocytes

Ocular(odermal) melanocytosis

Blue nevus

No question—proceed when ready

Benign

Pre-malignant

Malignant

Epithelial melanocytes **Ephelis** CAM

Epidermal

Lentigines

Ephelis

melanocytes

Nevus cells

Nevus cells

300

Benign

Malignant

Pre-malignant

Eyelid Skin

Epidermal melanocytes Ephelis Lentigines

Pre-malignant

Malignant

Benign

Dermal melanocytes Blue nevus

(Oculo)dermal melanocytosis



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What benign eyelid skin lesion is attributable to nevus cells?

{?

Epibulbar tissue

Epithelial
melanocytesSubepithelial
melanocytesNEphelisBlue nevusCAMOcular(odermal) melanocytosis

Nevus cells

Nevus cells

Benign

Pre-malignant

Eyelid Skin

Epidermal melanocytes Ephelis Lentigines

Pre-malignant

Malignant

Benign

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus

Nevus cells

What benign eyelid skin lesion is attributable to nevus cells?

Epibulbar tissue

Epithelial melanocytes Ephelis CAM Subepithelial melanocytes Blue nevus Ocular(odermal) melanocytosis

Nevus cells

Pre-malignant

Malignant

Benign

Eyelid Skin

Epidermal melanocytes Ephelis Lentigines

Pre-malignant

Malignant

Benign

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

Nevus

Epibulbar tissue

Epithelial
melanocytesSubepithelial
melanocytesNevus cellsEphelisBlue nevus-{?
Ocular(odermal) melanocytosis
What is its epibulbar
equivalent?

Benign

Pre-malignant

Eyelid Skin

Epidermal melanocytes Ephelis Lentigines

Pre-malignant

Malignant

Benign

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

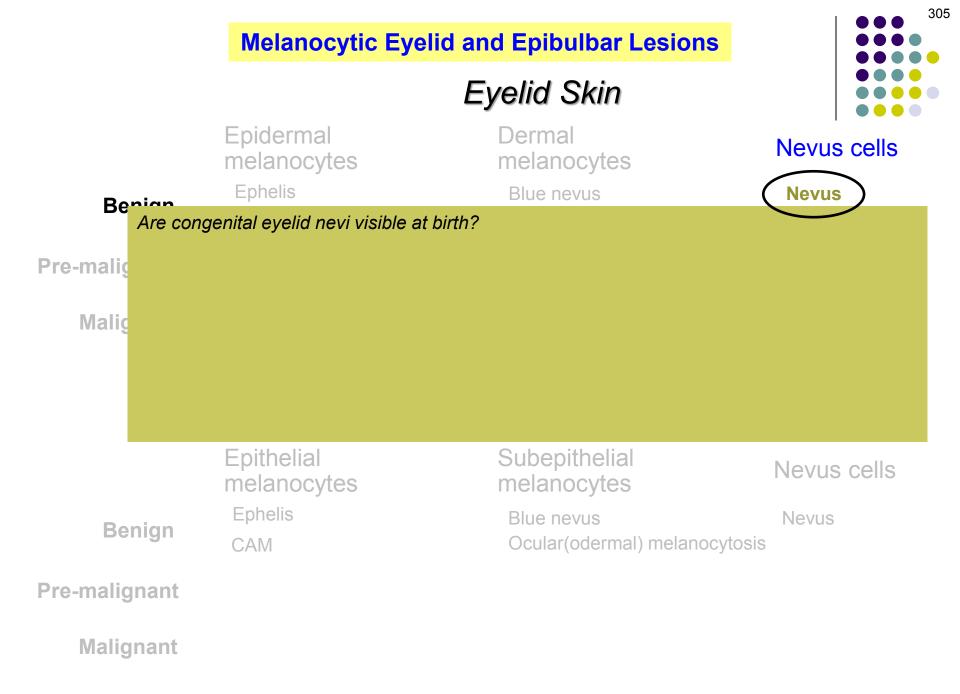
Nevus

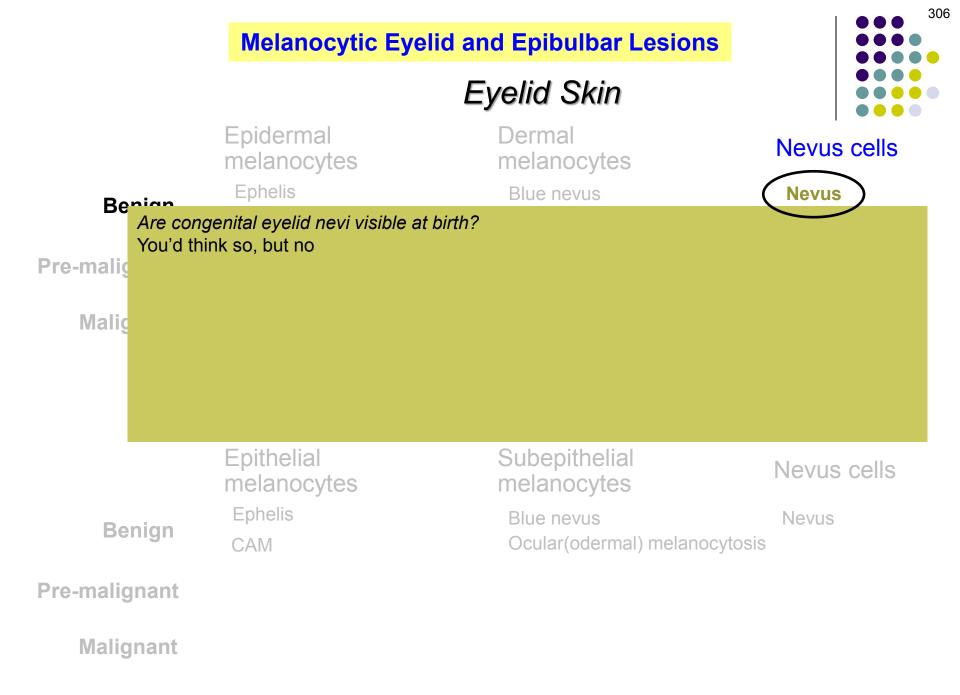
Epibulbar tissue

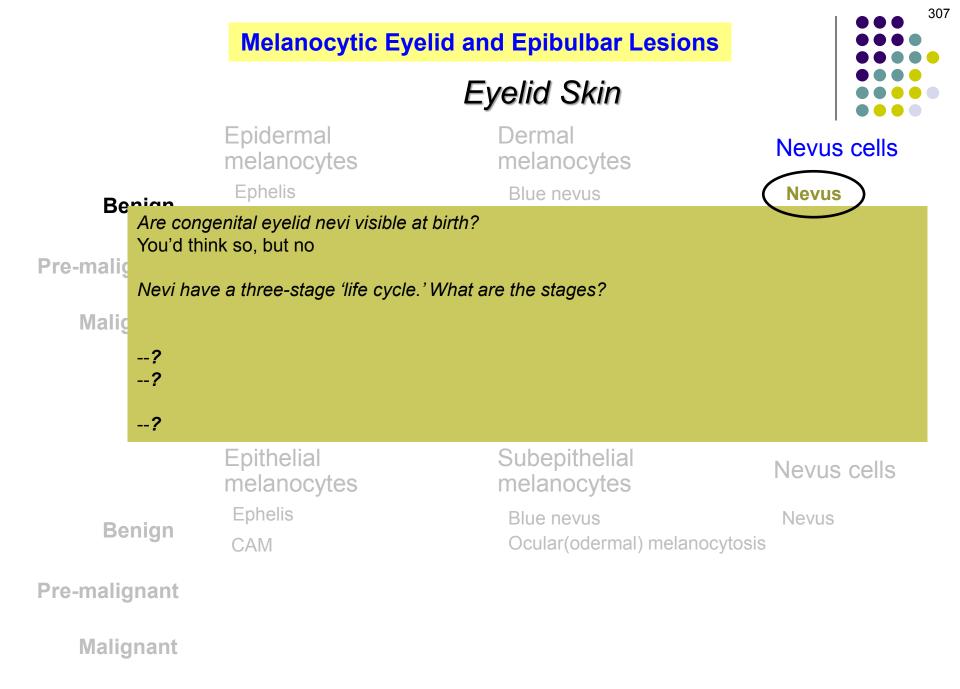
Epithelial
melanocytesSubepithelial
melanocytesNevus cellsEphelisBlue nevus
Ocular(odermal) melanocytosis\Nevus
What is its epibulbar
equivalent?

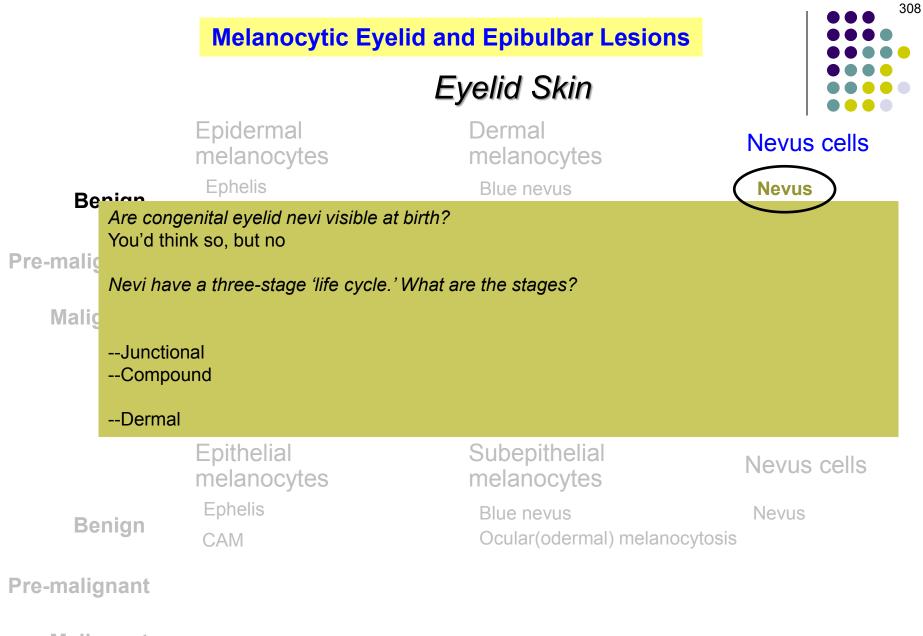
Benign

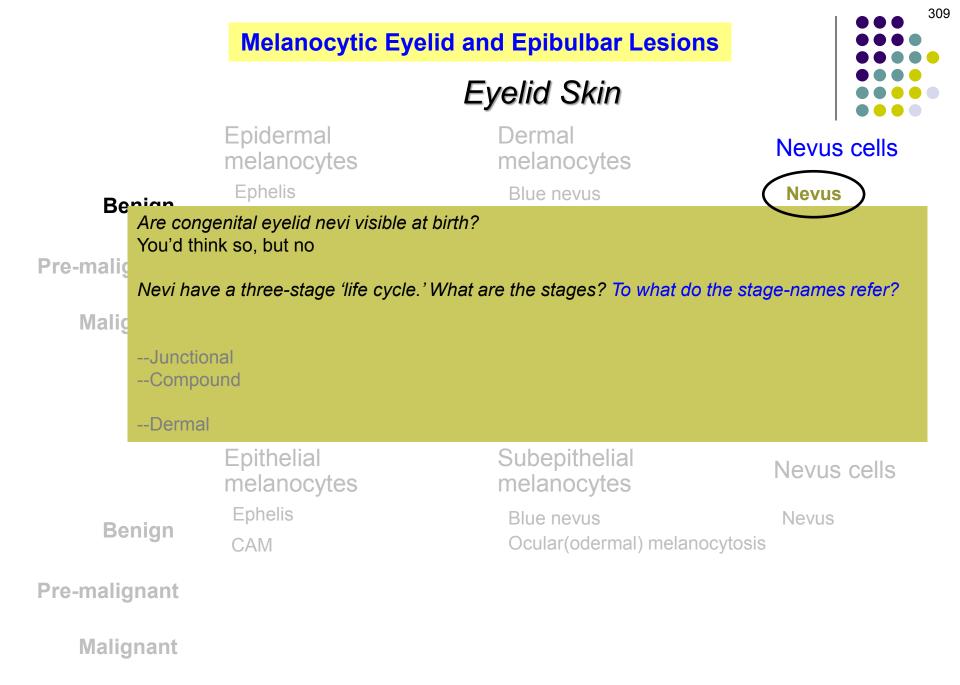
Pre-malignant

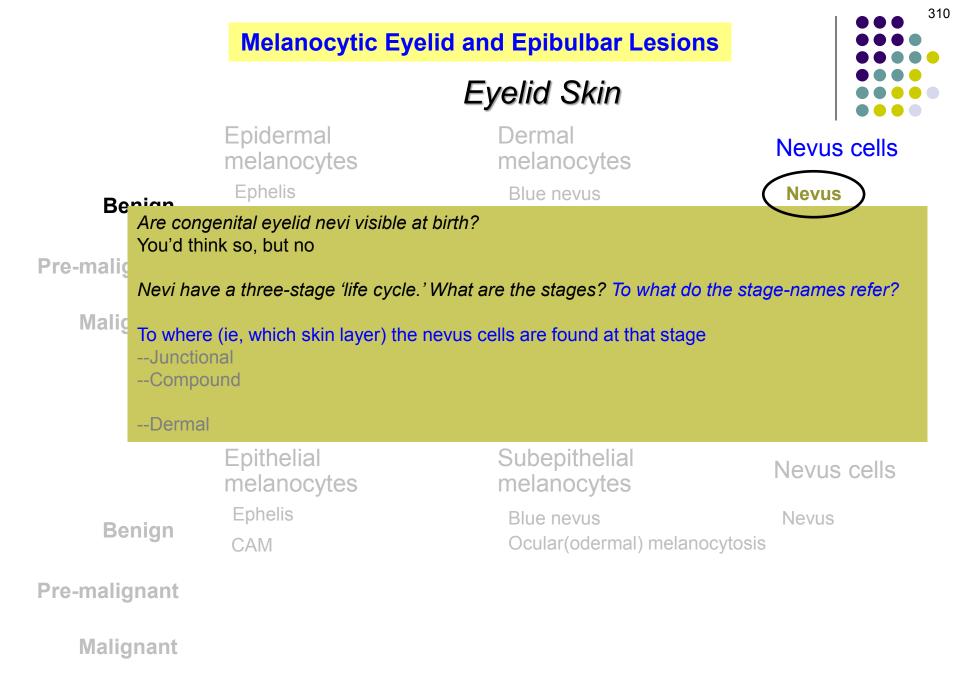


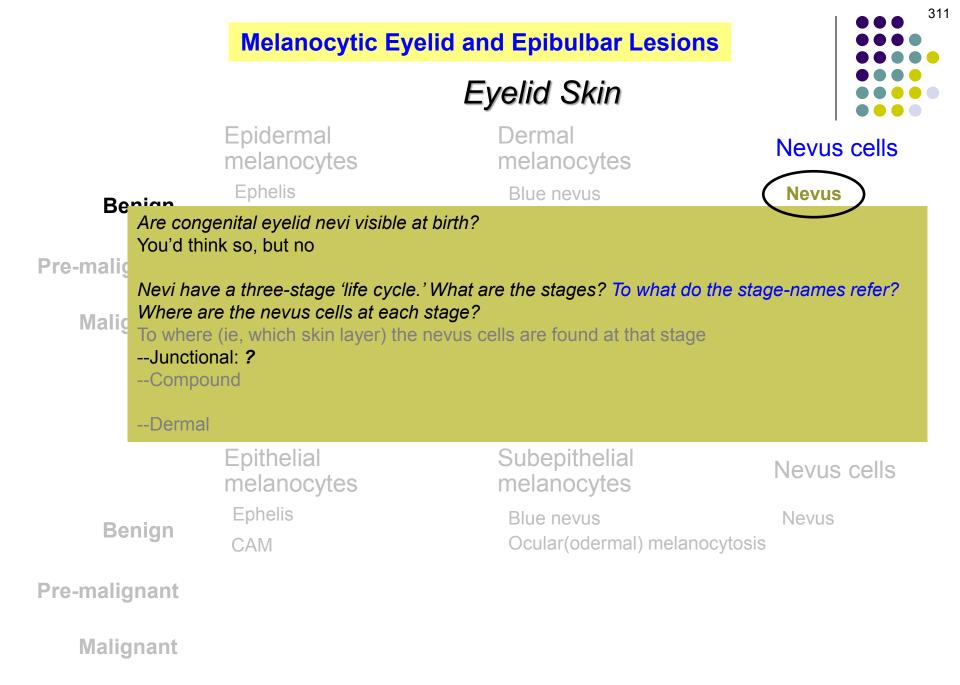


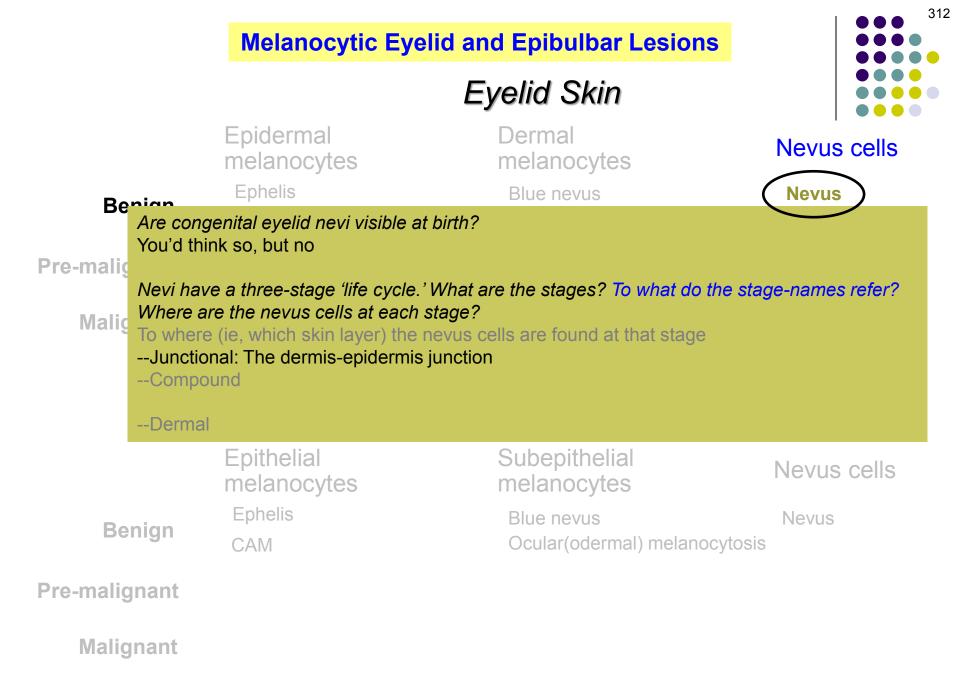


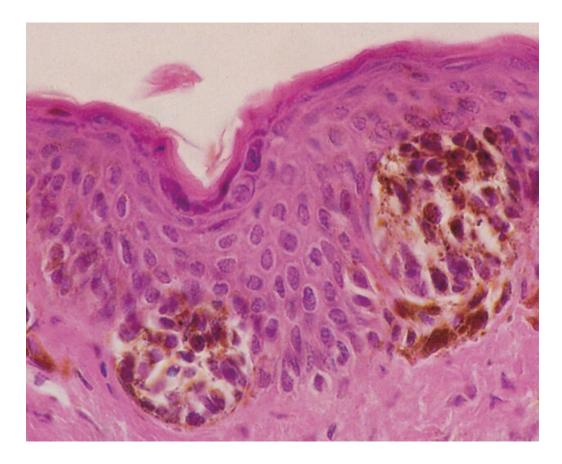






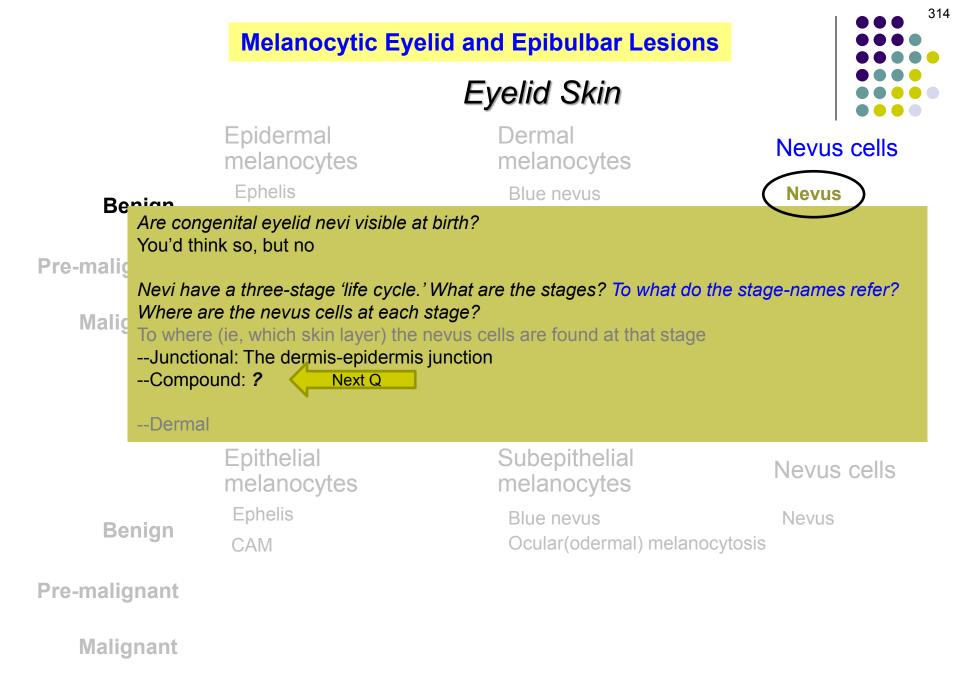


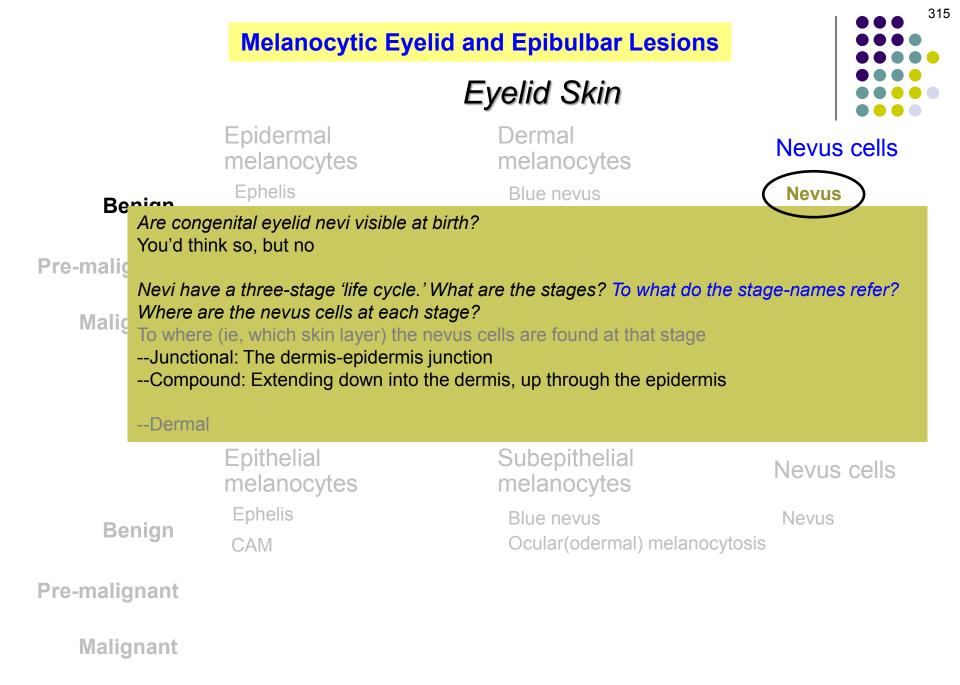


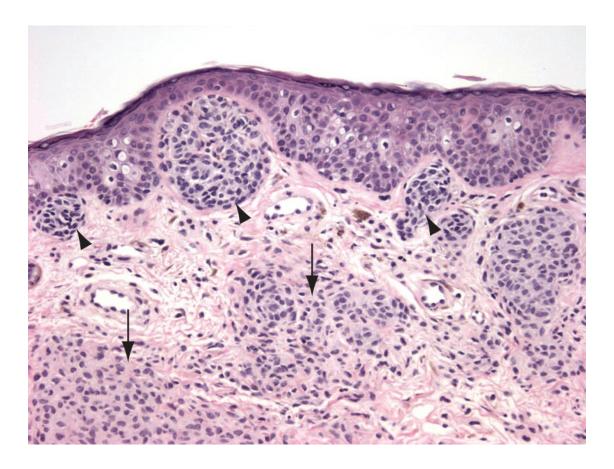


Junctional nevus. Nests of nevus cells (pigmented in this case) are apparent at the dermal–epidermal junction



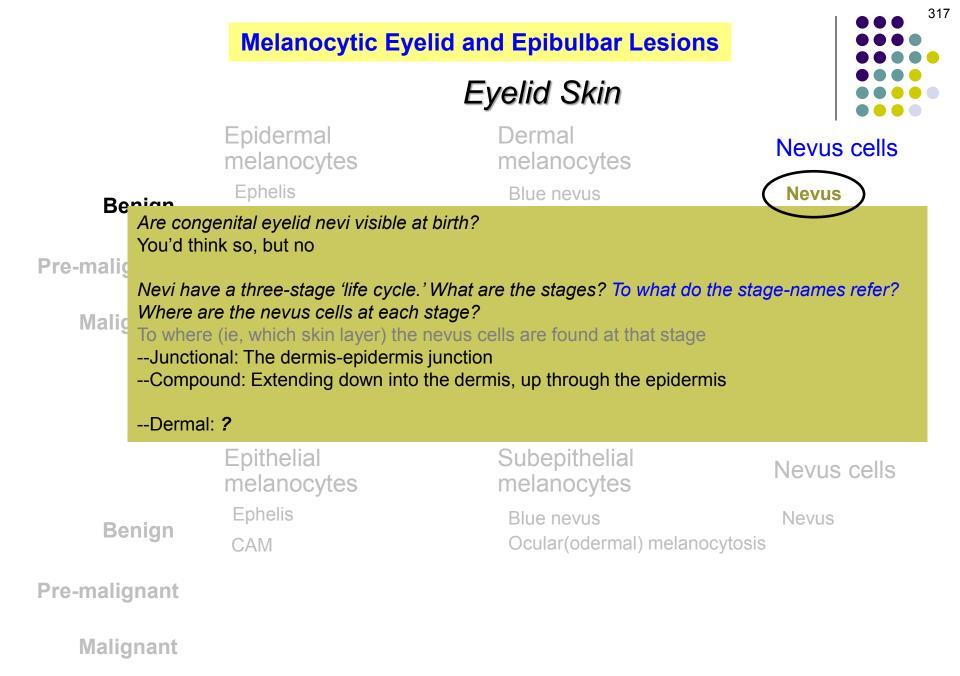


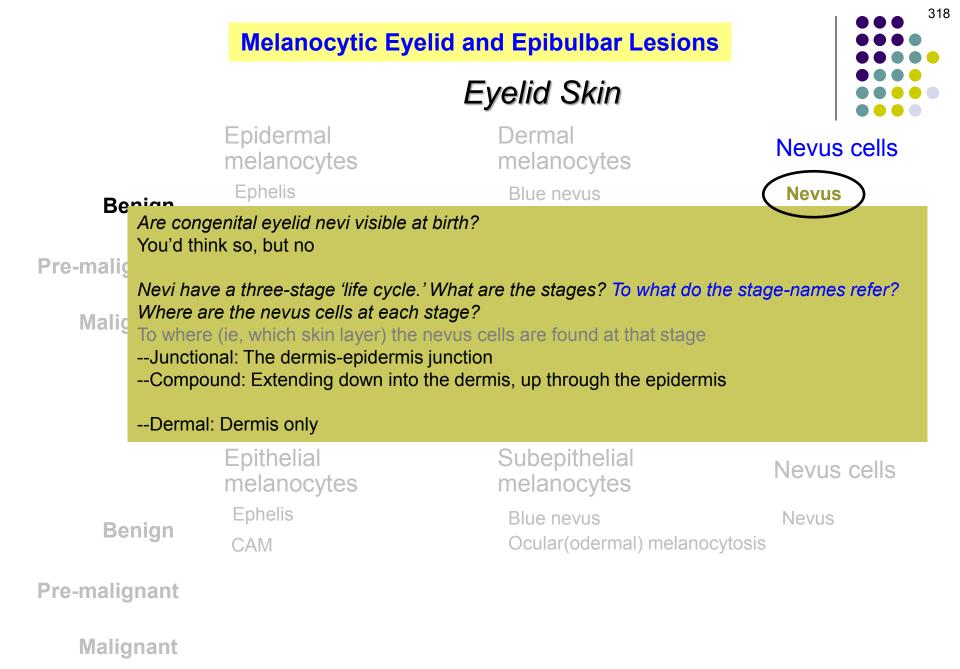


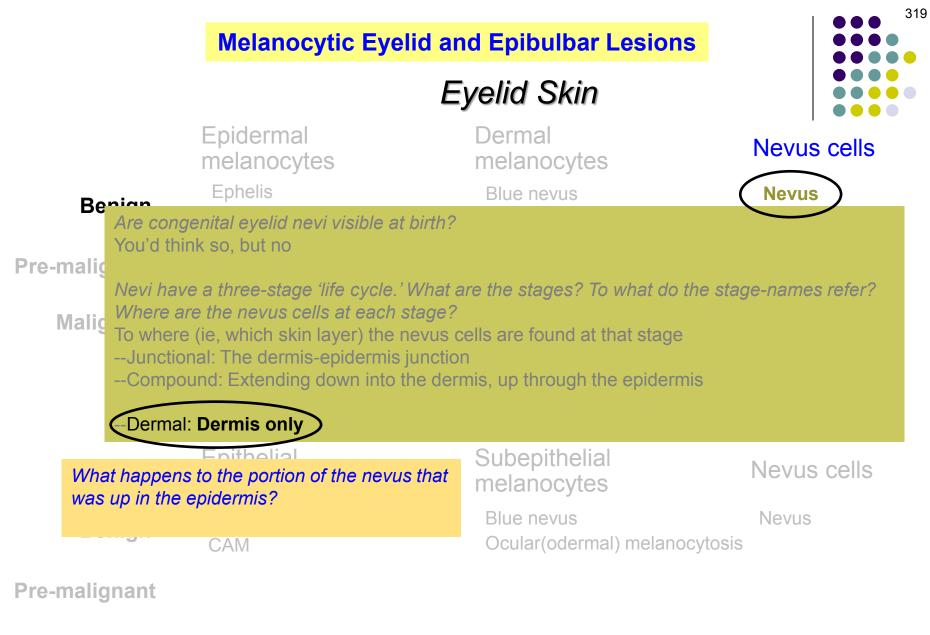


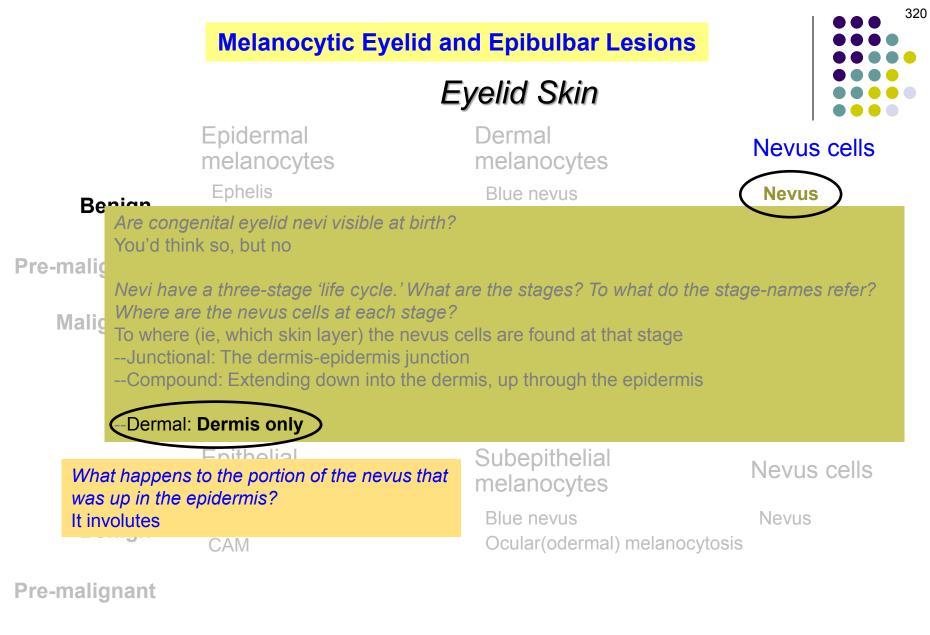
Compound nevus. Nests of nevus cells are present in the dermis *(arrows)* as well as at the dermal–epidermal junction *(arrowheads)*

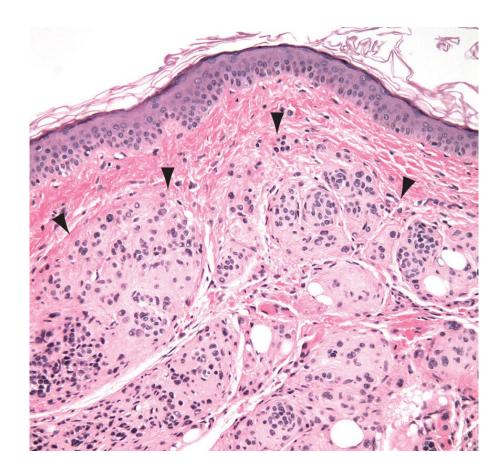






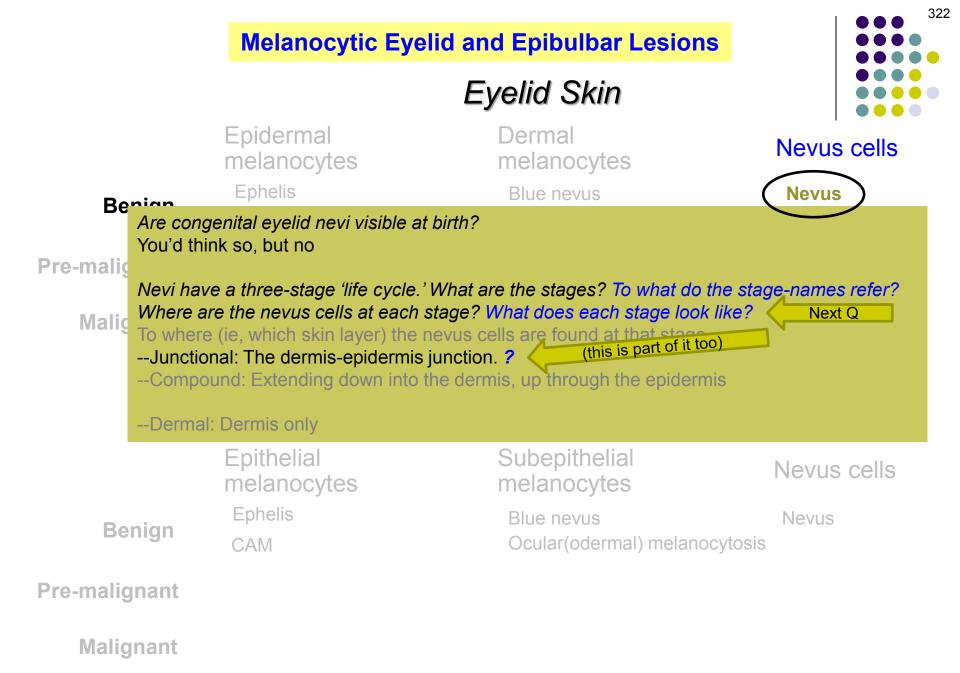


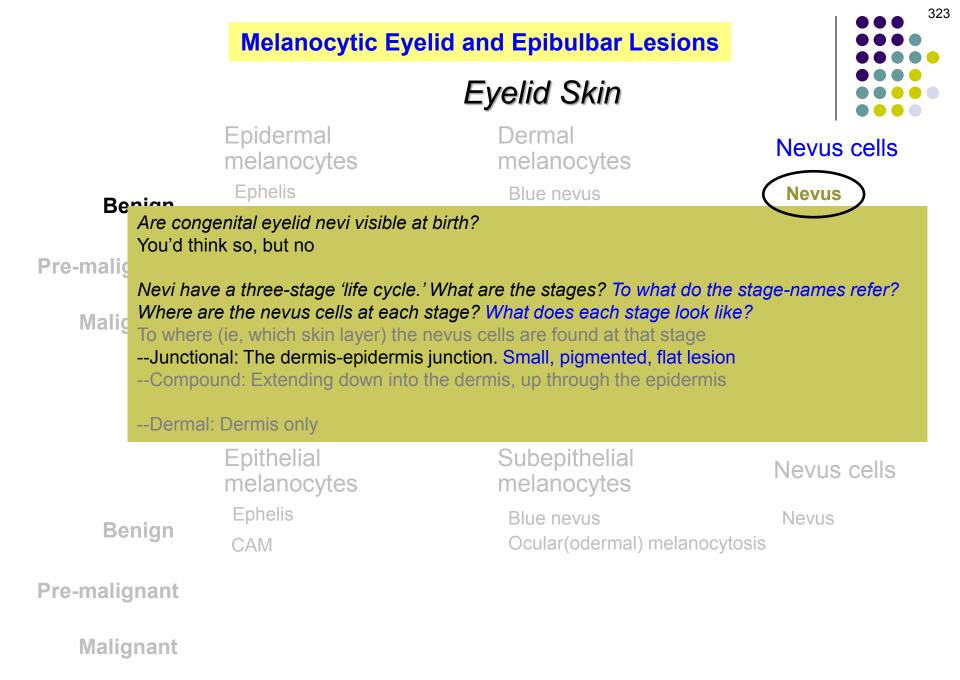


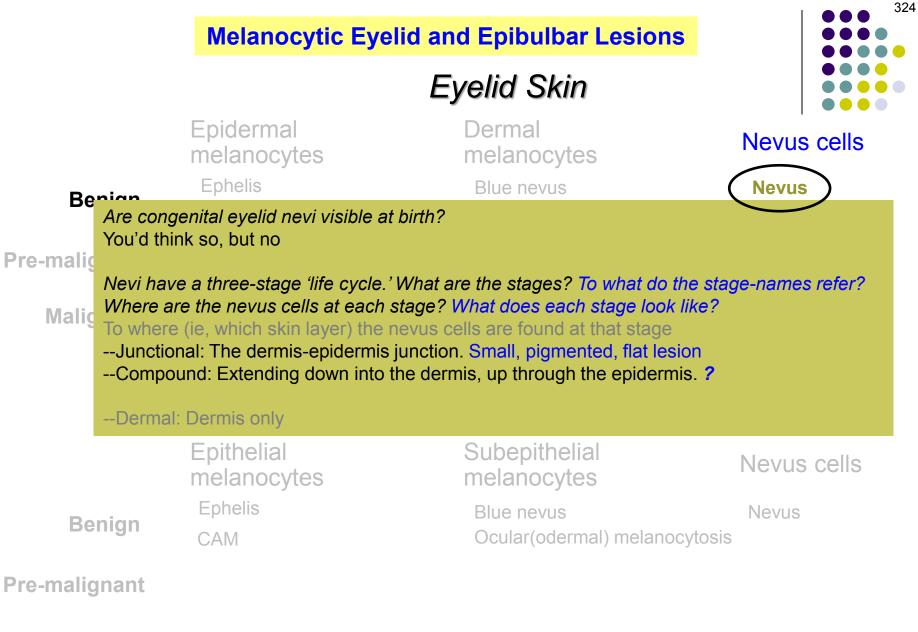


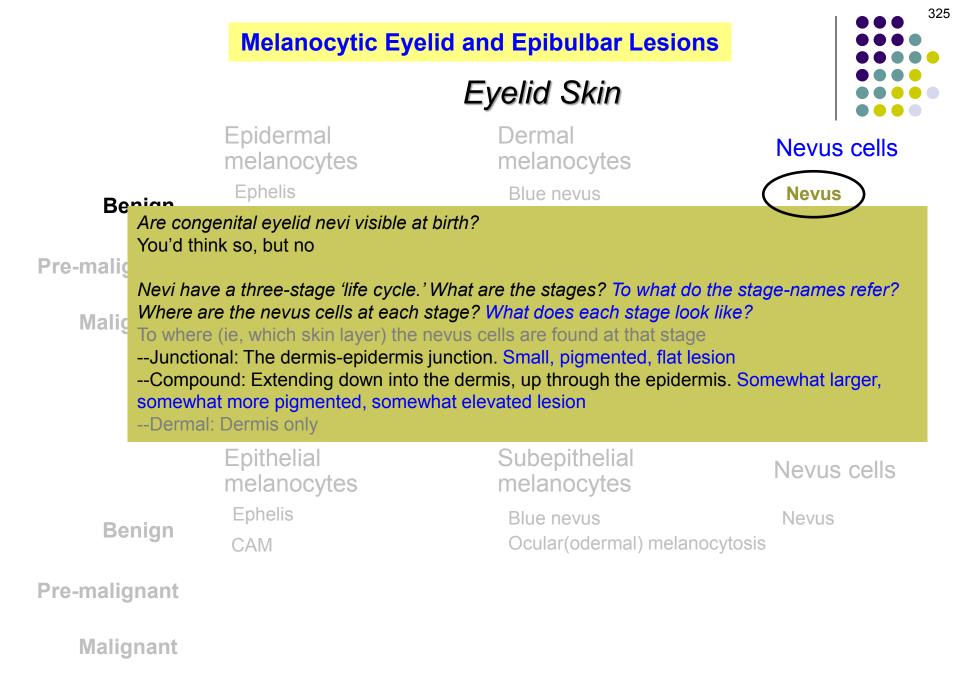
Dermal nevus. The nests of nevus cells are confined to the dermis, and there is no junctional component. The superficial extent of the nevus cell nests is indicated with *arrowheads*.







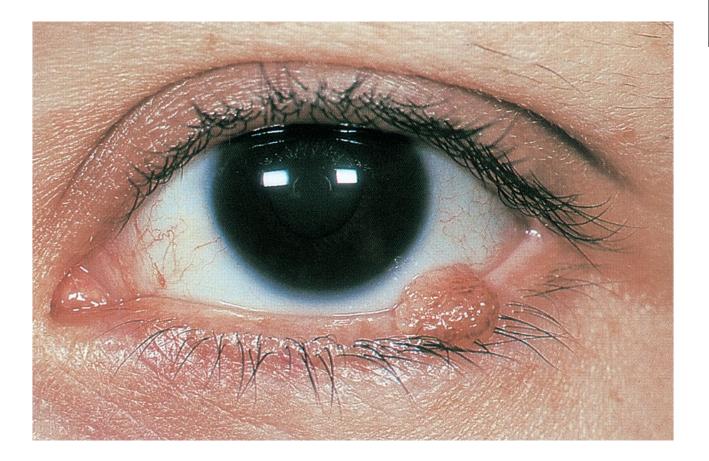






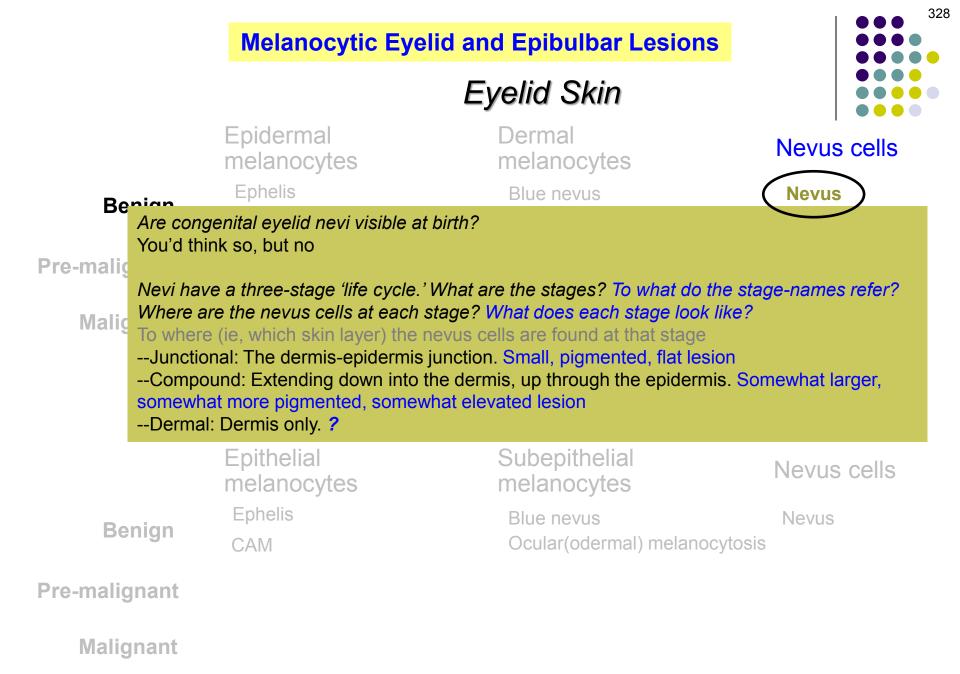


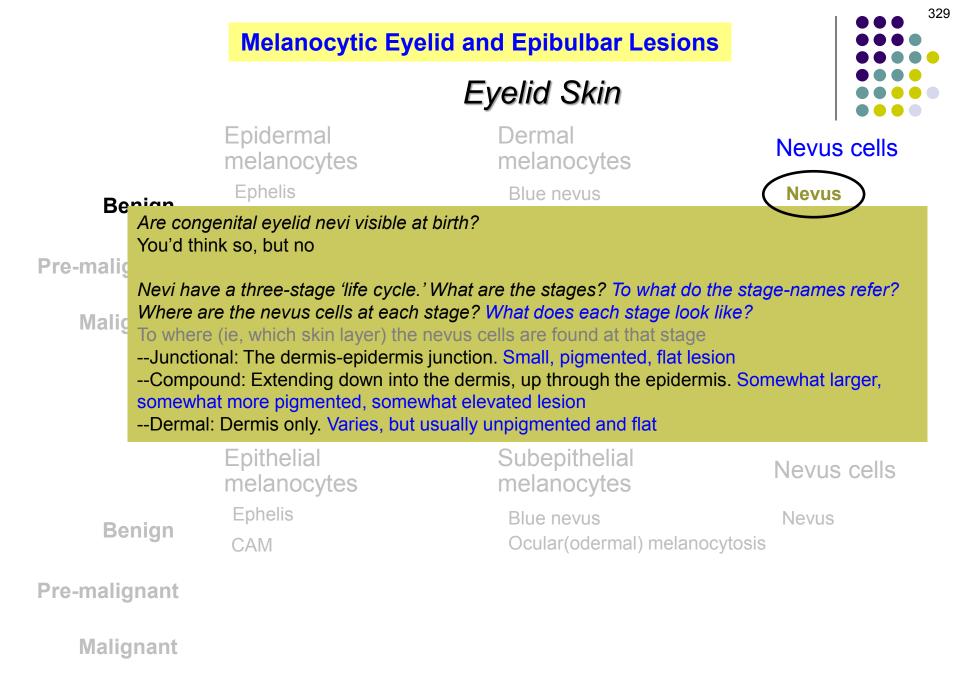
Compound nevus

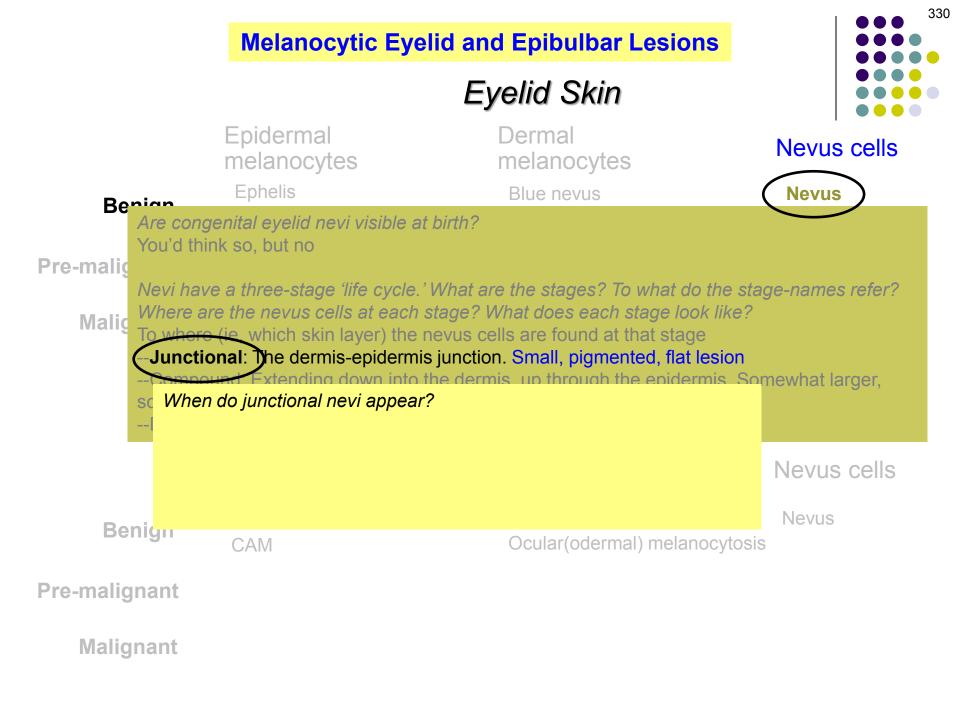


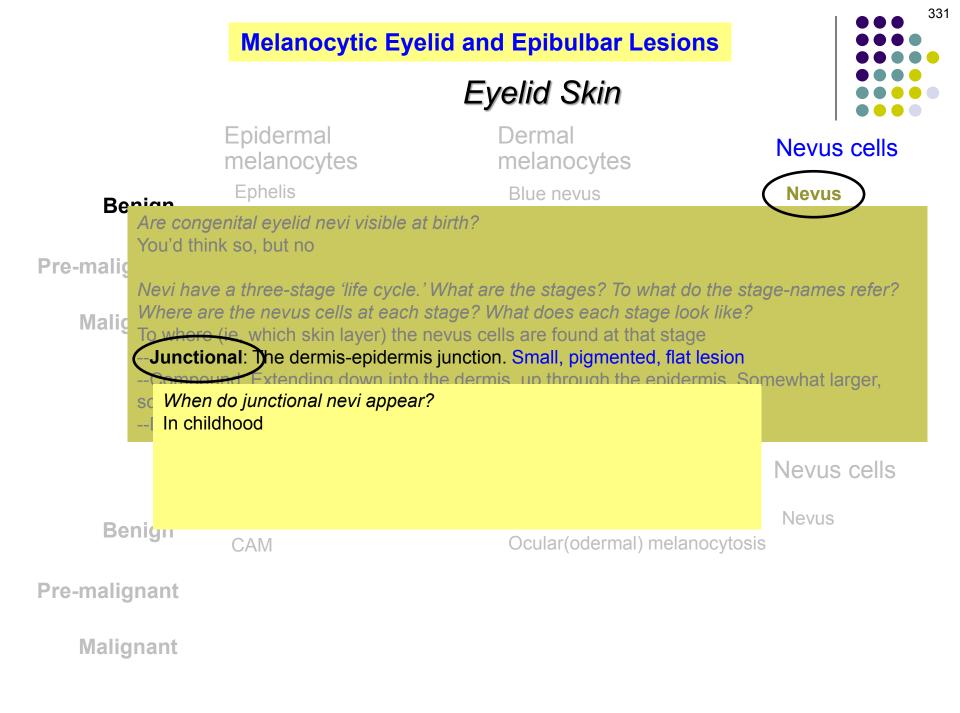
Eyelid margin nevus

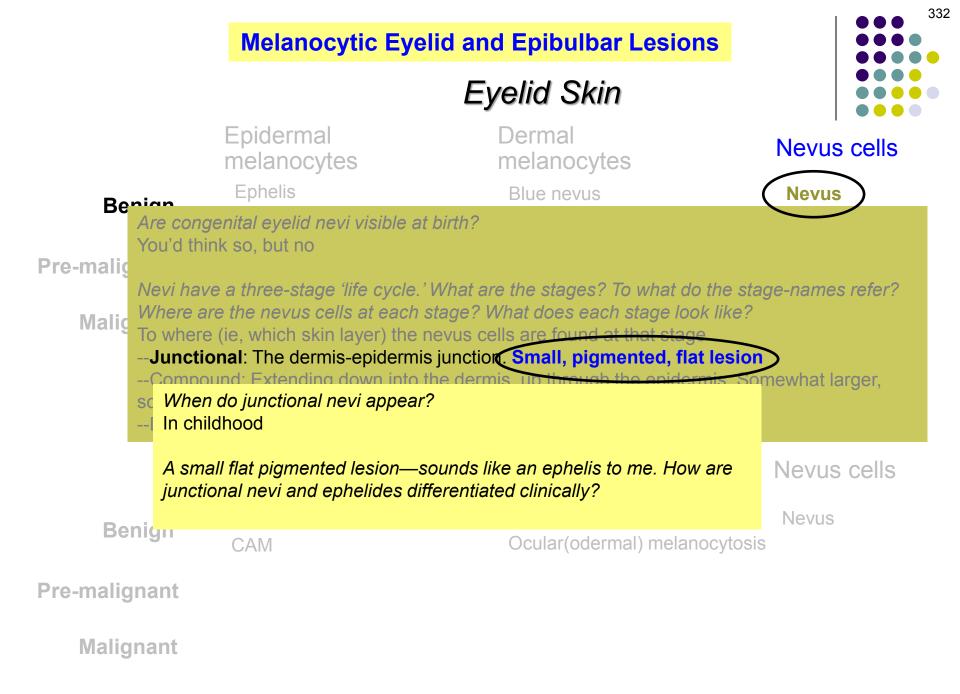


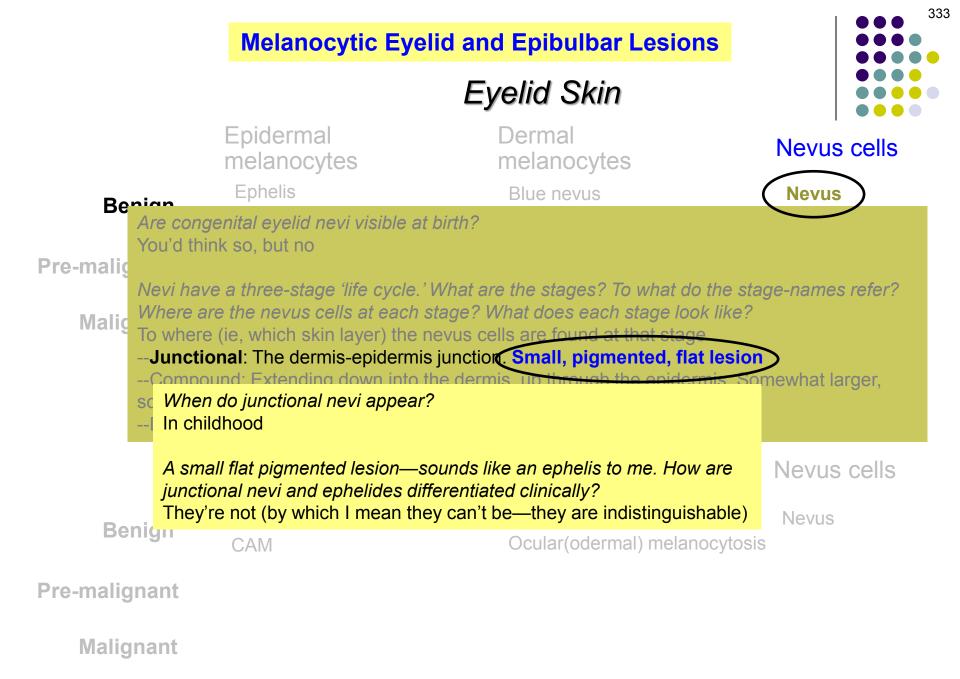


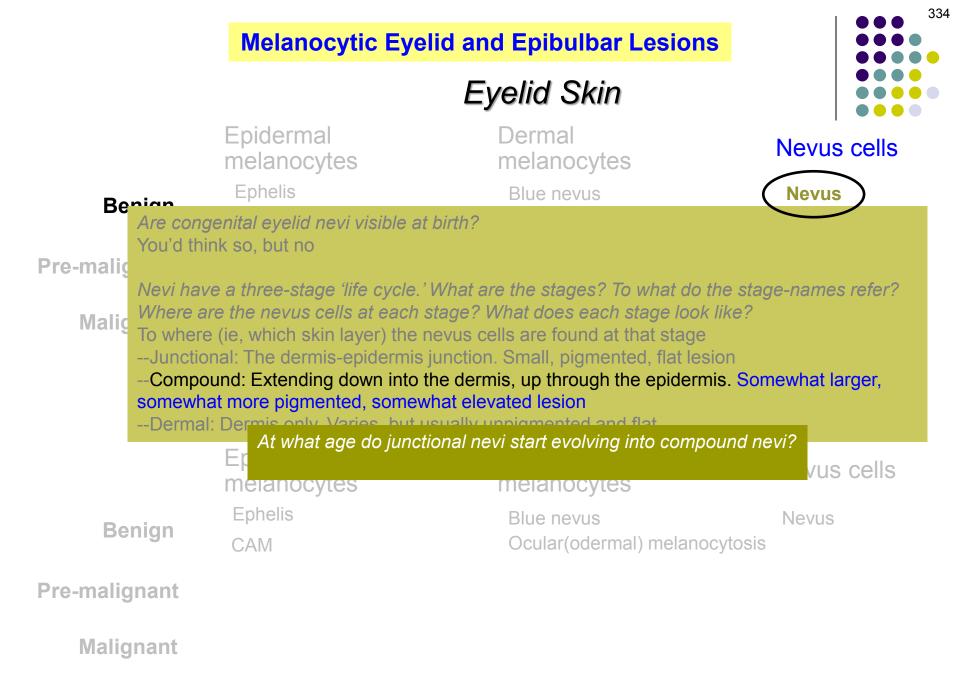


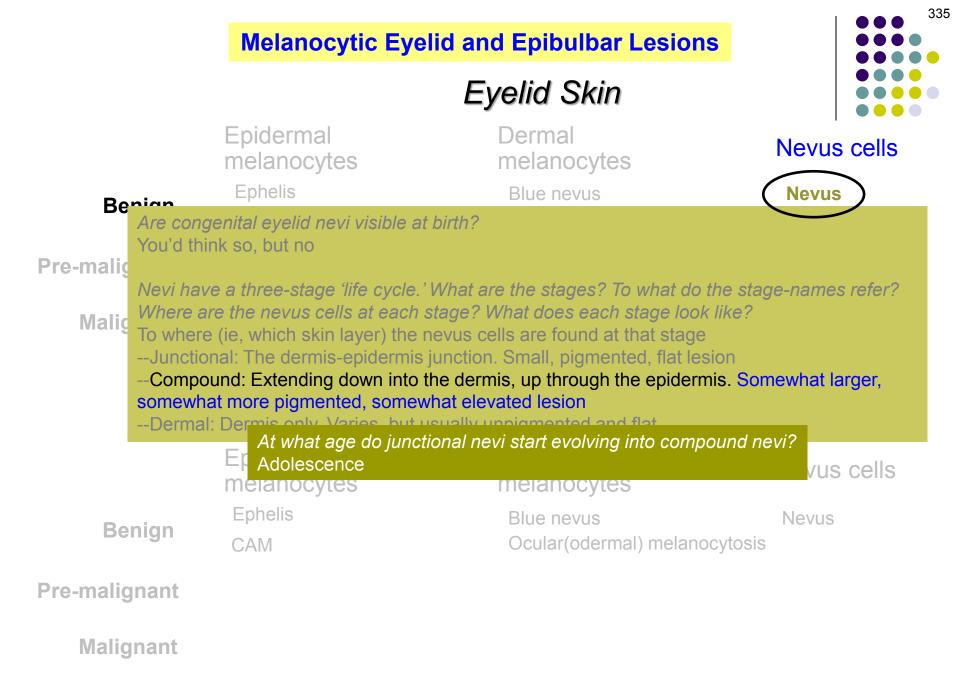


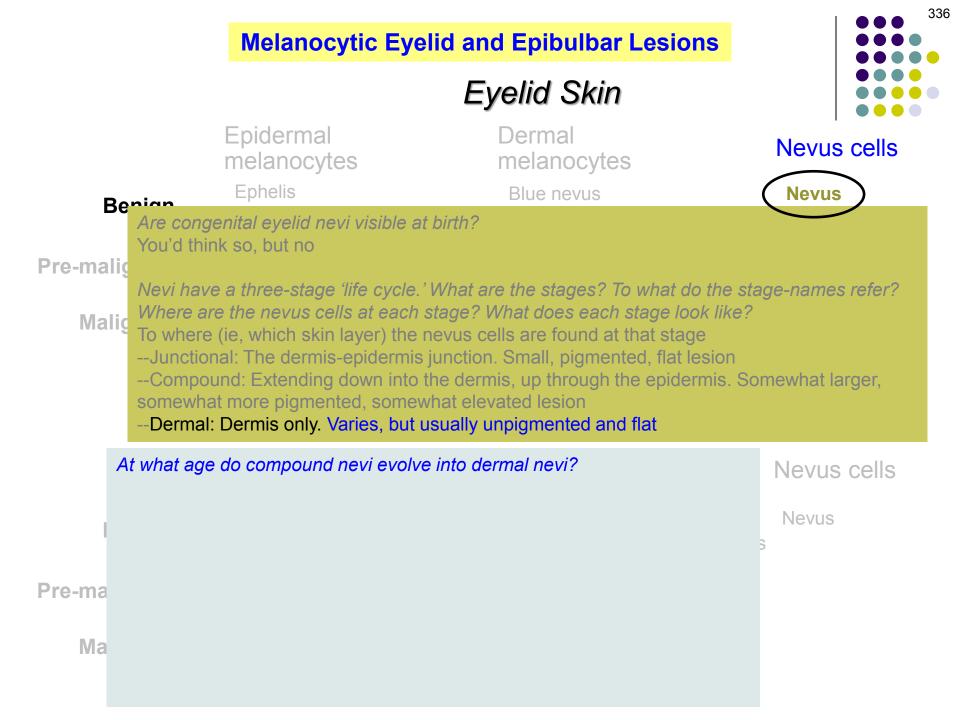


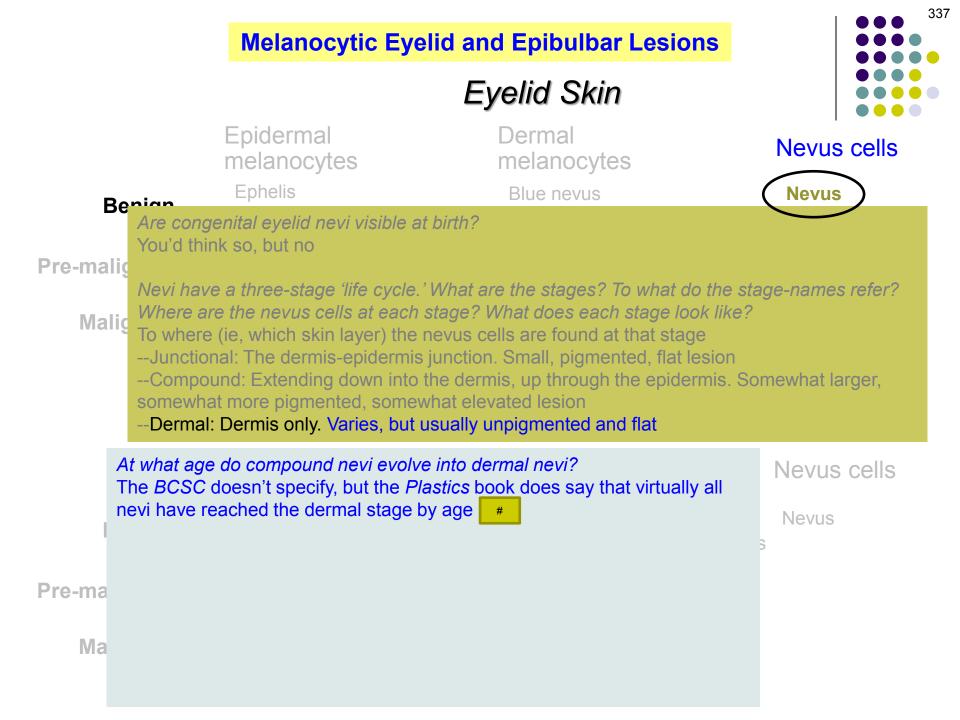


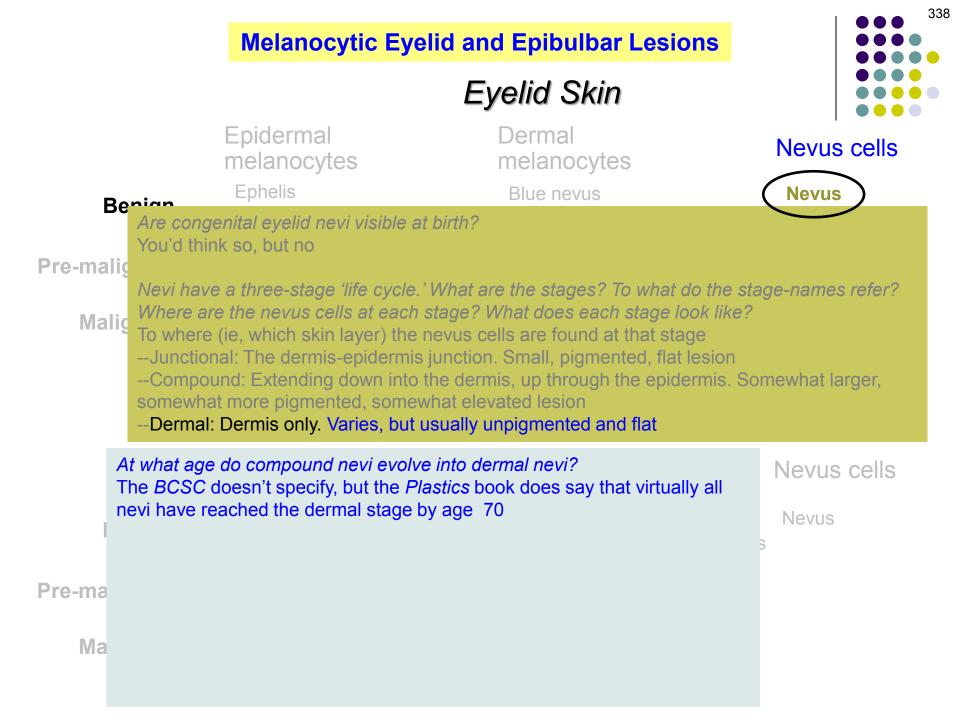


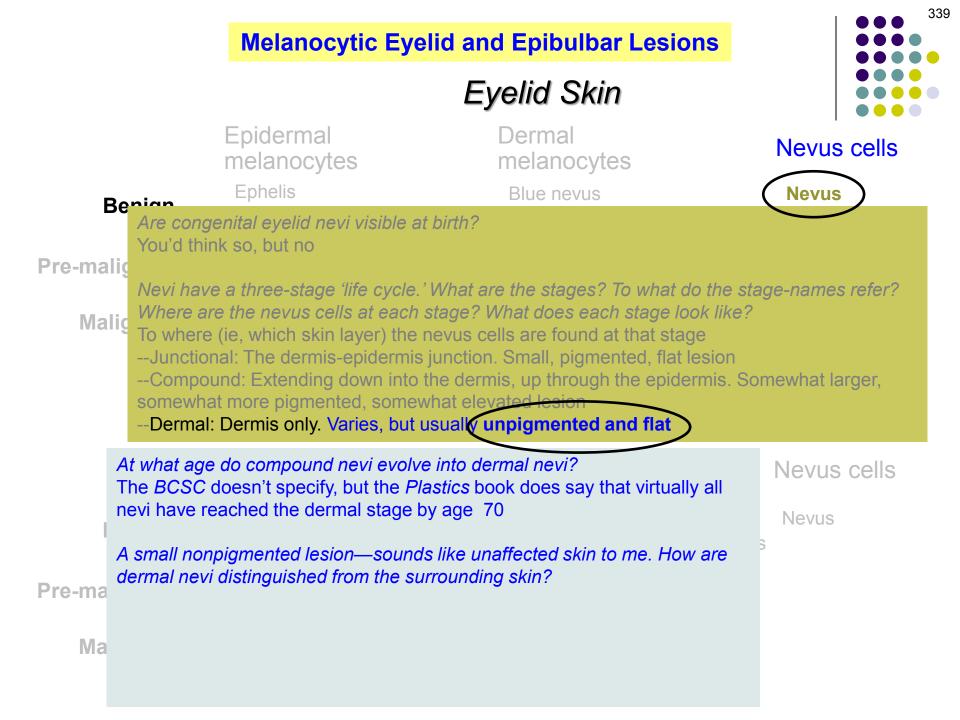


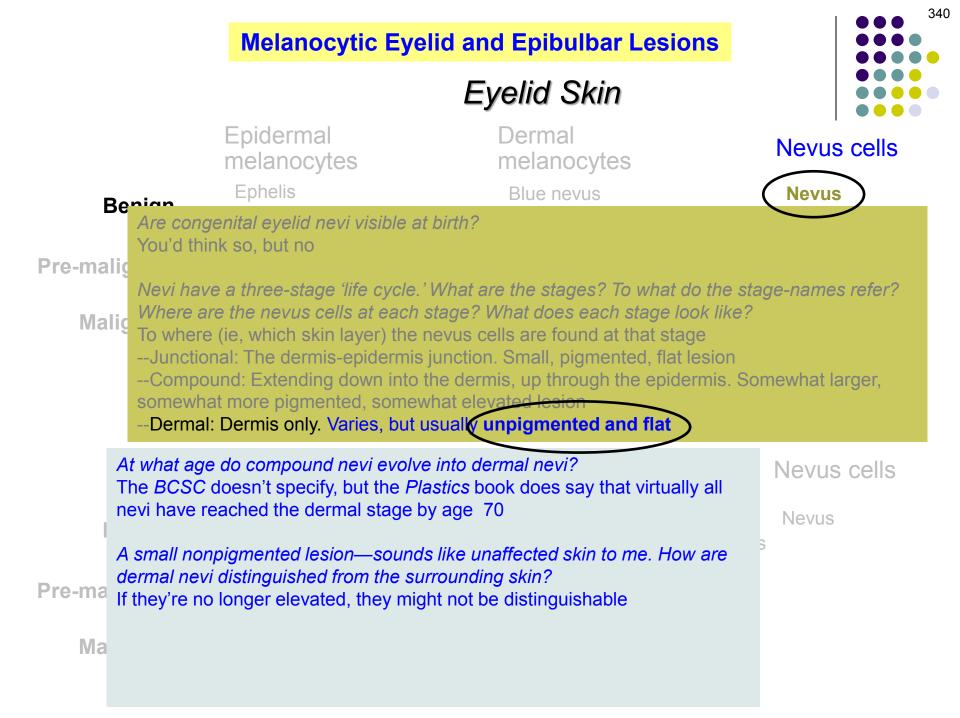


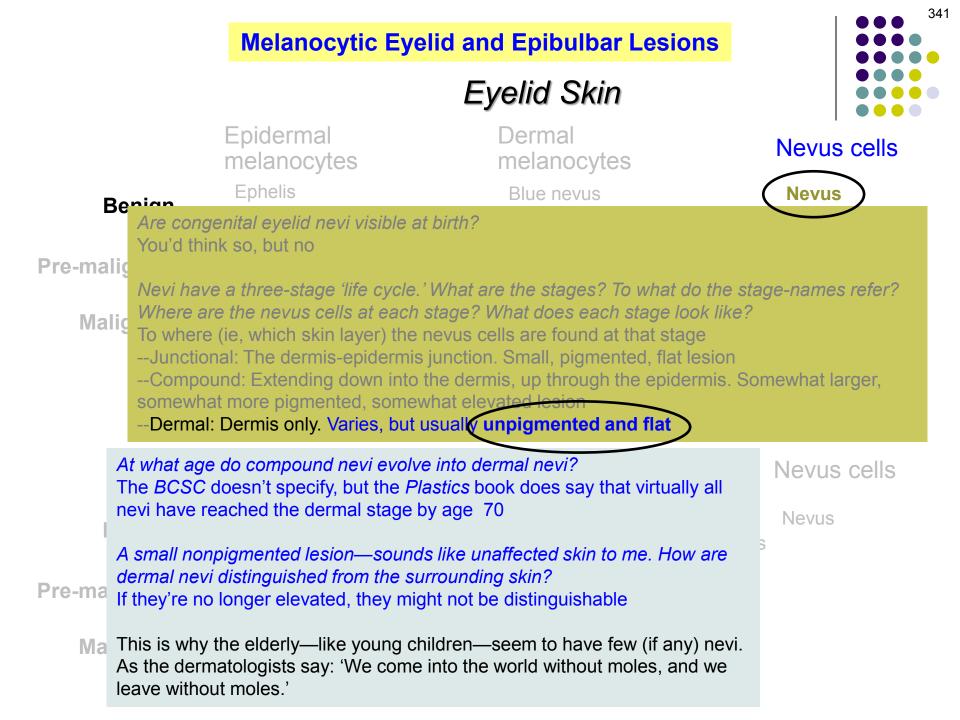










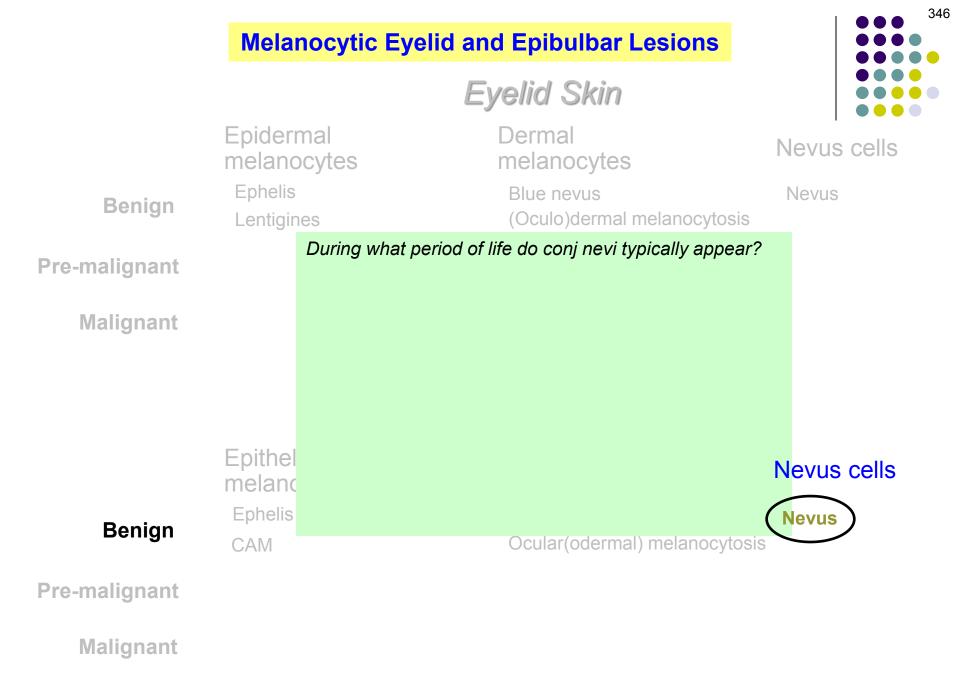


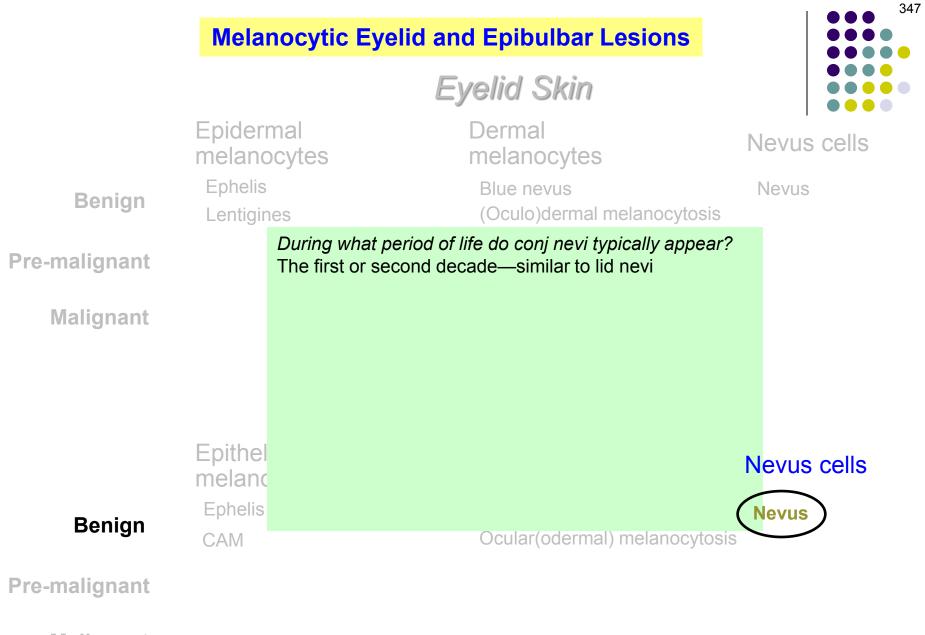
	Melanocytic Eye	lid and Epibulba	ar Lesions	
		Eyelid Ski	'n	
	Epidermal melanocytes	Dermal melanocyt	es	Nevus cells
r	Ephelis	Blue nevus	(Nevus
Pre-ma Ma	Are congenital eyelid nevi visible at You'd think so, but no lig Nevi have a three-stage 'life cycle.' Where are the nevus cells at each s	What are the stages? stage? What does eac	ch stage look like?	ge-names refer?
	To where (ie, which skin layer) the r Junctional: The dermis-epidermis Compound: Extending down into t somewhat more pigmented, somew Dermal: Dermis only. Varies, but u	junction. Small, pigme he dermis, up through hat elevated lesion	ented, flat lesion the epidermis. Son	newhat larger,
	At what age do compound nevi evolv	Type of		
	The <i>BCSC</i> doesn't specify, but the <i>Pl</i> nevi have reached the dermal stage t	Nevus	Pigmented?	Elevated?
I Pre-ma			Pigmented? ?	Elevated? ?

	Melanocytic Eyel	lid and Epibulb	ar Lesions	
		Eyelid Ski	in	
	Epidermal melanocytes	Dermal melanocyt	tes	Nevus cells
	Ephelis	Blue nevus		Nevus
Pre-ma	Are congenital eyelid nevi visible at You'd think so, but no Nevi have a three-stage 'life cycle.'	What are the stages?		ge-names refer?
Ma	To where (ie, which skin layer) the n Junctional: The dermis-epidermis j Compound: Extending down into the somewhat more pigmented, somew Dermal: Dermis only. Varies, but u	junction. Small, pigmo the dermis, up through hat elevated lesion	ented, flat lesion h the epidermis. Sor	newhat larger,
	At what age do compound nevi evolve The BCSC doesn't specify, but the Pl nevi have reached the dermal stage t	Type of Nevus	Pigmented?	Elevated?
1	A small nonpigmented lesion—sound	Junctional	Yes	Νο
Pre-ma	dermal nevi distinguished from the su If they're no longer elevated, they mig		2	
		Compound	f	?

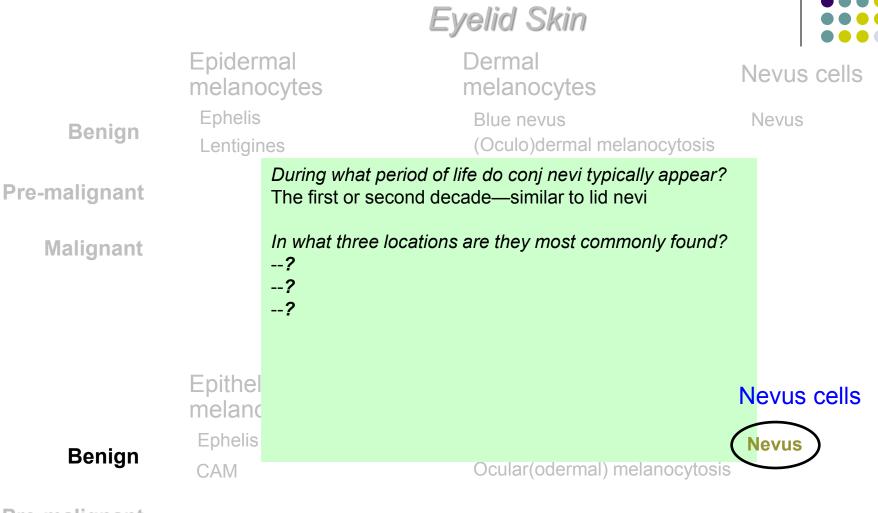
	Melanocytic Ey	elid and Epibulba	ar Lesions	
		Eyelid Ski	in	
	Epidermal melanocytes	Dermal melanocyt	tes	Nevus cells
г	Ephelis	Blue nevus	(Nevus
Pre-ma	Are congenital eyelid nevi visible a You'd think so, but no	at birth?		
Ма	<i>Where are the nevus cells at each</i> To where (ie, which skin layer) the Junctional: The dermis-epidermis	e nevus cells are found	at that stage	
	Compound: Extending down into somewhat more pigmented, some Dermal: Dermis only. Varies, but	o the dermis, up through what elevated lesion	h the epidermis. Son	newhat larger,
	somewhat more pigmented, some Dermal: Dermis only. Varies, but At what age do compound nevi evolu The BCSC doesn't specify, but the P	the dermis, up through what elevated lesion usually unpigmented Type of	h the epidermis. Son	newhat larger, Elevated?
I	somewhat more pigmented, some Dermal: Dermis only. Varies, but At what age do compound nevi evolu The BCSC doesn't specify, but the P nevi have reached the dermal stage A small nonpigmented lesion—sound	the dermis, up through what elevated lesion usually unpigmented Type of Nevus Junctional	h the epidermis. Son	
I Pre-ma	somewhat more pigmented, some Dermal: Dermis only. Varies, but At what age do compound nevi evolut The BCSC doesn't specify, but the P nevi have reached the dermal stage A small nonpigmented lesion—sound dermal nevi distinguished from the so	the dermis, up through what elevated lesion usually unpigmented Type of Nevus Junctional	h the epidermis. Son and flat Pigmented?	Elevated?

	Melanocytic Eye	lid and Epibulba	ar Lesions	345
		Eyelid Ski	in	
	Epidermal melanocytes	Dermal melanocyt	tes	Nevus cells
I	Ephelis	Blue nevus	(Nevus
Pre-ma	<i>Are congenital eyelid nevi visible at</i> You'd think so, but no	birth?		
Ma	Nevi have a three-stage 'life cycle.' Where are the nevus cells at each s To where (ie, which skin layer) the n Junctional: The dermis-epidermis j Compound: Extending down into t somewhat more pigmented, somew Dermal: Dermis only. Varies, but u	stage? What does eachevus cells are found a junction. Small, pigme the dermis, up through what elevated lesion	<i>ch stage look like?</i> at that stage ented, flat lesion h the epidermis. Son	
	At what age do compound nevi evolve The BCSC doesn't specify, but the Planevi have reached the dermal stage t	Type of Nevus	Pigmented?	Elevated?
	A small nonpigmented lesion—sound		Yes	No
Pre-ma	<i>dermal nevi distinguished from the su</i> If they're no longer elevated, they mig	Compound	Yes	Yes
	This is why the elderly—like young ch			
Ма	As the dermatologists say: 'We come leave without moles.'	Subepi/Dermal	Νο	No (or very little)



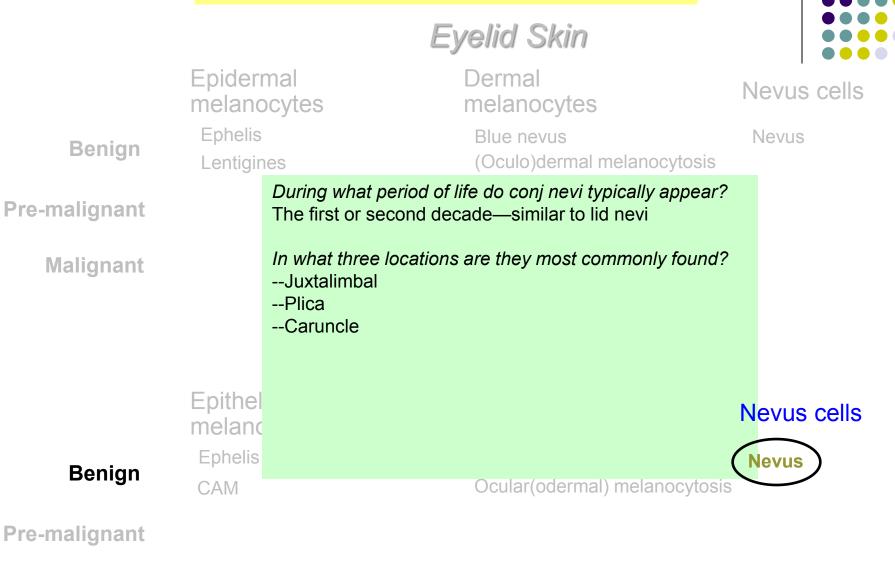


348



Pre-malignant

349





Juxtalimbal



Plica

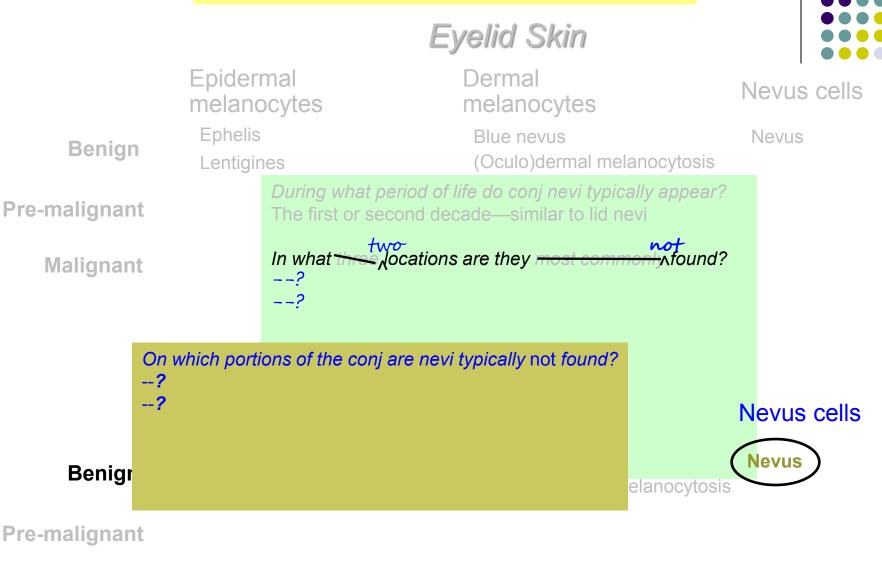




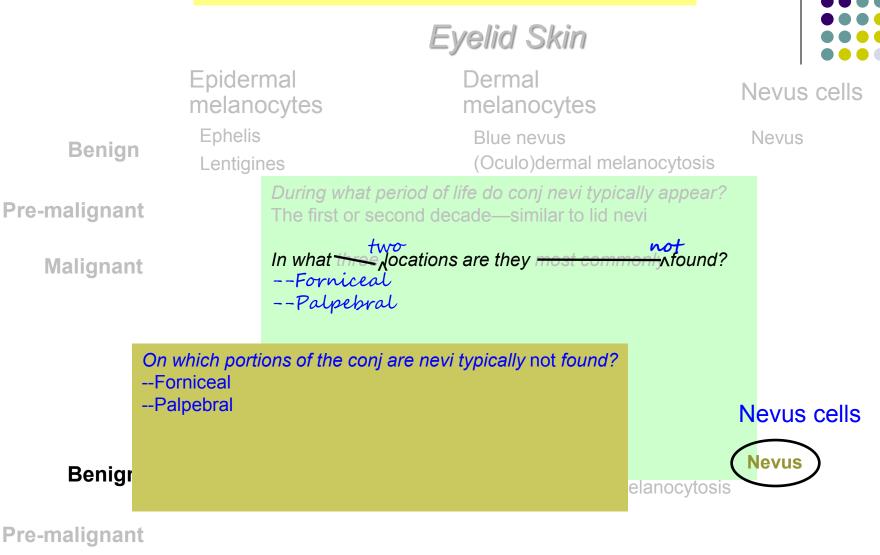
Caruncle

Conjunctival nevus: Typical locations

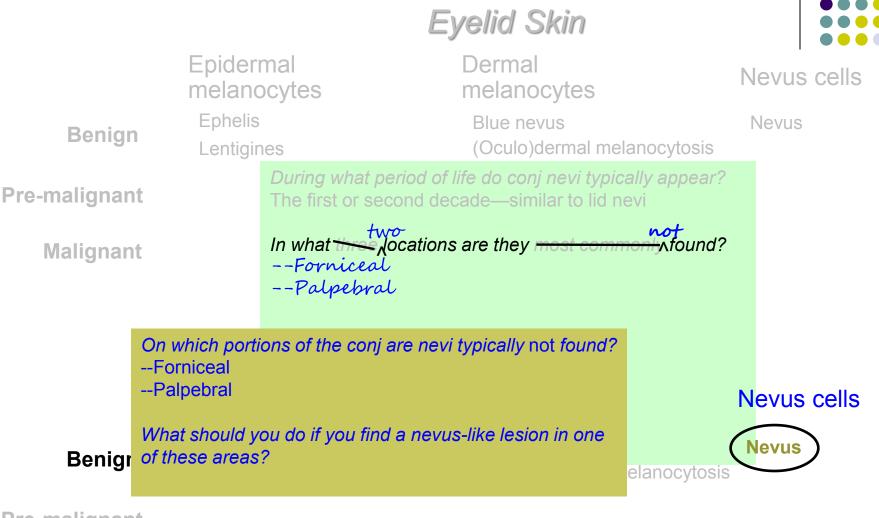
351



352

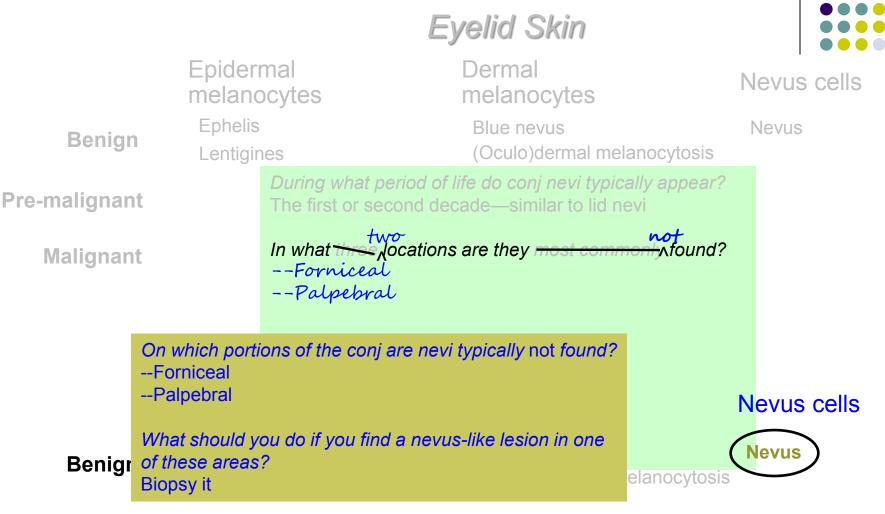


353



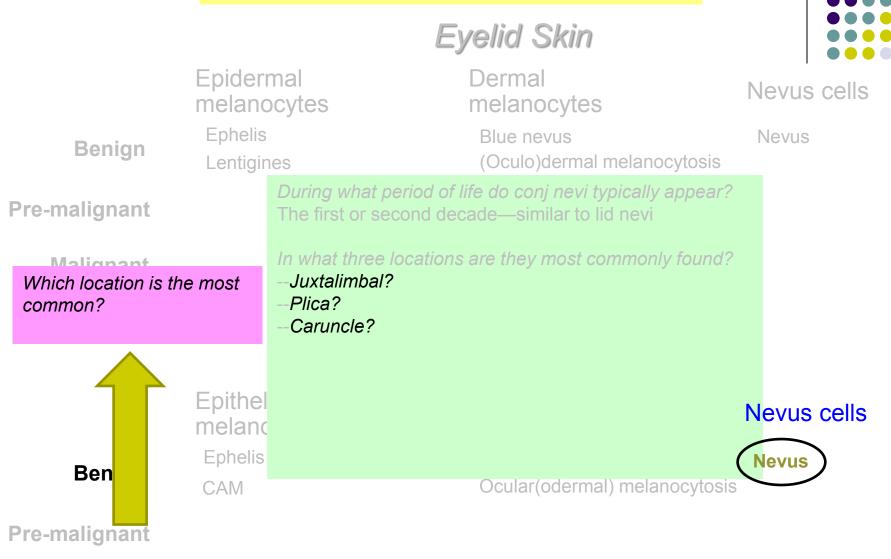
Pre-malignant

354

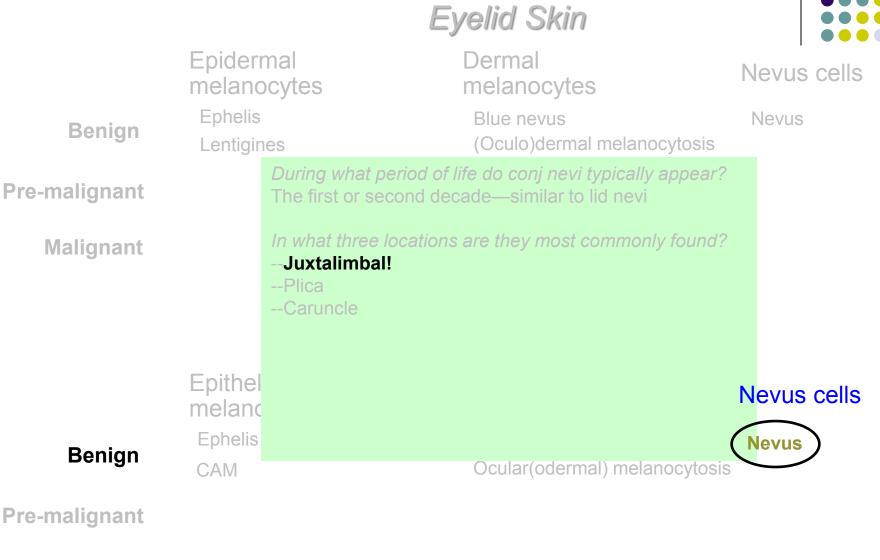


Pre-malignant

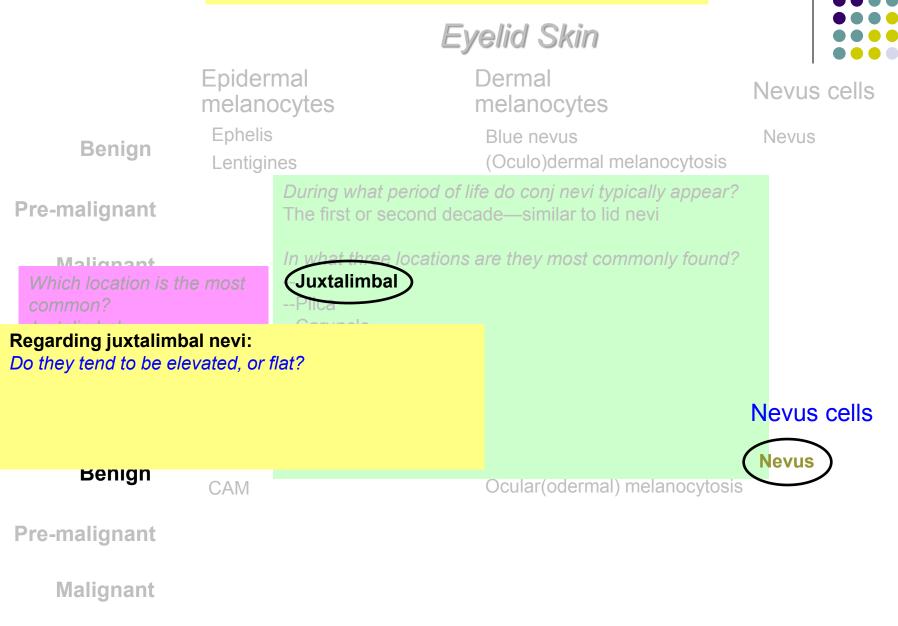
355



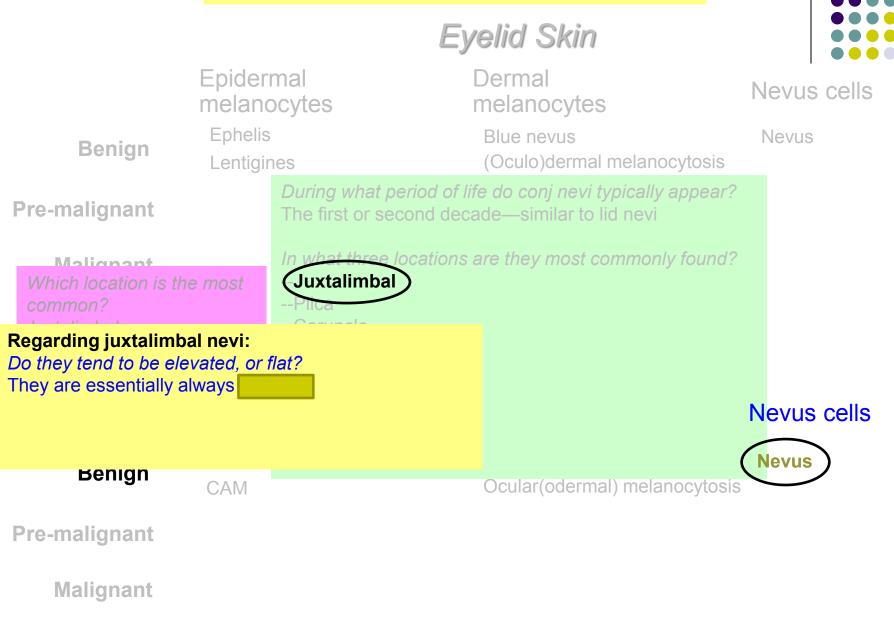
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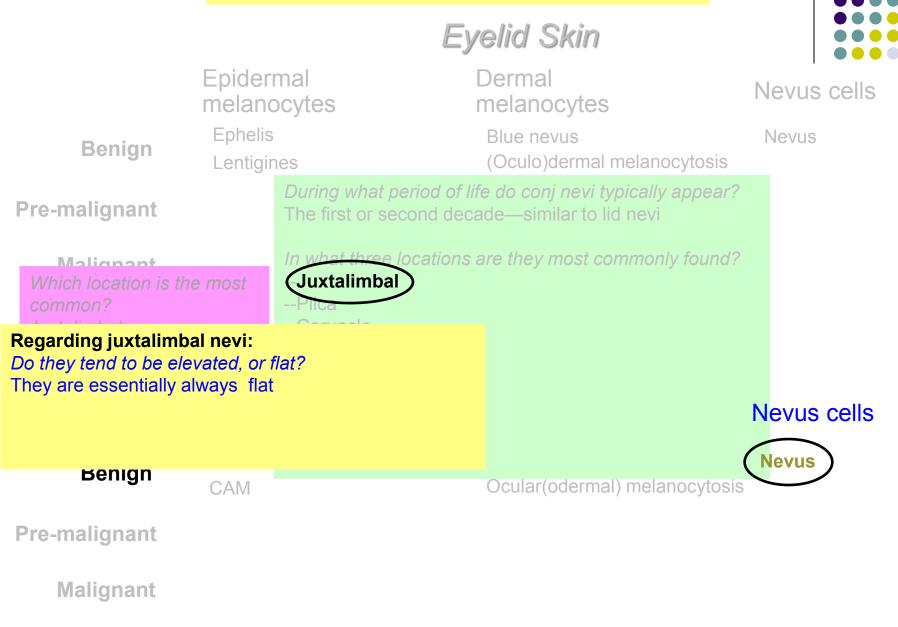
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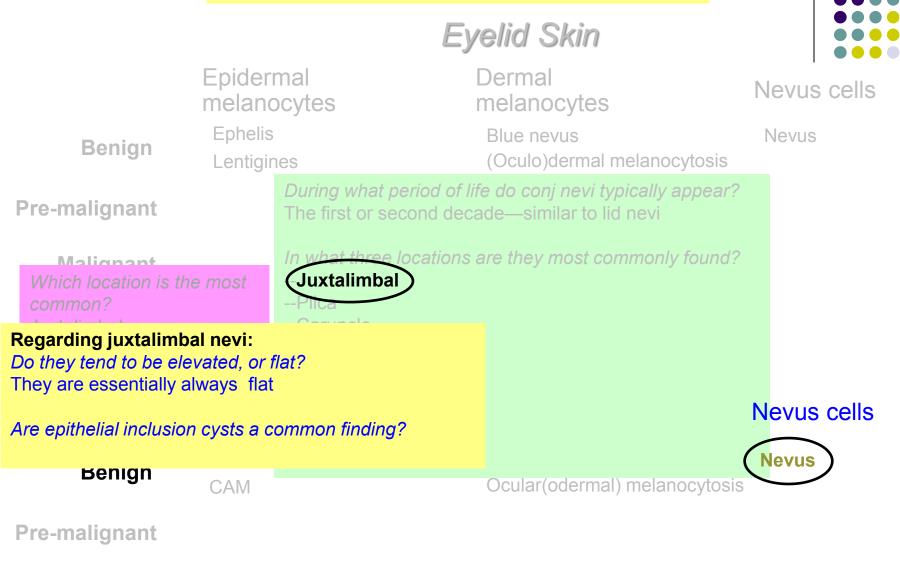
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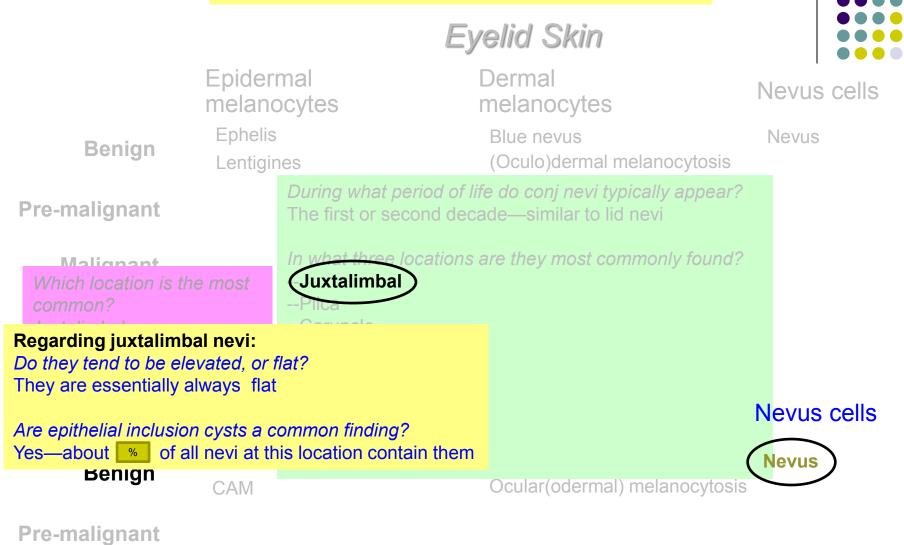
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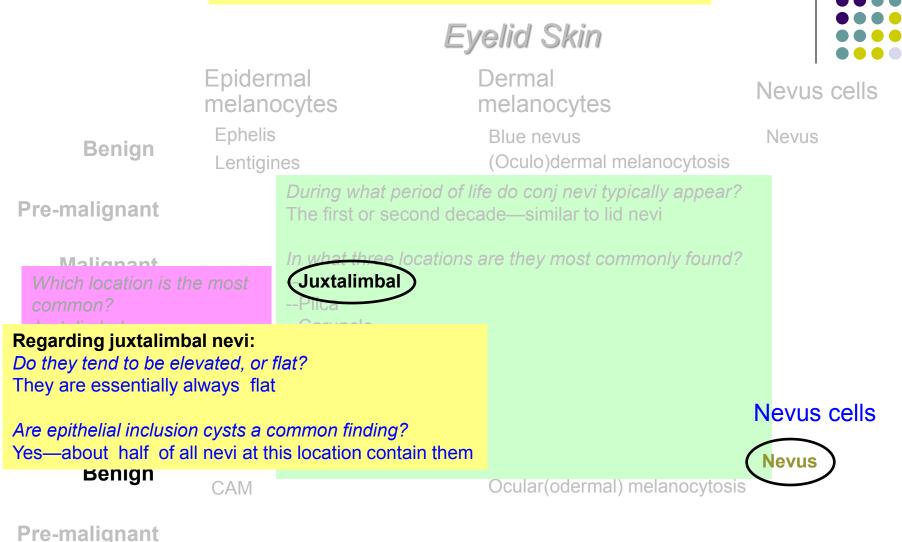
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361



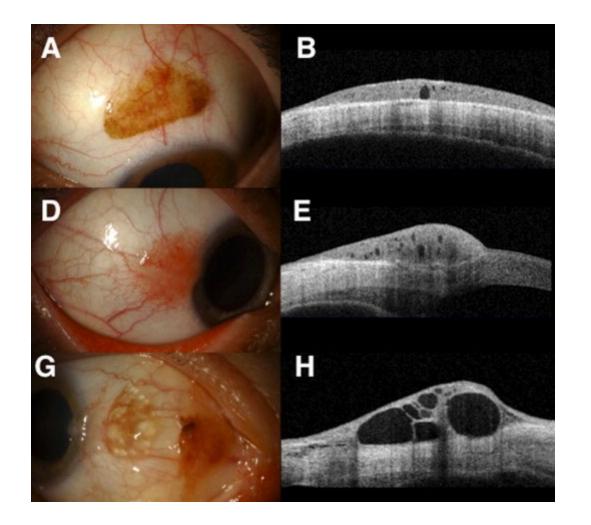
362







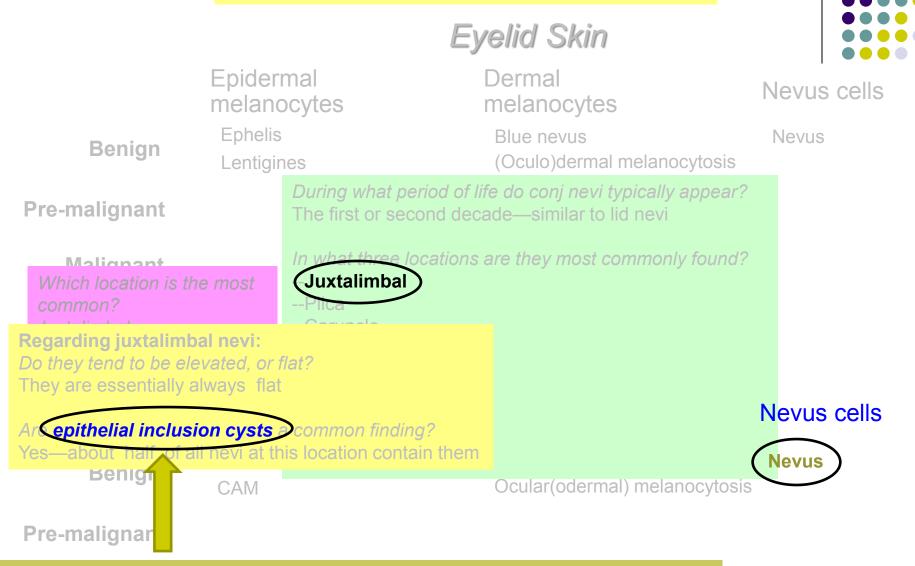
A, Clinical appearance with characteristic cystic areas *(arrows)*.B, Histologically, the nevus cells have round, oval, or pear-shaped nuclei with a moderate amount of cytoplasm, mostly arranged in nests *(arrowheads)*. Note the epithelial inclusion cysts *(asterisks)* within the lesion, correlating with the clinical appearance.



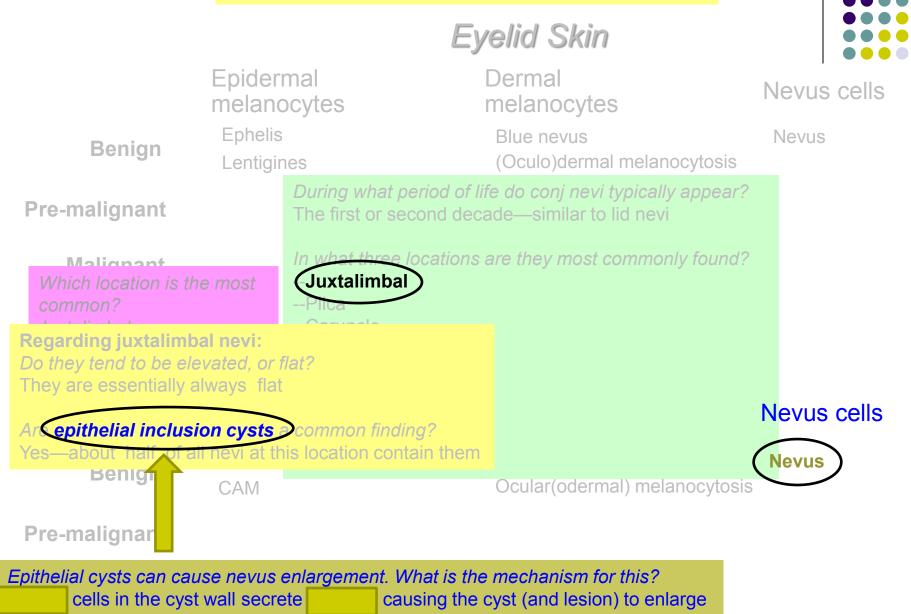




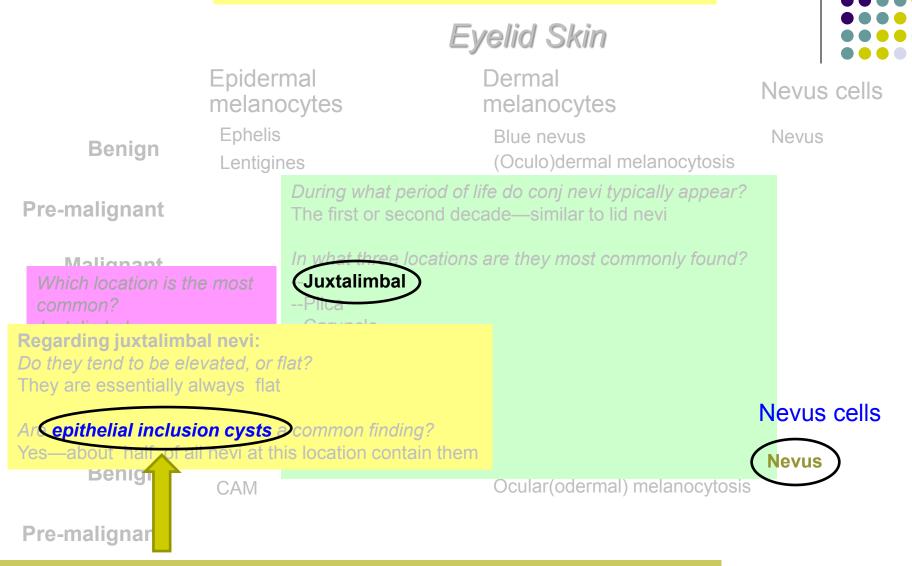
365

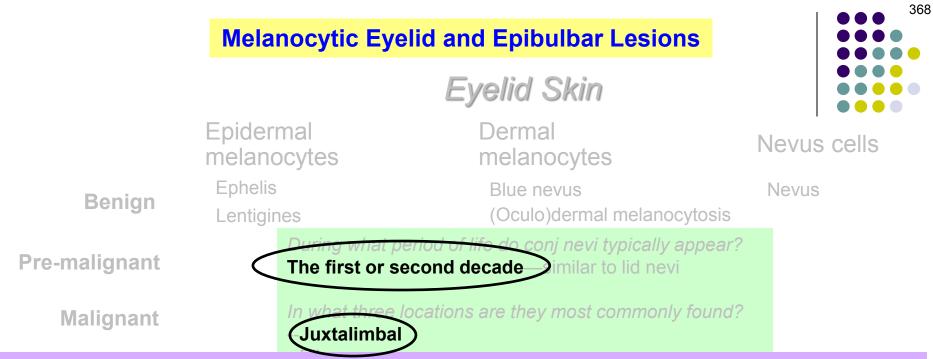


Epithelial cysts can cause nevus enlargement. What is the mechanism for this?

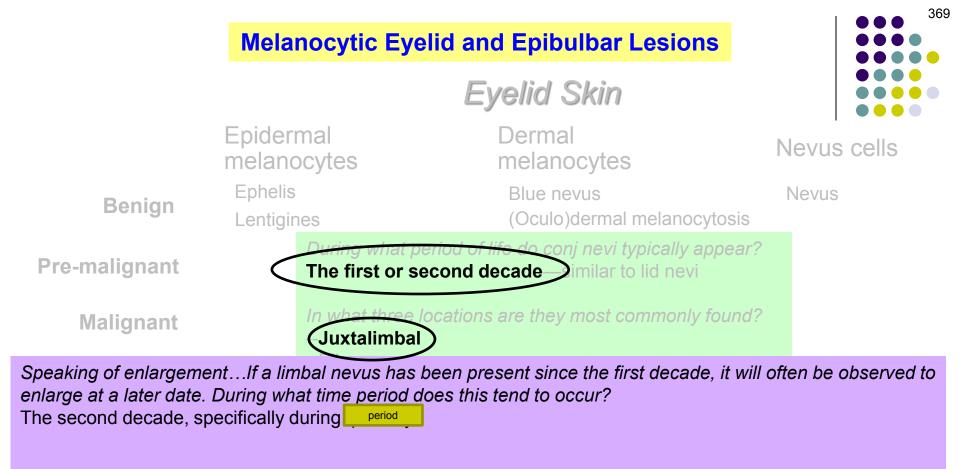


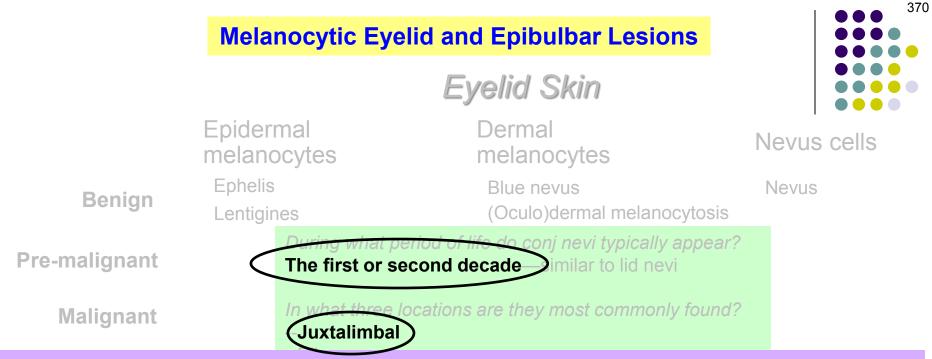
367

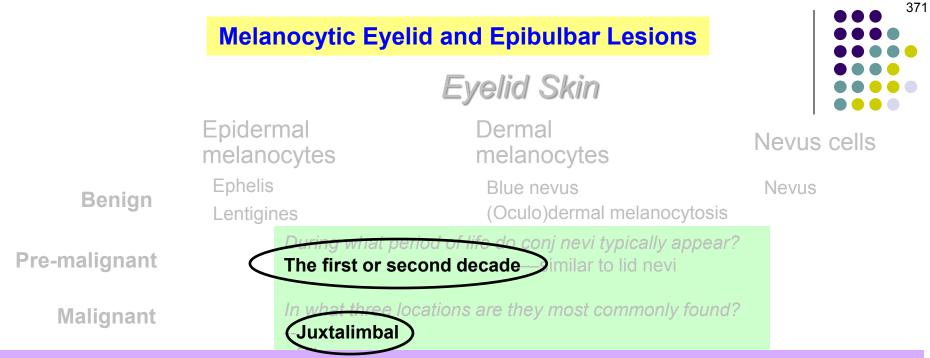




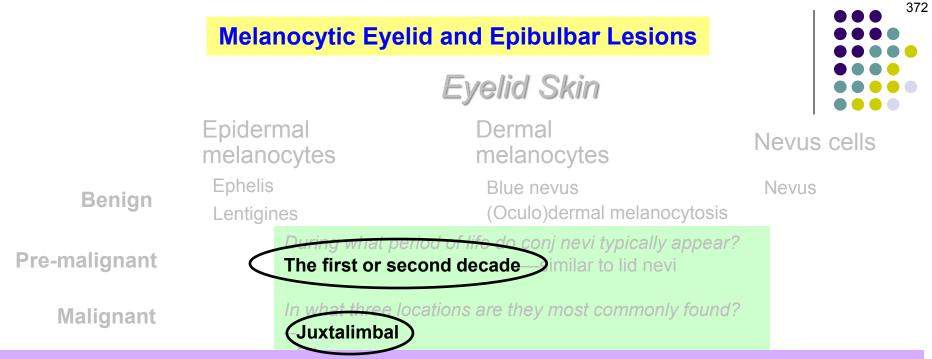
Speaking of enlargement...If a limbal nevus has been present since the first decade, it will often be observed to enlarge at a later date. During what time period does this tend to occur?



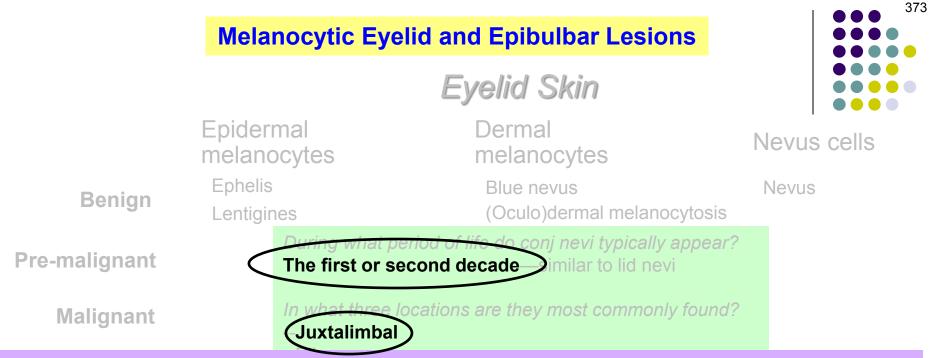




Does this enlargement tend to occur slowly, or rapidly?

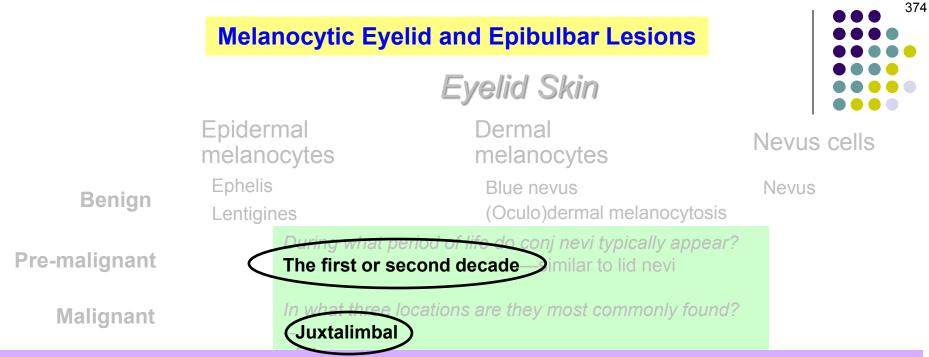


Does this enlargement tend to occur slowly, or rapidly? Rapidly



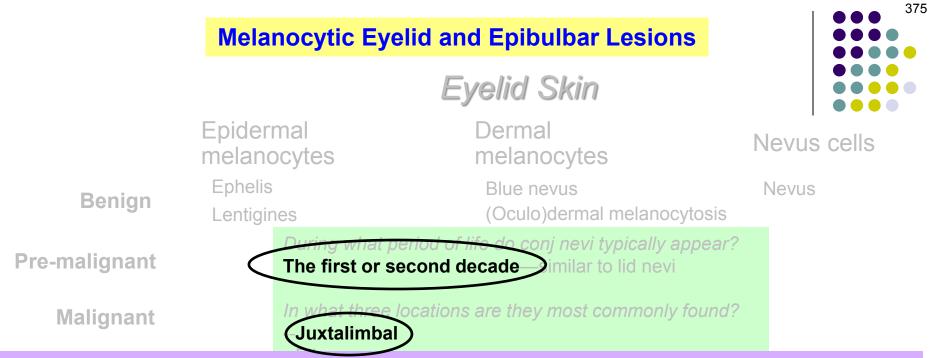
Does this enlargement tend to occur slowly, or rapidly? Rapidly

A parent notes rapid enlargement of a pigmented spot on her child's eye. Not surprisingly, what is the concern?



Does this enlargement tend to occur slowly, or rapidly? Rapidly

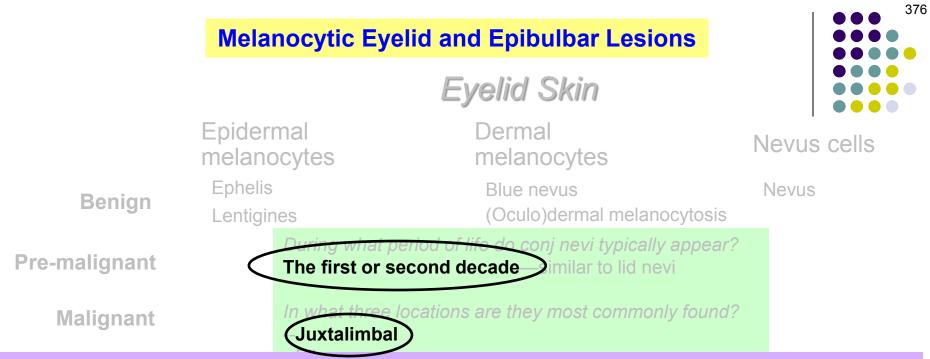
A parent notes rapid enlargement of a pigmented spot on her child's eye. Not surprisingly, what is the concern? Malignant transformation



Does this enlargement tend to occur slowly, or rapidly? Rapidly

A parent notes rapid enlargement of a pigmented spot on her child's eye. Not surprisingly, what is the concern? Malignant transformation

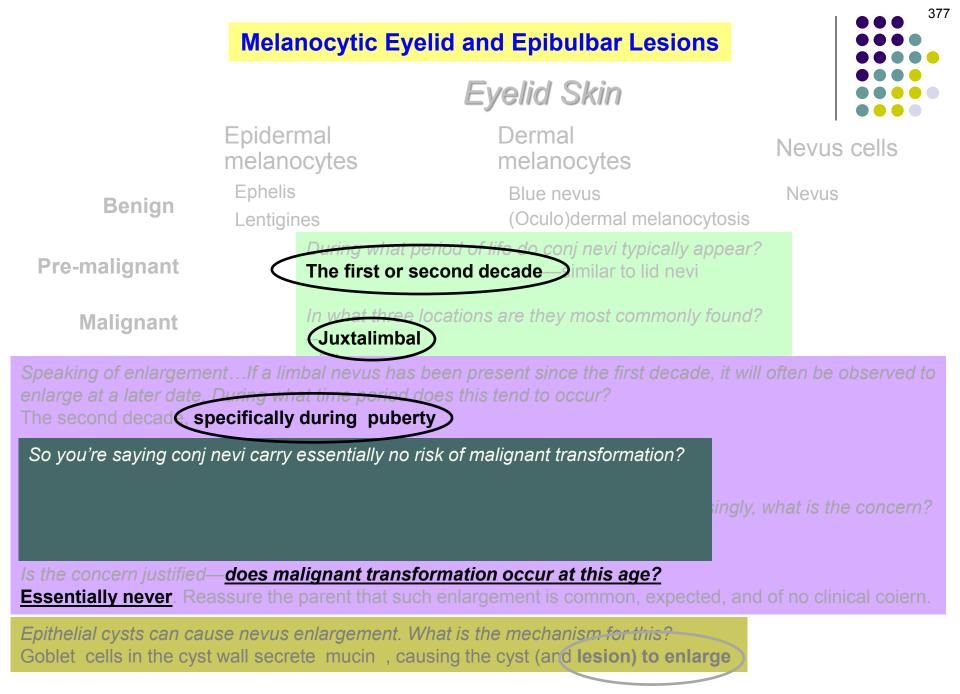
Is the concern justified—does malignant transformation occur at this age?

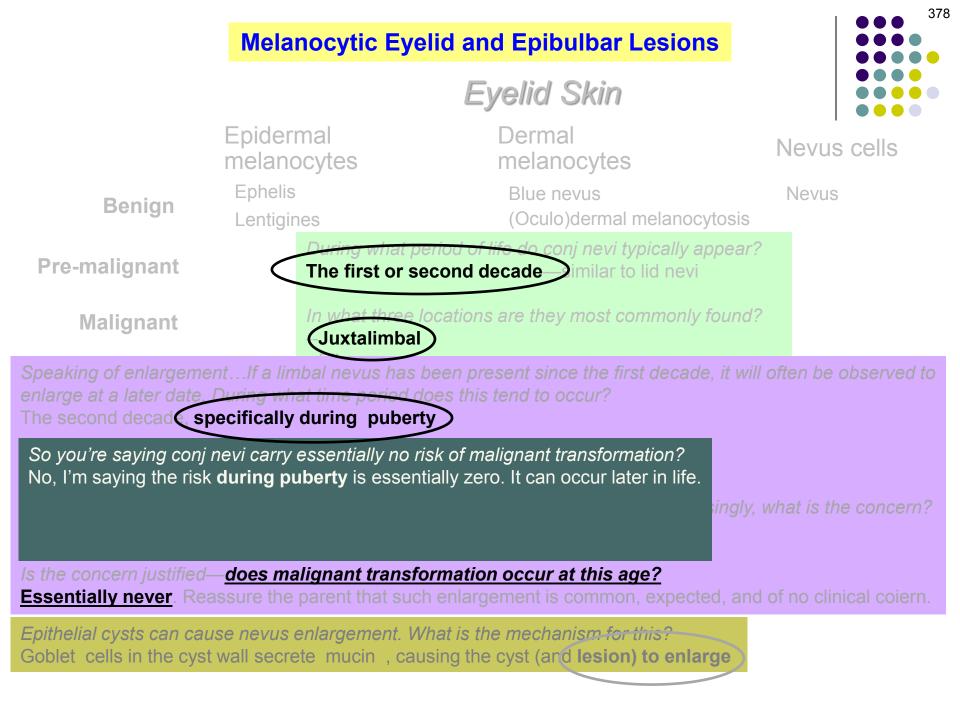


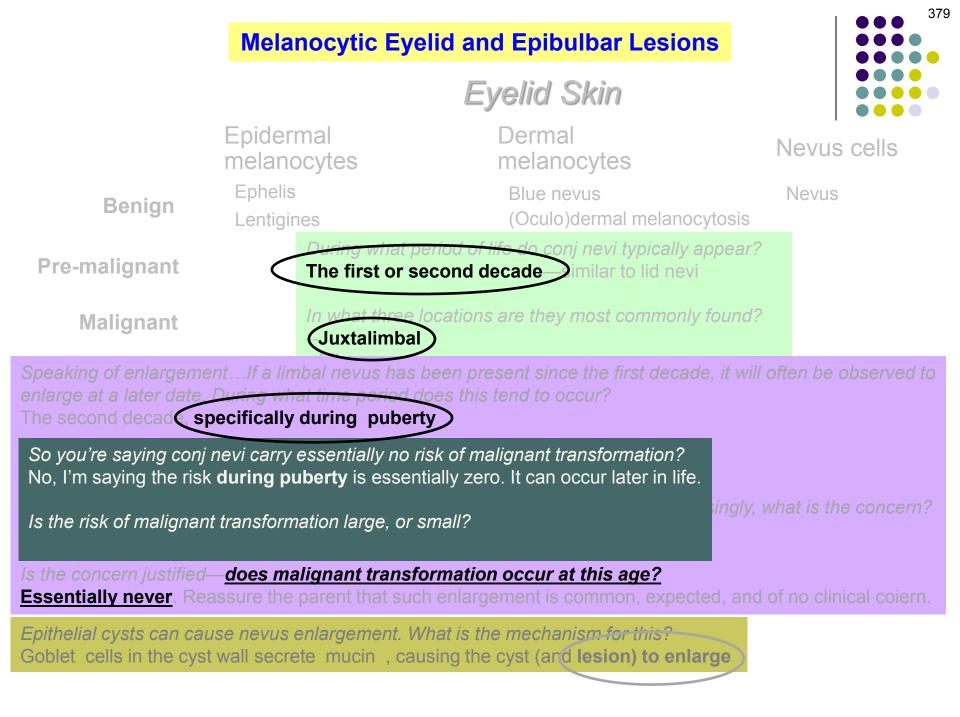
Does this enlargement tend to occur slowly, or rapidly? Rapidly

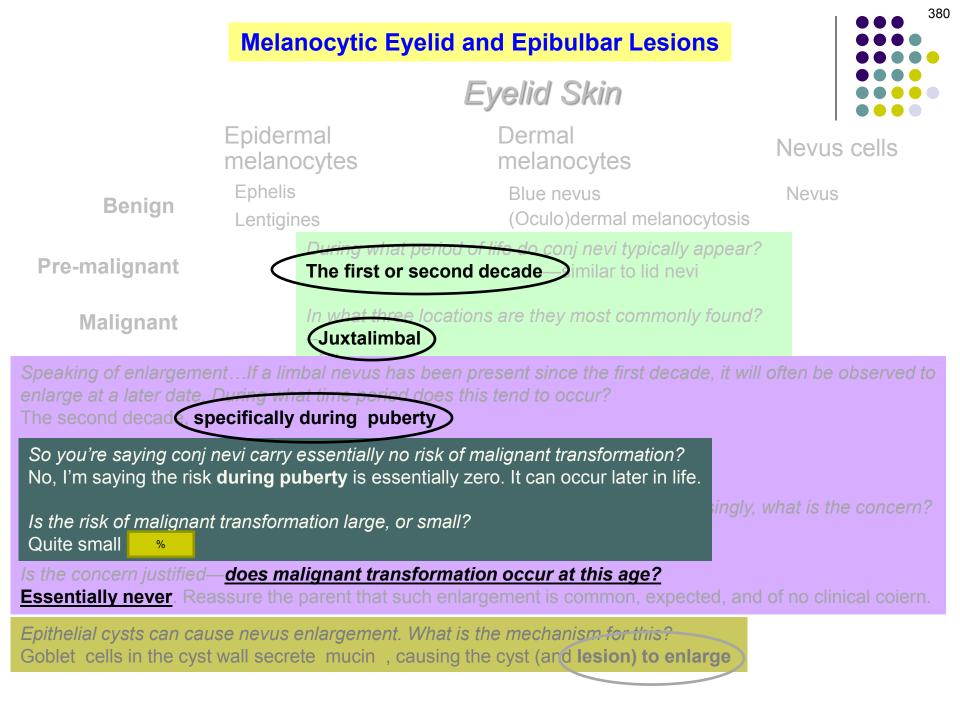
A parent notes rapid enlargement of a pigmented spot on her child's eye. Not surprisingly, what is the concern? Malignant transformation

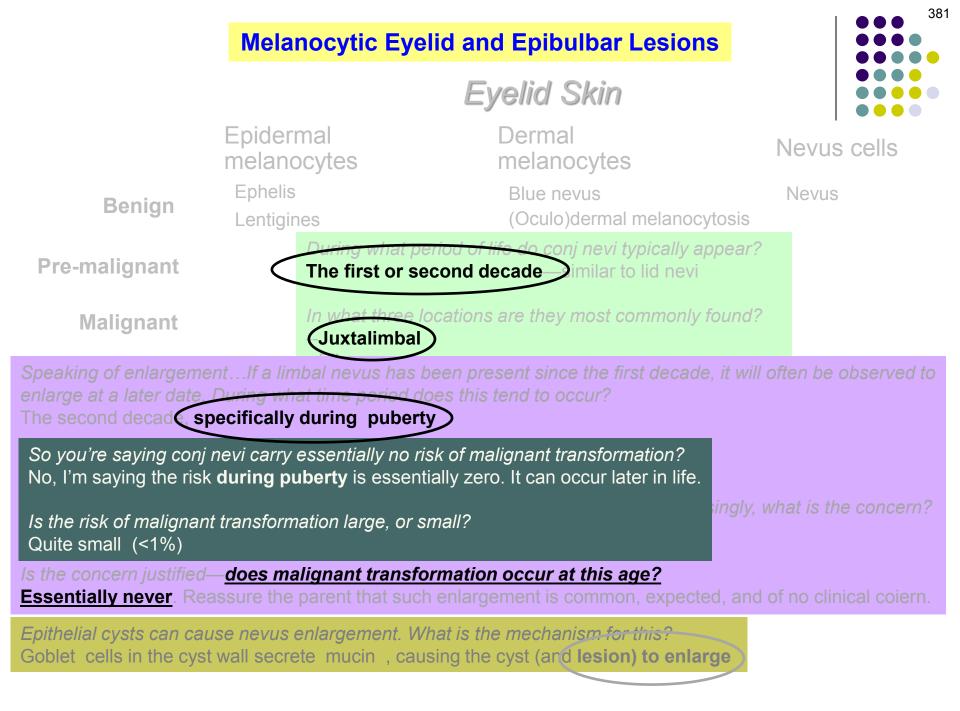
Is the concern justified—does malignant transformation occur at this age? Essentially never. Reassure the parent that such enlargement is common, expected, and of no clinical concern.

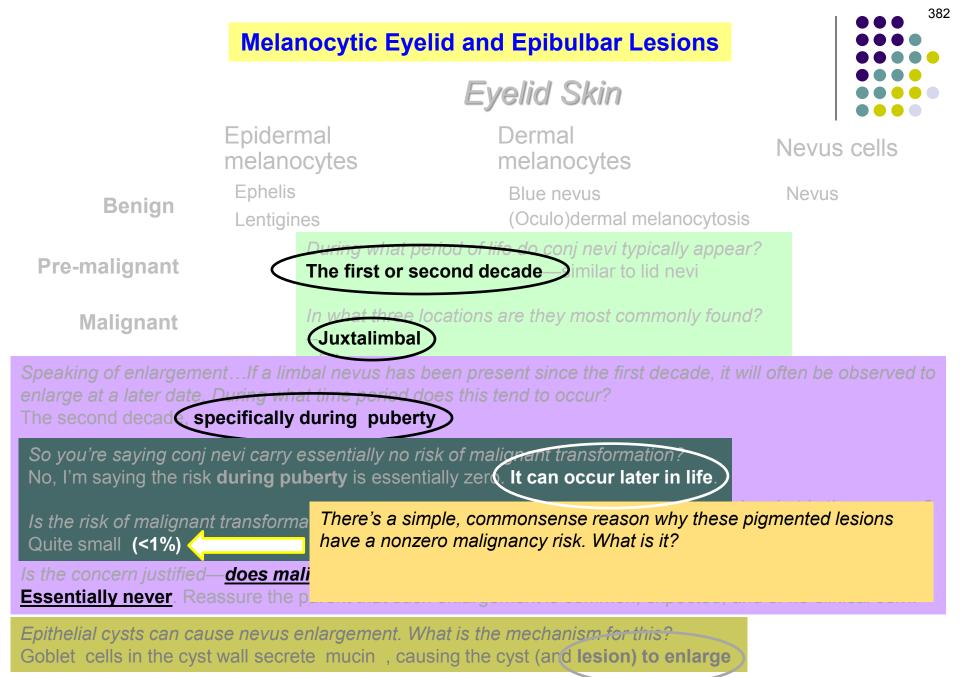


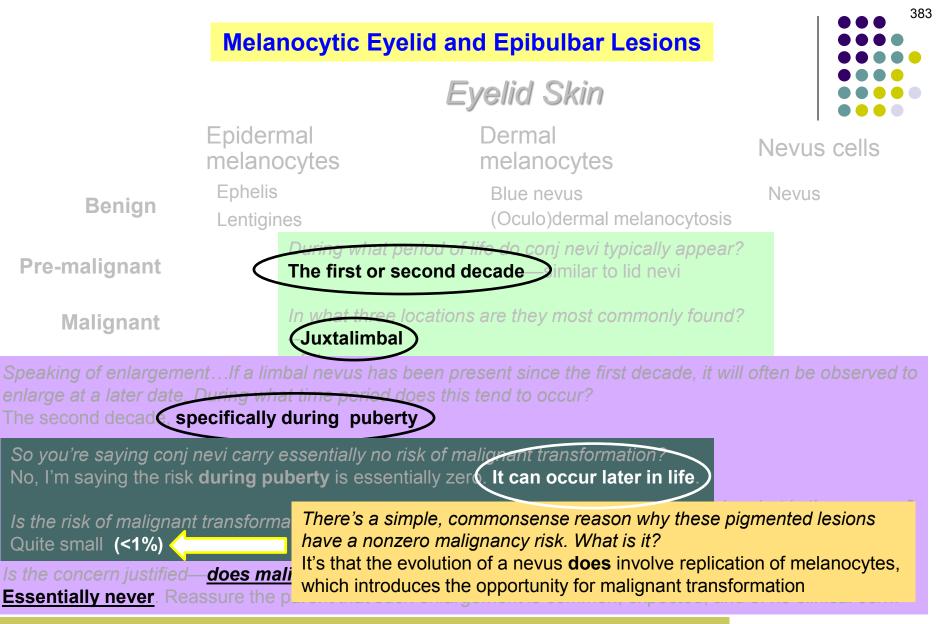


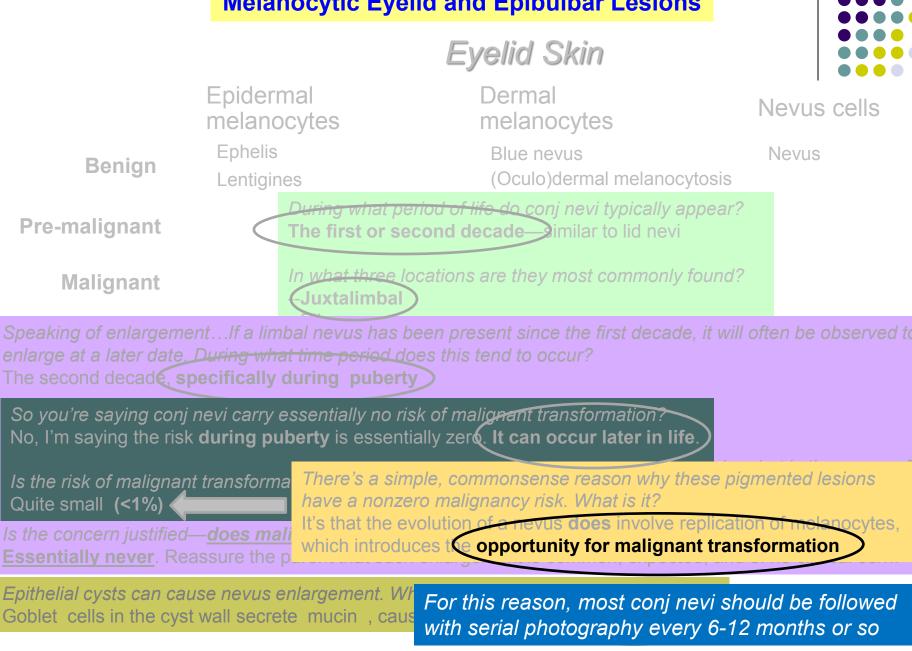


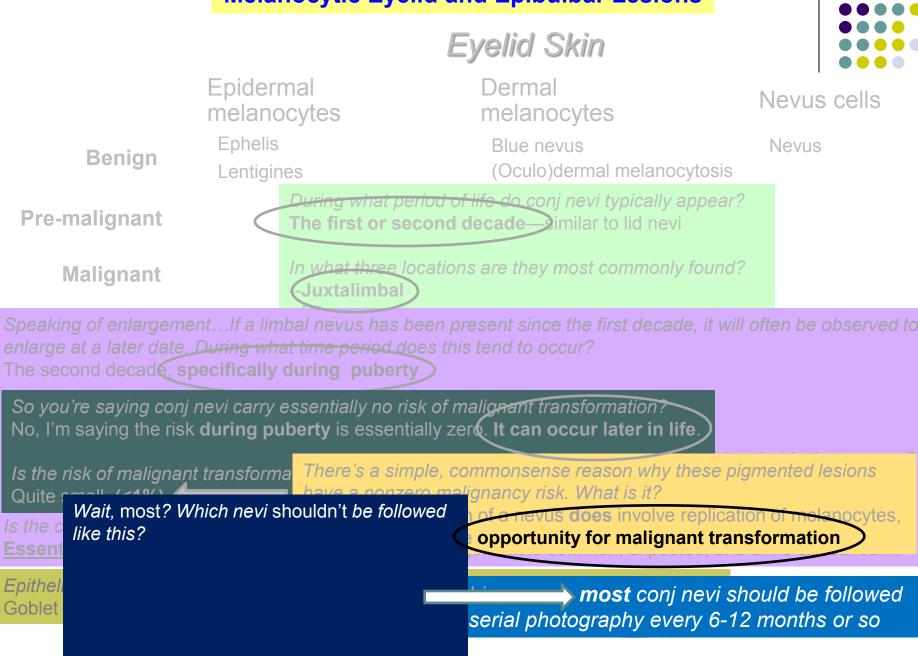


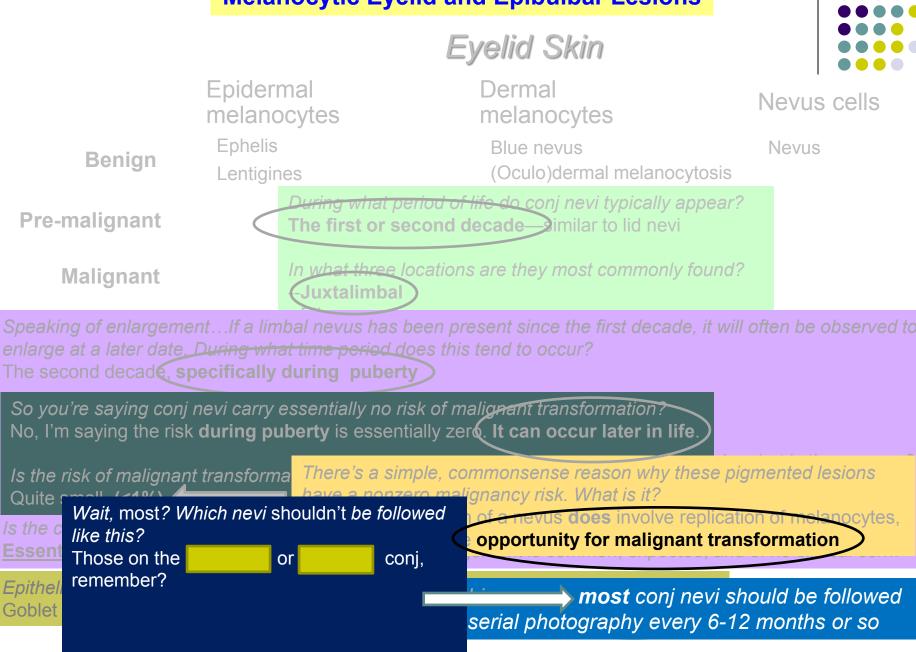


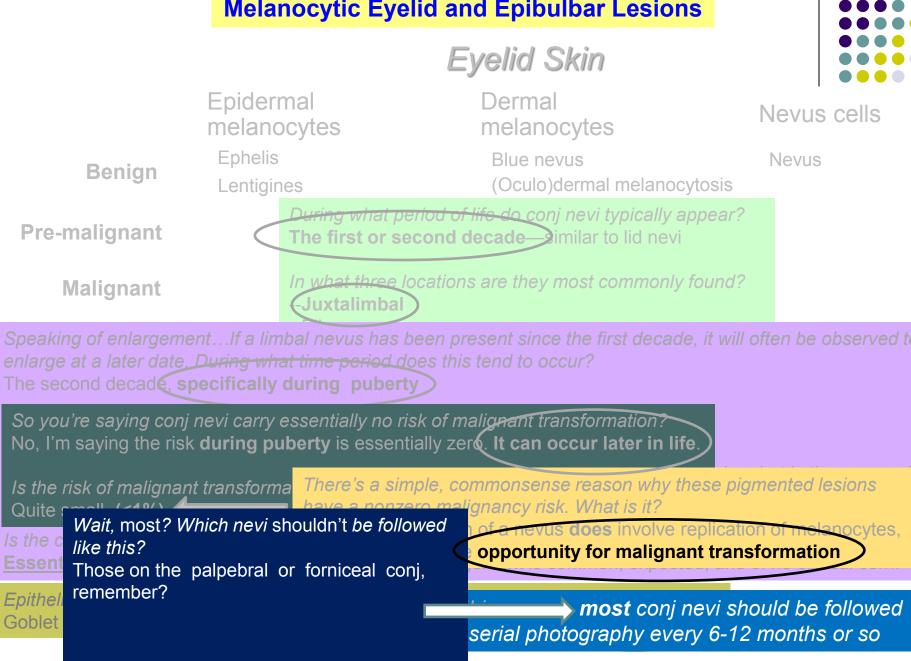








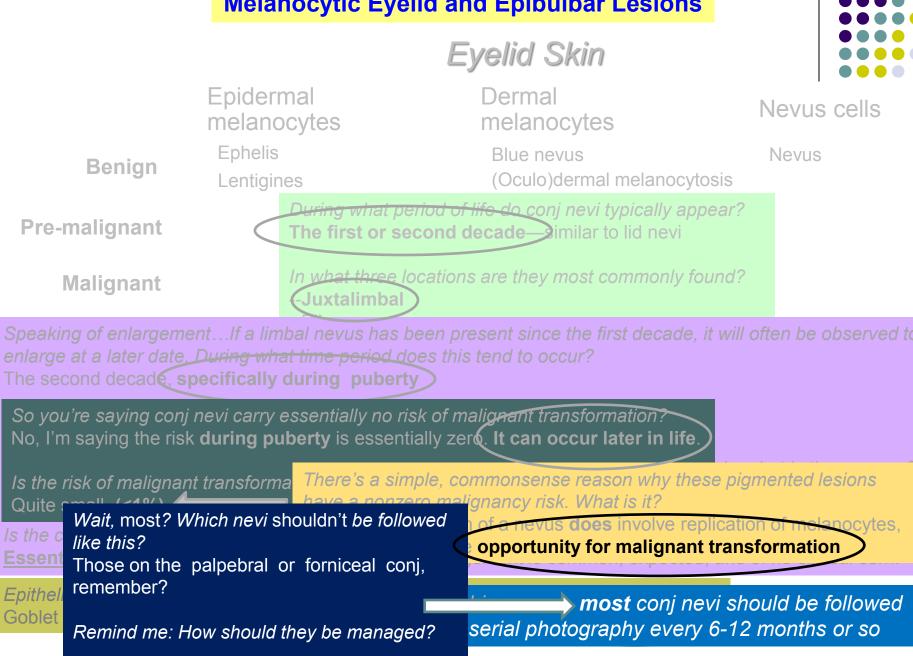


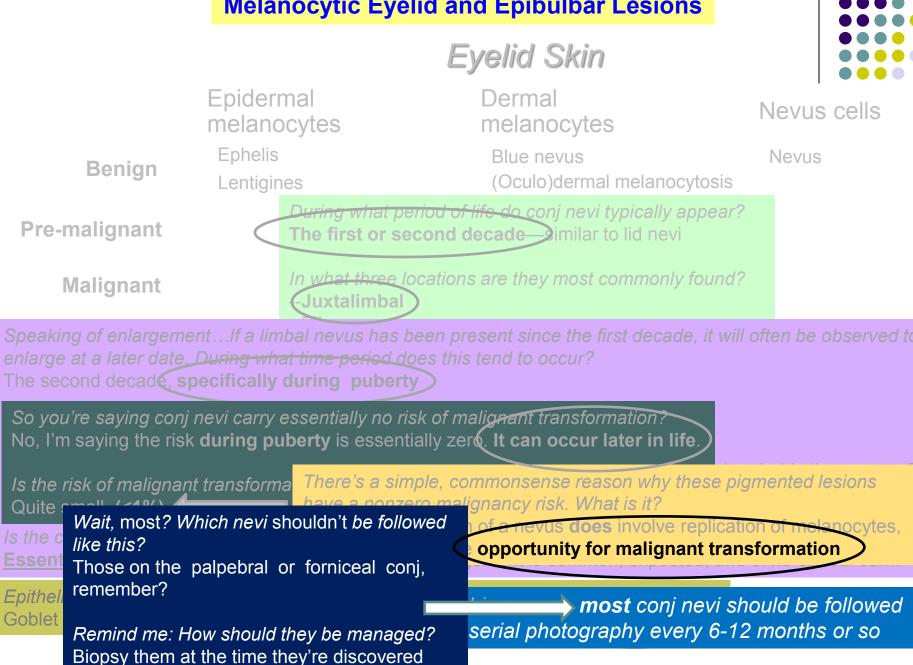


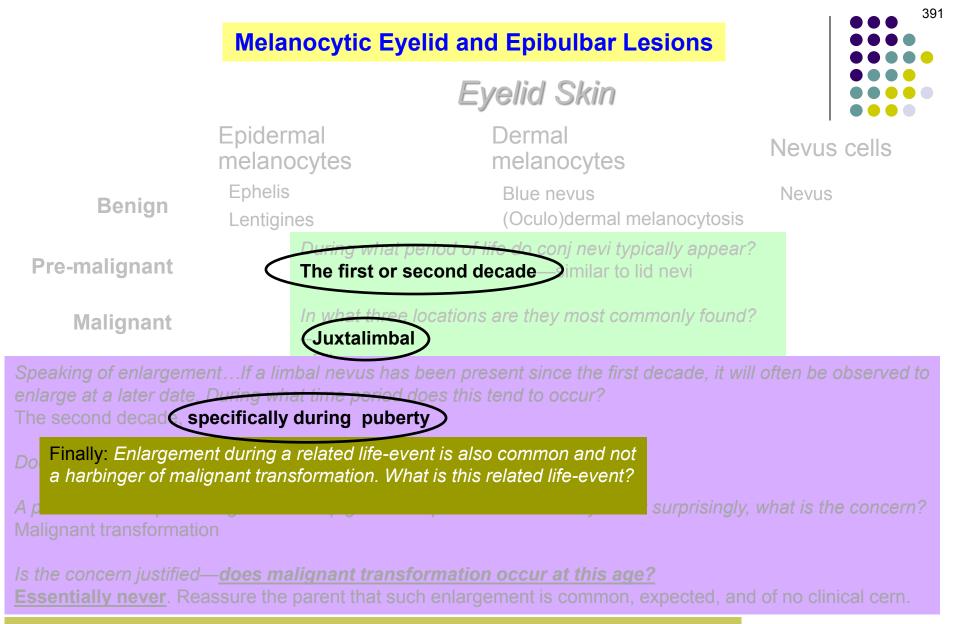


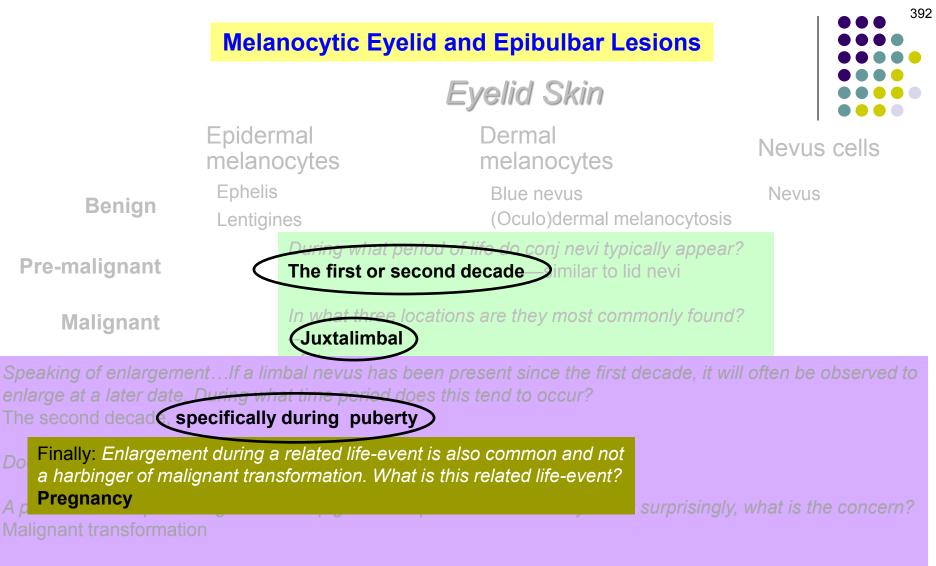
PAM of the palpebral conjunctiva





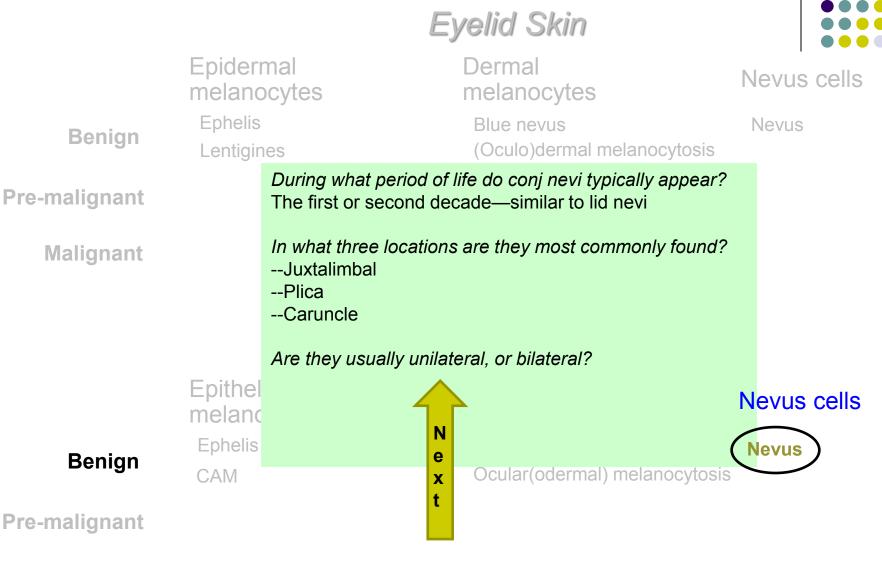






Is the concern justified—<u>does malignant transformation occur at this age?</u> <u>Essentially never</u>. Reassure the parent that such enlargement is common, expected, and of no clinical cern.

393



394

		Eyelid Skin	
	Epidermal melanocyte	es Dermal melanocytes	Nevus cells
Benign	Ephelis Lentigines	Blue nevus (Oculo)dermal melanocytosis	Nevus
Pre-malignant		ng what period of life do conj nevi typically appear? first or second decade—similar to lid nevi	
Malignant	Jux Plic	<i>hat three locations are they most commonly found?</i> ktalimbal ca runcle	
Donian		they usually unilateral, or bilateral? ateral	Nevus cells
Benign	CAM	Ocular(odermal) melanocytosis	

Pre-malignant

395

		Eyelid Skin	
	Epiderma melanocy		Nevus cells
Benign	Ephelis Lentigines	Blue nevus (Oculo)dermal melanocytosis	Nevus
Pre-malignant		<i>ring what period of life do conj nevi typically appear?</i> e first or second decade—similar to lid nevi	
Malignant	J F	what three locations are they most commonly found? uxtalimbal Plica Caruncle	
		e they usually unilateral, or bilateral? ilateral	Nevus cells
Benign	Ephelis	n they be nonpigmented?	Nevus
	CAM	Ocular(odermal) melanocytosis	\mathbf{i}

Pre-malignant

396

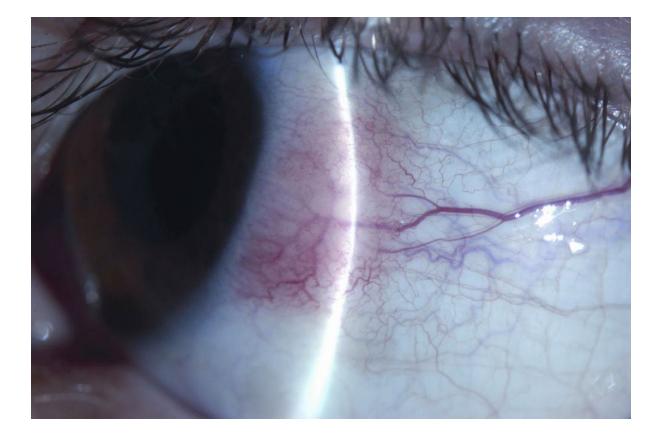
	Eyelid Skin			
	Epidermal melanocytes	Dermal melanocytes	Nevus cells	
Benign	Ephelis Lentigines	Blue nevus (Oculo)dermal melanocytosis	Nevus	
Pre-malignant		period of life do conj nevi typically appear second decade—similar to lid nevi	r?	
Malignant	<i>In what three</i> Juxtalimba Plica Caruncle	e locations are they most commonly found I	1?	
	Epithel Unilateral	ually unilateral, or bilateral?	Nevus cells	
Benign		nonpigmented? are nearly devoid of pigment Ocular(odermal) melanocytos	Nevus	

Pre-malignant

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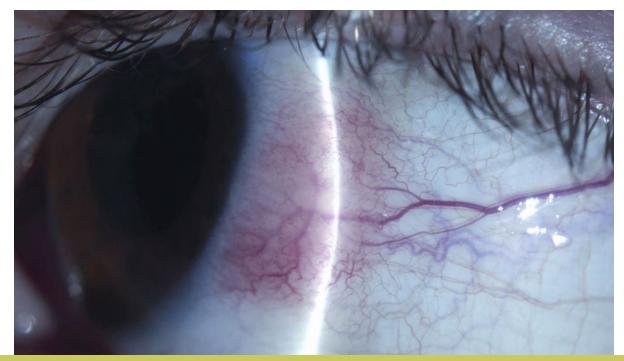
		Eyelid Skin		
	Epidermal melanocytes	Dermal melanocytes	Nevus cells	
Benign	Ephelis Lentigines	Blue nevus (Oculo)dermal melanocytosis	Nevus	
Pre-malignant	During what period of life do conj nevi typically appear? The first or second decade—similar to lid nevi			
Malignant	<i>In what the</i> Juxtalim Plica Caruncle			
	Epithel Unilateral	isually unilateral, or bilateral?	Nevus cells	
Benign	-	be nonpigmented? ut 1/3 are nearly devoid of pigment (Ocular(odermal) melanocytosis	Nevus	

Pre-malignant



Conjunctival nevus: Nonpigmented

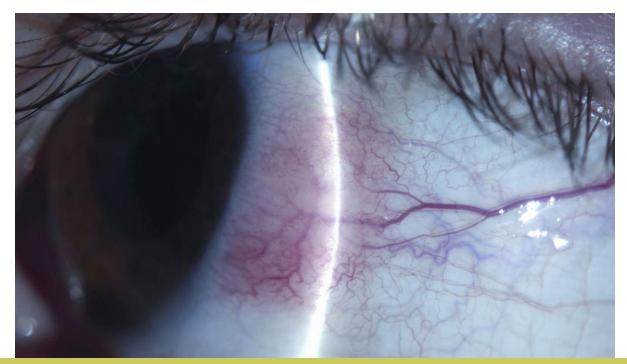




But...But I can still see it—it clearly has a pinkish color. How can it be called 'nonpigmented'?

Conjunctival nevus: Nonpigmented

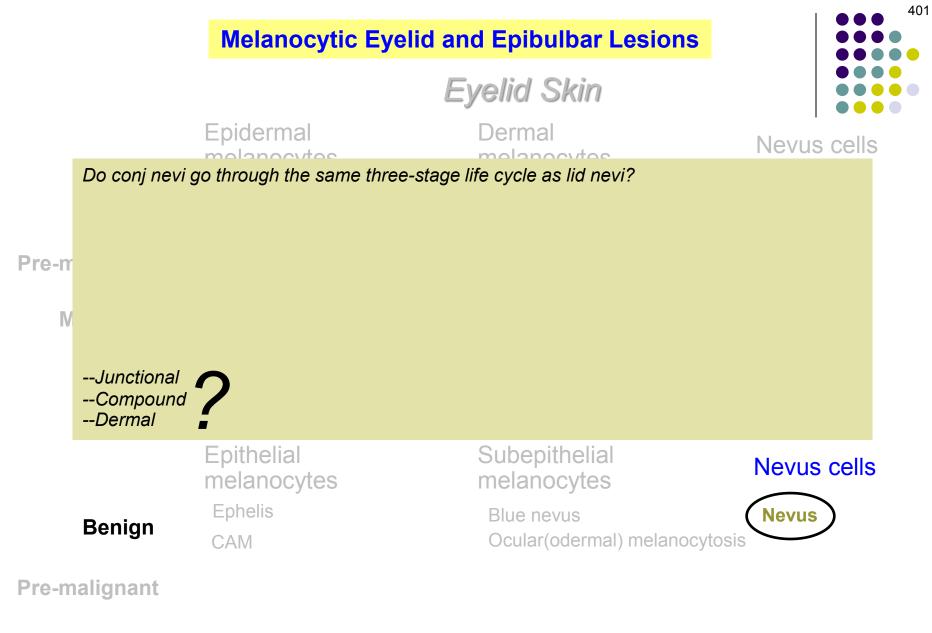


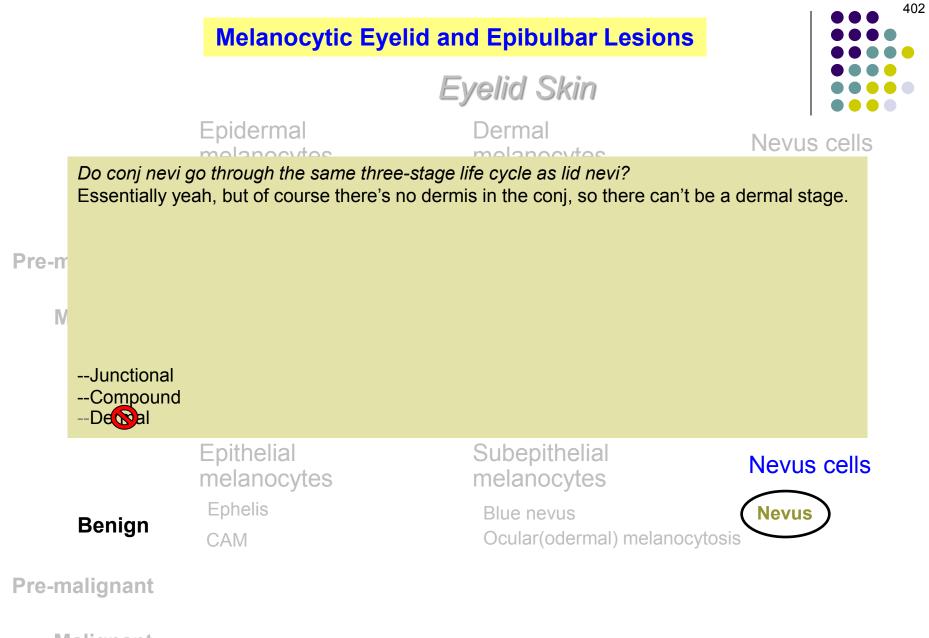


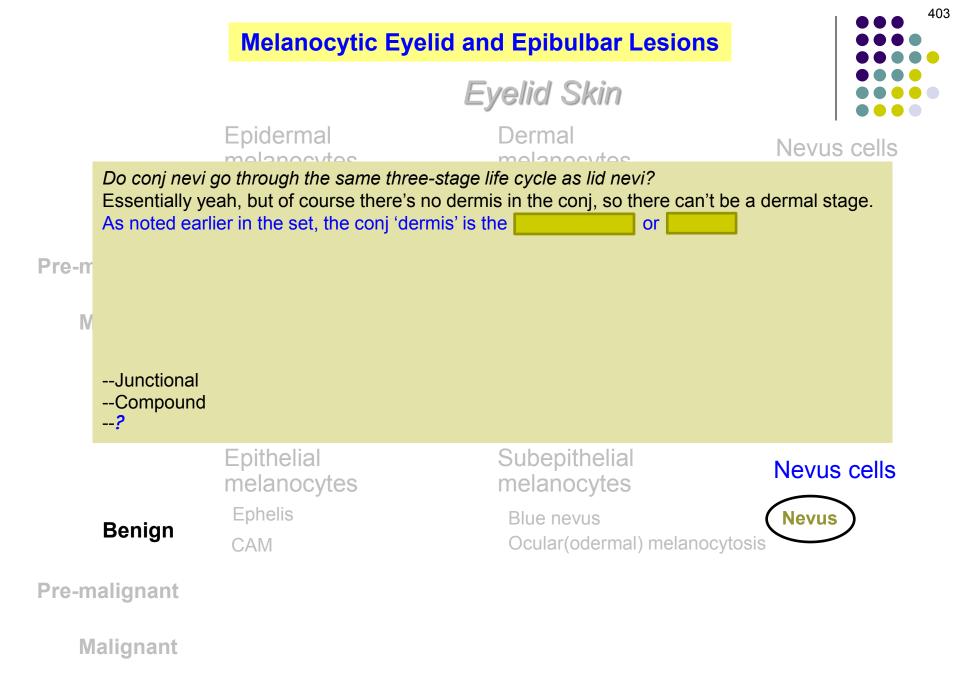
But...But I can still see it—it clearly has a pinkish color. How can it be called 'nonpigmented'? The term *nonpigmented* here doesn't mean 'lacking in color'; it means lacking in *pigment*, specifically the pigment known as melanin. (The more term *amelanotic* is more accurate, probably preferable.)

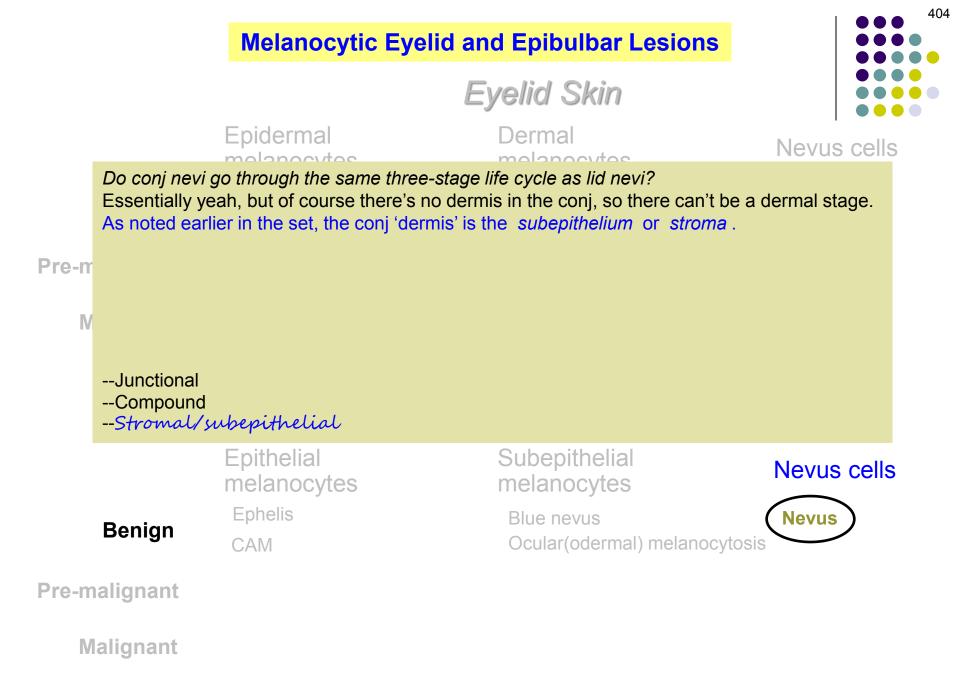
Conjunctival nevus: Nonpigmented

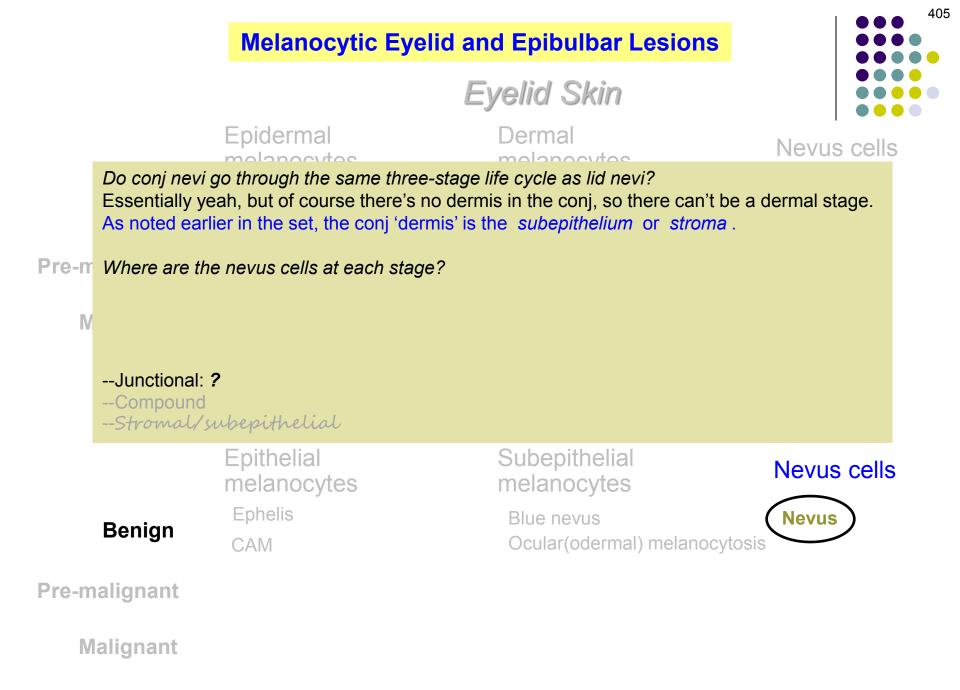








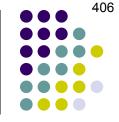






Epidermal

Dermal



Do conj nevi go through the same three-stage life cycle as lid nevi? Essentially yeah, but of course there's no dermis in the conj, so there can't be a dermal stage. As noted earlier in the set, the conj 'dermis' is the *subepithelium* or *stroma*.

Pre-m Where are the nevus cells at each stage?
Note that the conj has an *epithelium*, not an epidermis, so the 'junction' of the junctional stage is that of the epithelium and stroma/subepi.

--Junctional: The epithelial-stromal/subepi junction

--Compound --Stromal/subepithelial

> Epithelial melanocytes Ephelis CAM

Subepithelial melanocytes

Blue nevus Ocular(odermal) melanocytosis



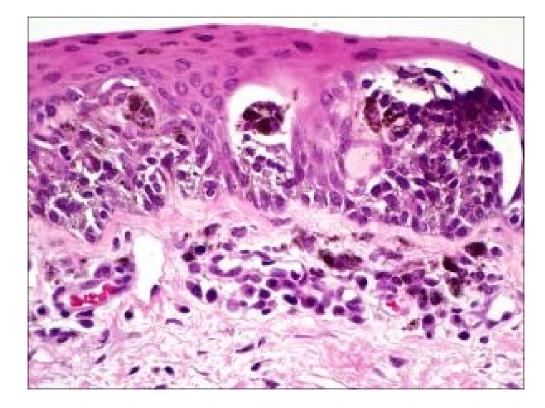
Nevus cells



Pre-malignant

Malignant

Benign





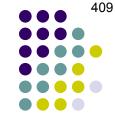




408

Derma Epidermal Nevus cells malanocytos malanacutas Do conj nevi go through the same three-stage life cycle as lid nevi? Essentially yeah, but of course there's no dermis in the conj, so there can't be a dermal stage. As noted earlier in the set, the conj 'dermis' is the subepithelium or stroma. Pre-m Where are the nevus cells at each stage? Note that the conj has an *epithelium*, not an epidermis, so the 'junction' of the junctional stage is that of the epithelium and stroma/subepi. --Junctional: The epithelial-stromal/subepi junction --Compound: ? Next Q --Stromal/subepitulial Epithelial Subepithelial Nevus cells melanocytes melanocytes Ephelis Blue nevus Nevus Benign Ocular(odermal) melanocytosis CAM **Pre-malignant**





Epidermal malanocytos

Derma malanacytas

Nevus cells

Do conj nevi go through the same three-stage life cycle as lid nevi? Essentially yeah, but of course there's no dermis in the conj, so there can't be a dermal stage. As noted earlier in the set, the conj 'dermis' is the subepithelium or stroma.

Pre-m Where are the nevus cells at each stage?

Note that the conj has an *epithelium*, not an epidermis, so the 'junction' of the junctional stage is that of the epithelium and stroma/subepi. Similarly, the 'compound stage' involves nevus cells extending down into the stroma/subepi and up through the epithelium.

--Junctional: The epithelial-stromal/subepi junction

--Compound: Extending down into the stroma/subepi, and up through the epithelium

--Stromal/subepithelial

Epithelial melanocytes Ephelis CAM

Subepithelial melanocytes

Blue nevus Ocular(odermal) melanocytosis



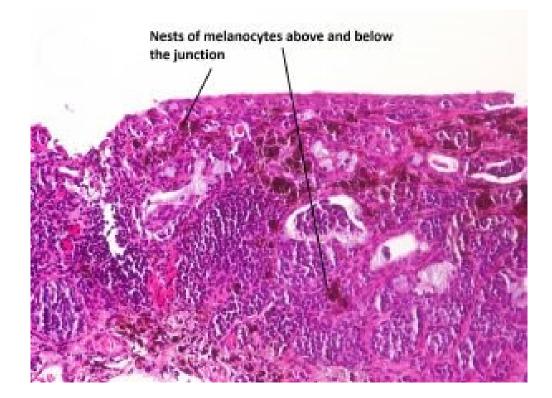
Nevus cells

Pre-malignant

Malignant

Benign





Conjunctival nevus: Compound



Derma



Epidermal Nevus cells malanocytos malanacytas Do conj nevi go through the same three-stage life cycle as lid nevi? Essentially yeah, but of course there's no dermis in the conj, so there can't be a dermal stage. As noted earlier in the set, the conj 'dermis' is the subepithelium or stroma. Pre-m Where are the nevus cells at each stage? Note that the conj has an *epithelium*, not an epidermis, so the 'junction' of the junctional stage is that of the epithelium and stroma/subepi. Similarly, the 'compound stage' involves nevus cells extending down into the stroma/subepi and up through the epithelium. --Junctional: The epithelial-stromal/subepi junction --Compound: Extending down into the stroma/subepi, and up through the epithelium --Stromal/subepithelial: ? Next Q Epithelial Subepithelial Nevus cells melanocytes melanocytes Ephelis Blue nevus Nevus Benign Ocular(odermal) melanocytosis CAM **Pre-malignant**



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Epidermal malanocytos

Derma malanacytas Nevus cells

Do conj nevi go through the same three-stage life cycle as lid nevi? Essentially yeah, but of course there's no dermis in the conj, so there can't be a dermal stage. As noted earlier in the set, the conj 'dermis' is the subepithelium or stroma.

Pre-m Where are the nevus cells at each stage?

Note that the conj has an *epithelium*, not an epidermis, so the 'junction' of the junctional stage is that of the epithelium and stroma/subepi. Similarly, the 'compound stage' involves nevus cells extending down into the stroma/subepi and up through the epithelium. When the epithelial component involutes late in life, the nevus enter the stromal/subepi stage. --Junctional: The epithelial-stromal/subepi junction

--Compound: Extending down into the stroma/subepi, and up through the epithelium --Stromal/subepithelial

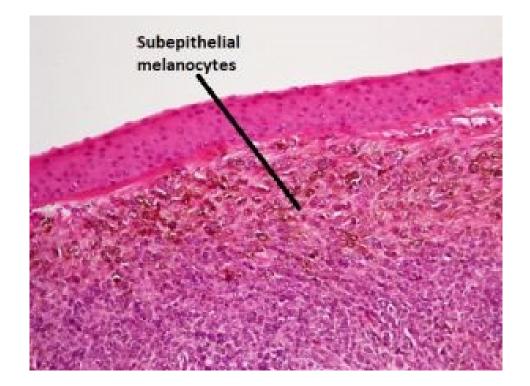
> Epithelial Subepithelial Nevus cells melanocytes melanocytes Ephelis Blue nevus Nevus Ocular(odermal) melanocytosis CAM

Pre-malignant

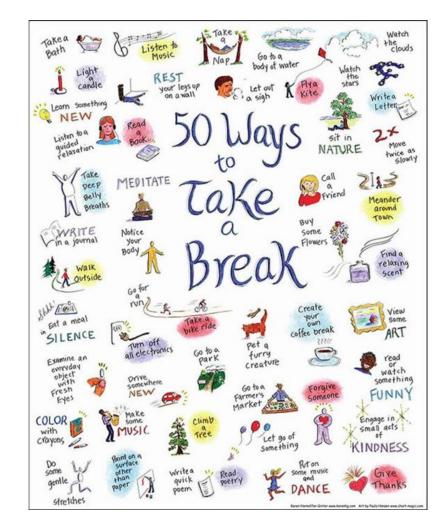
Malignant

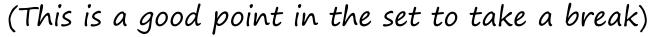
Benign





Conjunctival nevus: Stromal







Eyelid Skin

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis

Nevus

Nevus cells

vevus

Pre-malignant

Malignant

Benign

Next, let's look at *pre-malignant lesions deriving from* dermal *and* subepithelial melanocytes

Epibulbar tissue

Subepithelial melanocytes

Blue nevus

Nevus cells

Nevus

Ocular(odermal) melanocytosis

Pre-malignant

Malignant

Benign

No question—proceed when ready

Epithelial melanocytes Ephelis CAM

Epidermal

Lentigines

Ephelis

melanocytes

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Eyelid Skin

Epidermal melanocytes **Ephelis** Lentigines

Pre-malignant

Malignant

Benign

Dermal melanocytes Blue nevus (Oculo)dermal melanocytosis

Nevus

Nevus cells

What pre-malignant eyelid skin lesion is attributable to epidermal melanocytes?

(We mentioned it previously)

Epibulbar tissue

Epithelial Subepithelial melanocytes melanocytes Ephelis Blue nevus Ocular(odermal) melanocytosis CAM

Nevus cells

Nevus

Pre-malignant

Malignant

Benign



?



Eyelid Skin

417

	Epidermal melanocytes	Dermal melanocytes	Nevus cells
Benign	Ephelis Lentigines	Blue nevus (Oculo)dermal melanocytosis	Nevus
Pre-malignant	Lentigo maligna -	What pre-malignant eyelid skin lesion is attributable to epidermal melanocytes?	5
Malignant		(We mentioned it previously)	

Epibulbar tissue

	Epithelial melanocytes	Subepithelial melanocytes	Nevus cells
Benign	Ephelis	Blue nevus	Nevus
	CAM	Ocular(odermal) melanocytosis	

Pre-malignant

Ρ

Eyelid Skin

Epidermal melanocytes Ephelis Lentigines

?

Pre-malignant

Lentigo maligna

Malignant

Benign

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

Nevus

Epibulbar tissue

	Epithelial melanocytes	Subepithelial melanocytes	Nevus cells
Benign	Ephelis	Blue nevus	Nevus
	CAM	Ocular(odermal) melanocytosis	

Pre-malignant

What is its epibulbar equivalent?

Eyelid Skin

Epidermal melanocytes Ephelis Lentigines

Pre-malignant

Lentigo maligna

Malignant

Benign

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

Nevus

Epibulbar tissue

	Epithelial melanocytes	Subepithelial melanocytes	Nevus cells
Benign	Ephelis	Blue nevus	Nevus
	CAM	Ocular(odermal) melanocytosis	

Pre-malignant

PAM - What is its epibulbar equivalent?

Eyelid Skin

Epidermal melanocytes Ephelis Lentigines

Pre-malignant

Lentigo maligna

Malignant

Benign

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

Nevus

Epibulbar tissue

	Epithel melanc		Subepithelial melanocytes	Nevus cells
Benign	Ephelis CAM		Blue nevus Ocular(odermal) melano	Nevus cytosis
Pre-malignant	PAM	What does F	PAM stand for in this context?	

Eyelid Skin

Epidermal melanocytes Ephelis Lentigines

Pre-malignant

Lentigo maligna

Malignant

Benign

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

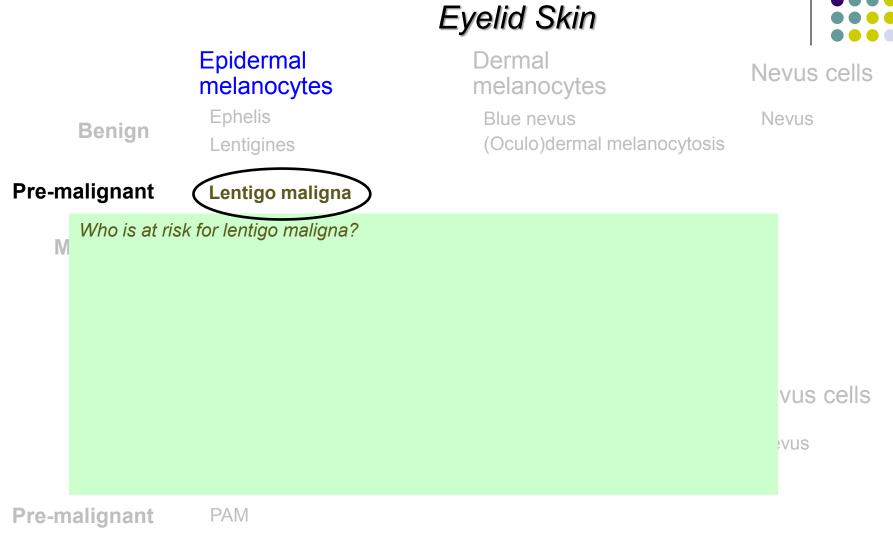
Nevus

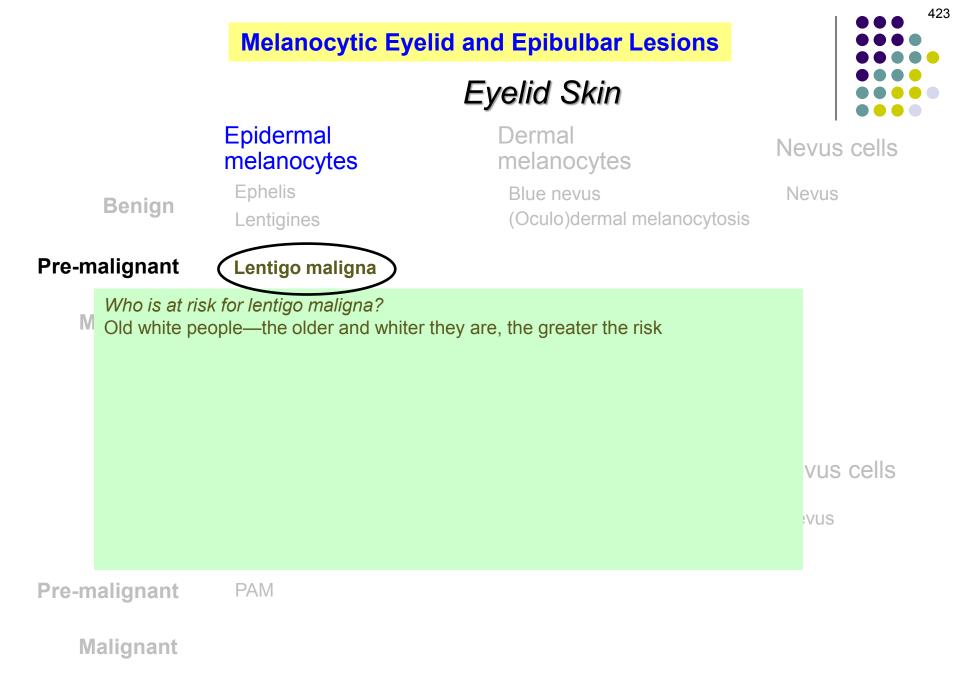
Epibulbar tissue

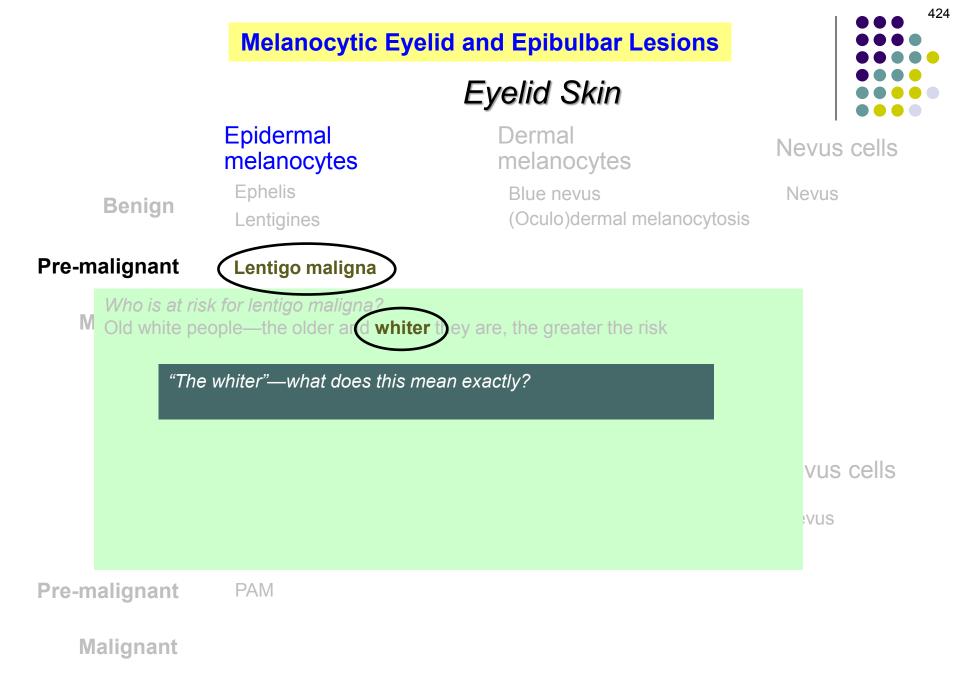
	Epithe meland		Nevus cells
Benign	Ephelis CAM	Blue nevus Ocular(odermal) melanocy	Nevus ytosis
Pre-malignant	PAM	What does PAM stand for in this context? Primary acquired melanosis	

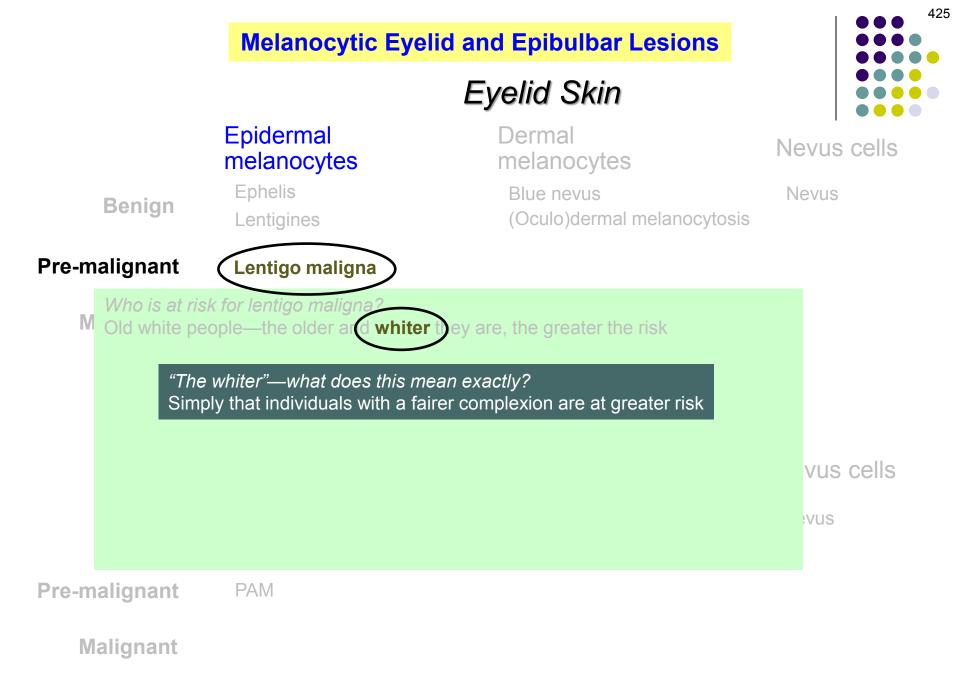


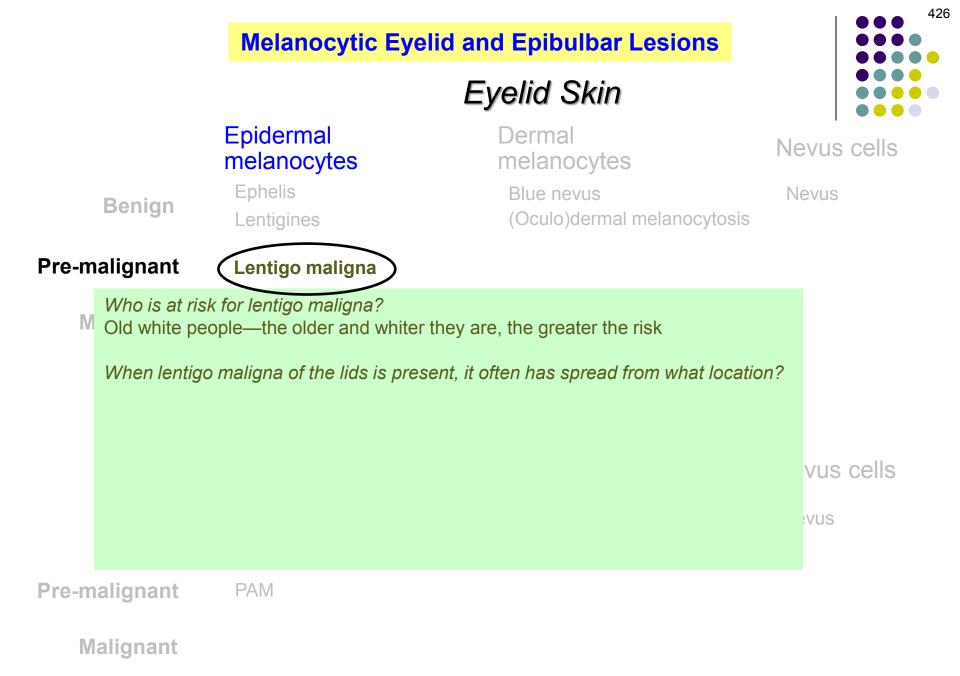
422

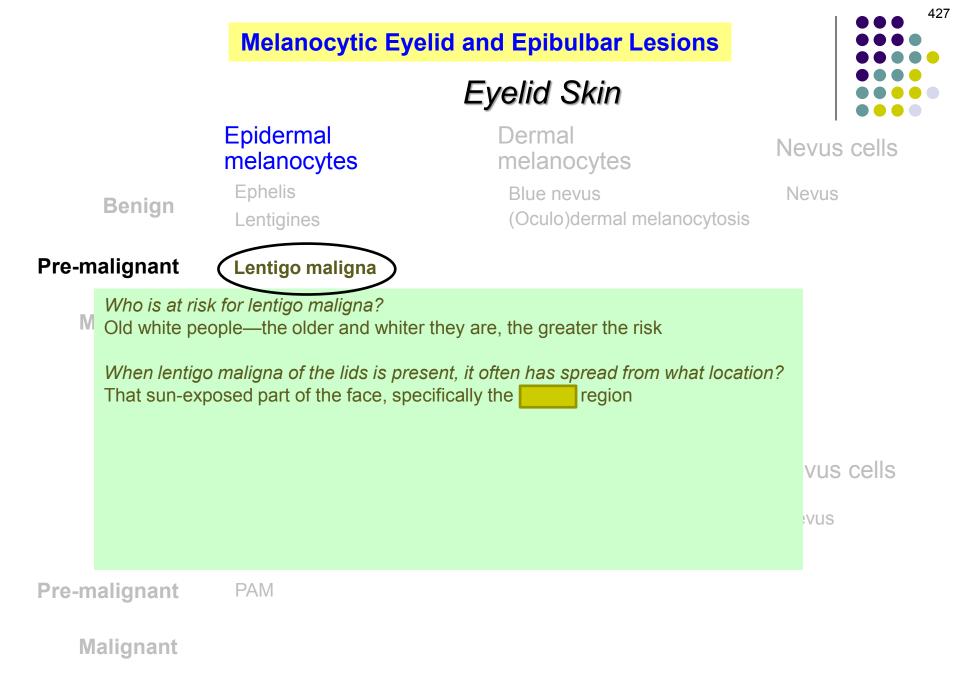


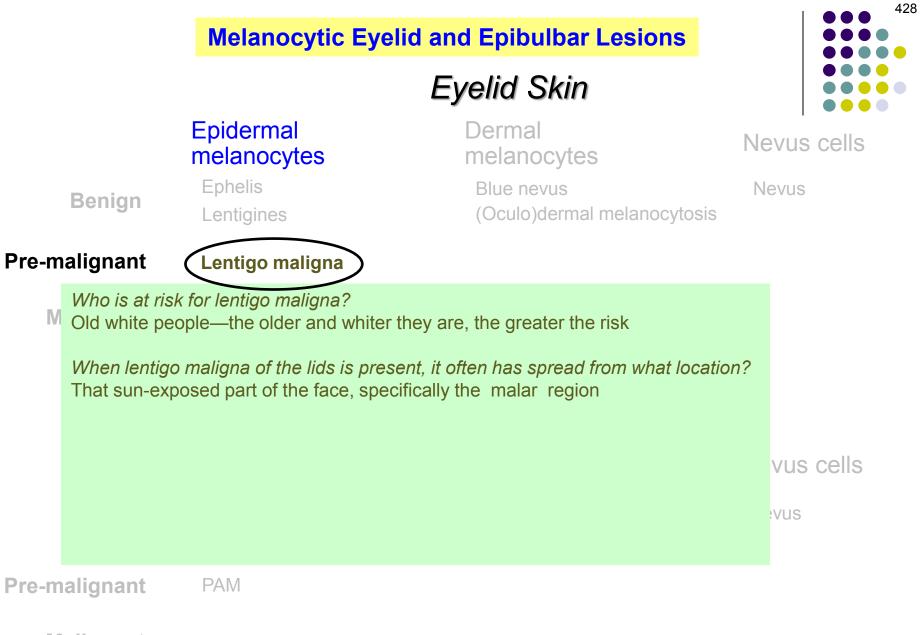
















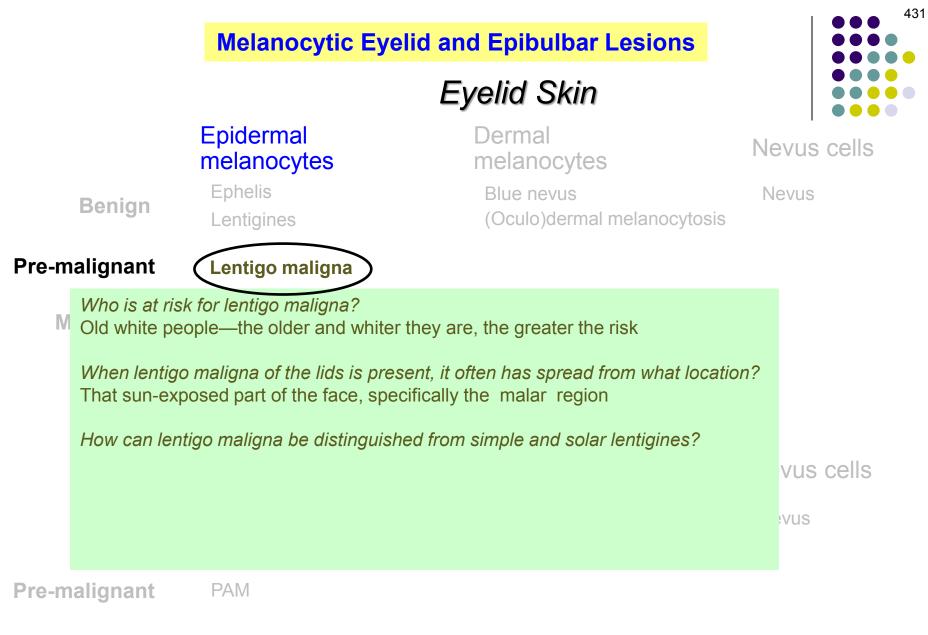
Lentigo maligna that has spread from the malar region to the lid

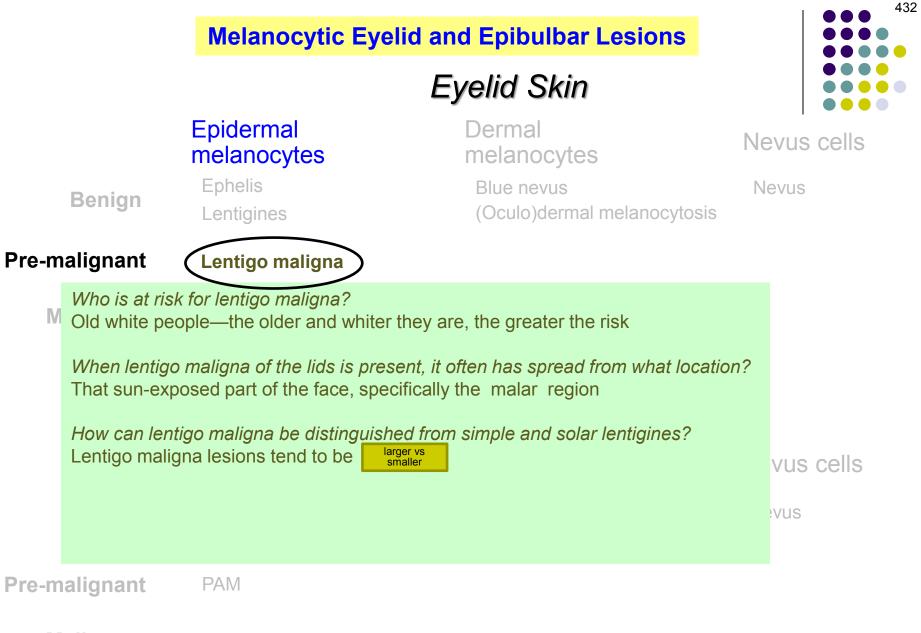


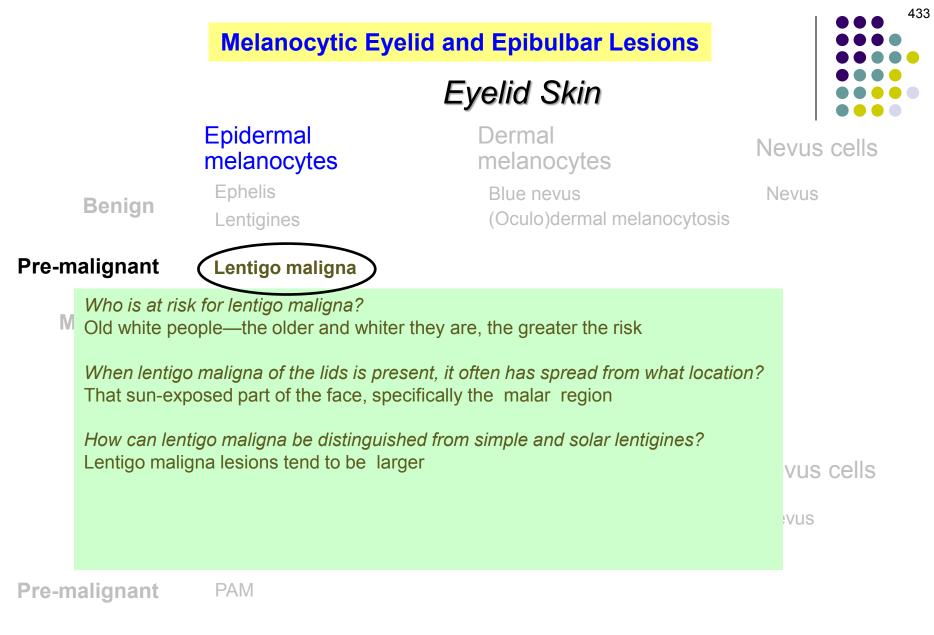


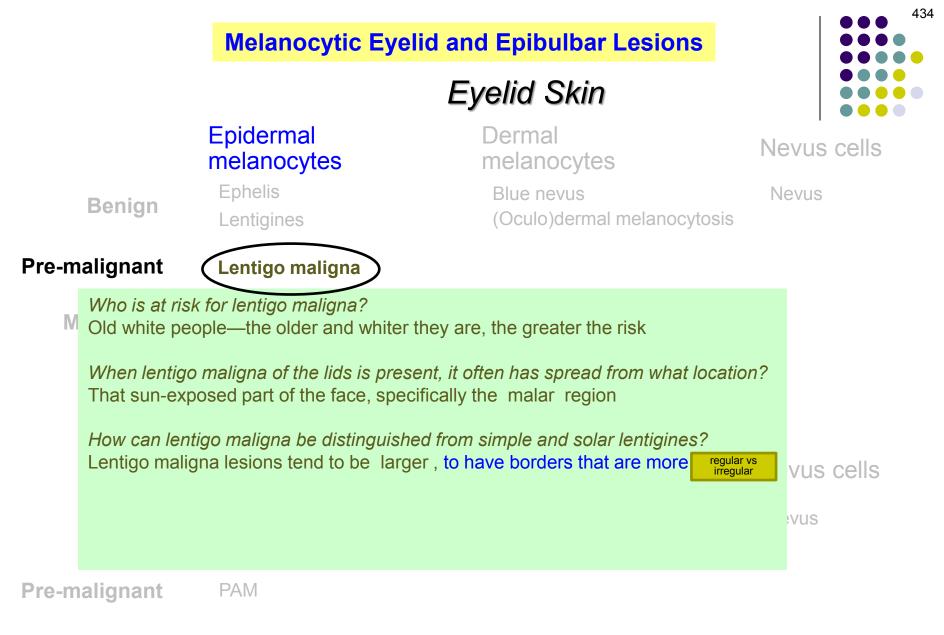
Callback to a pic from earlier in the set that referred to the malar region as "sun-exposed"

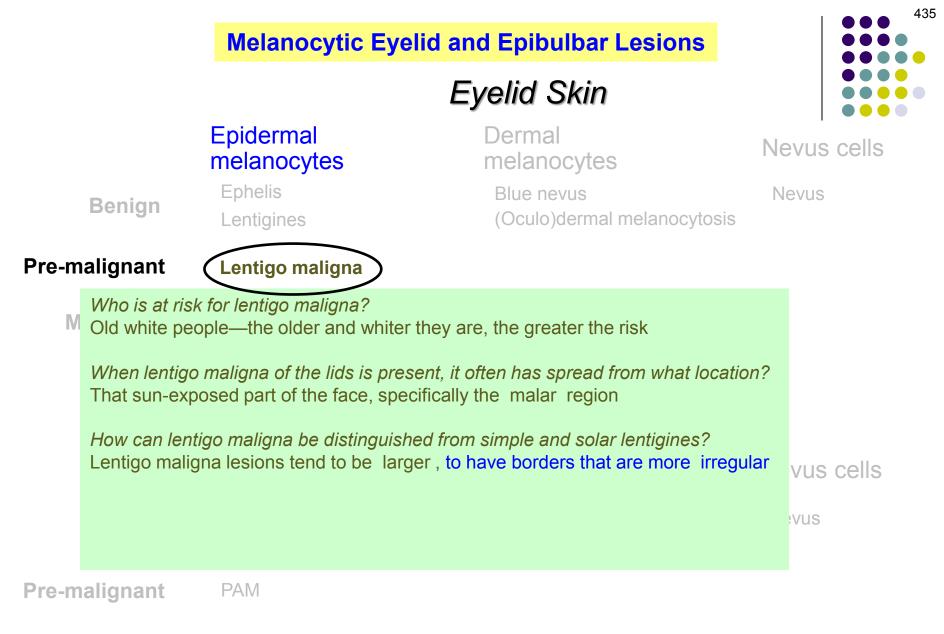
Classic ephelides concentration across the sun-exposed malar region

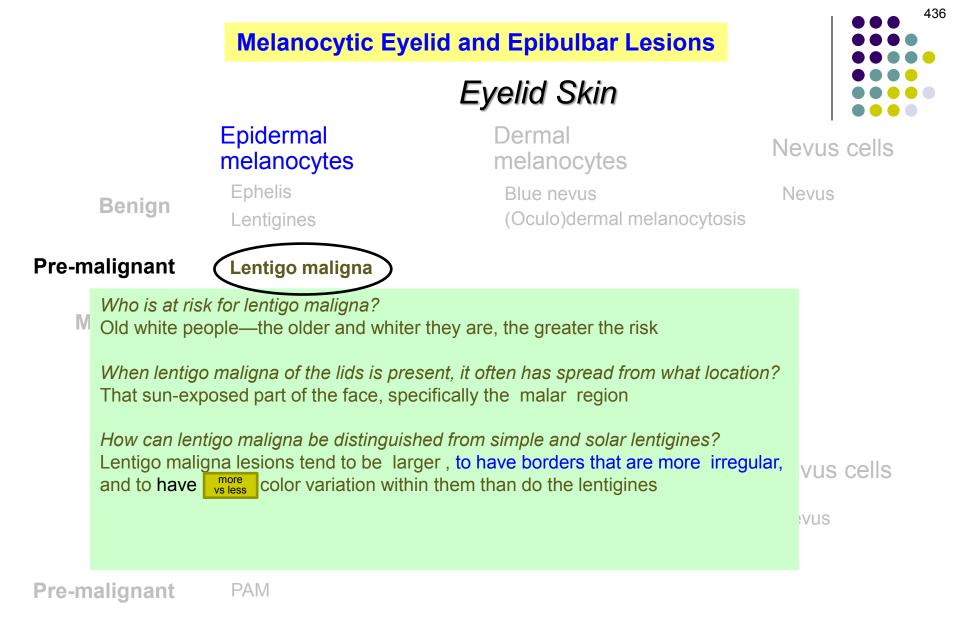


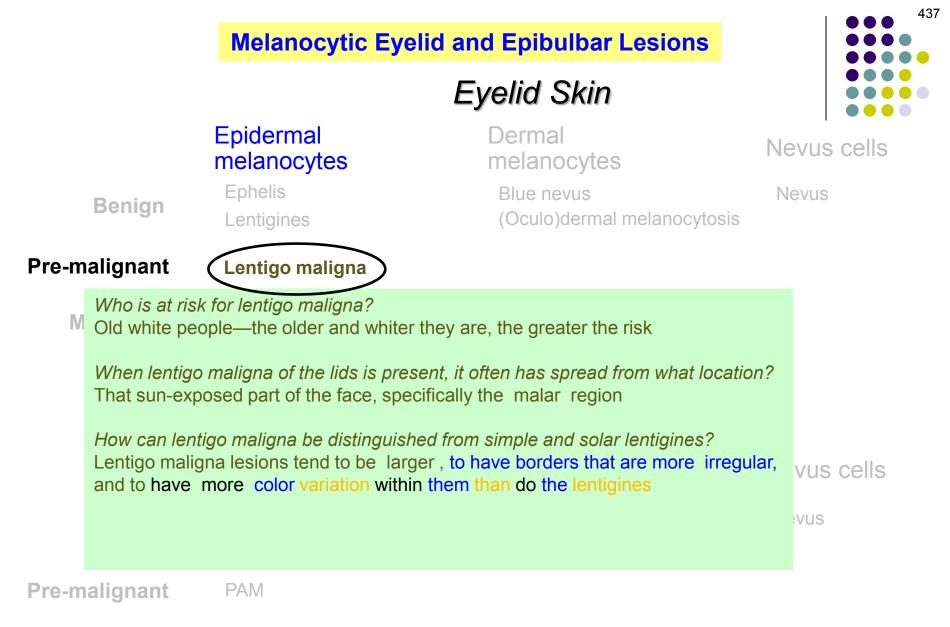


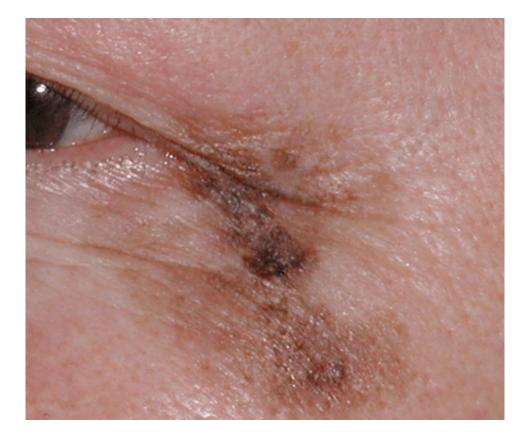












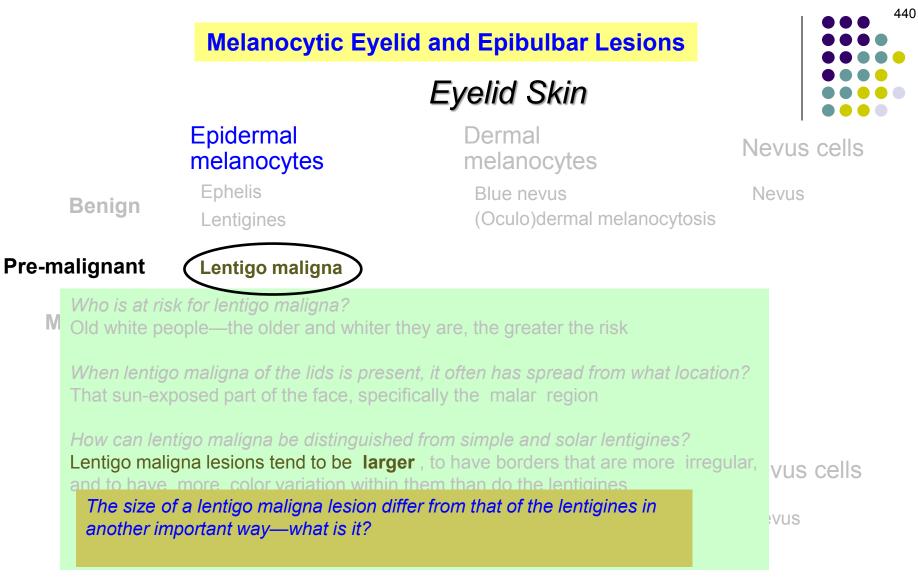




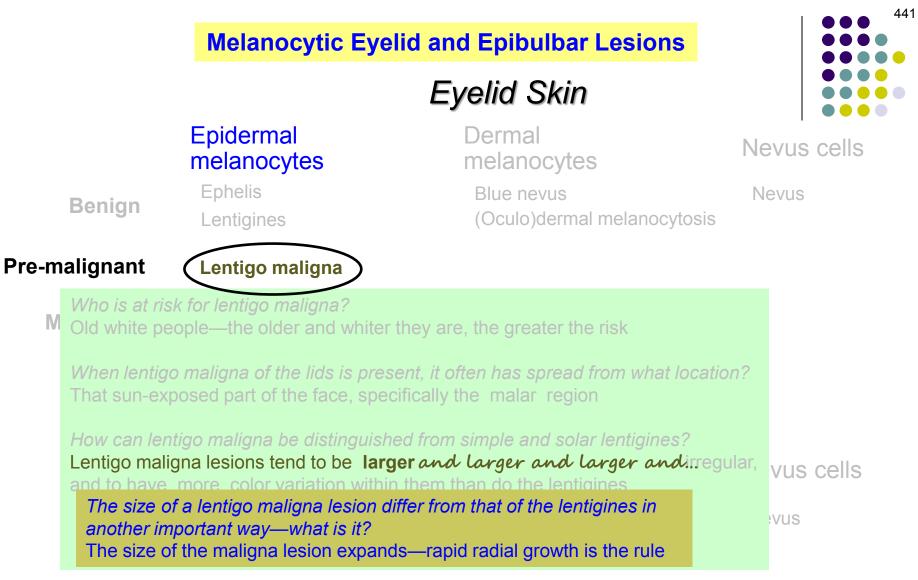




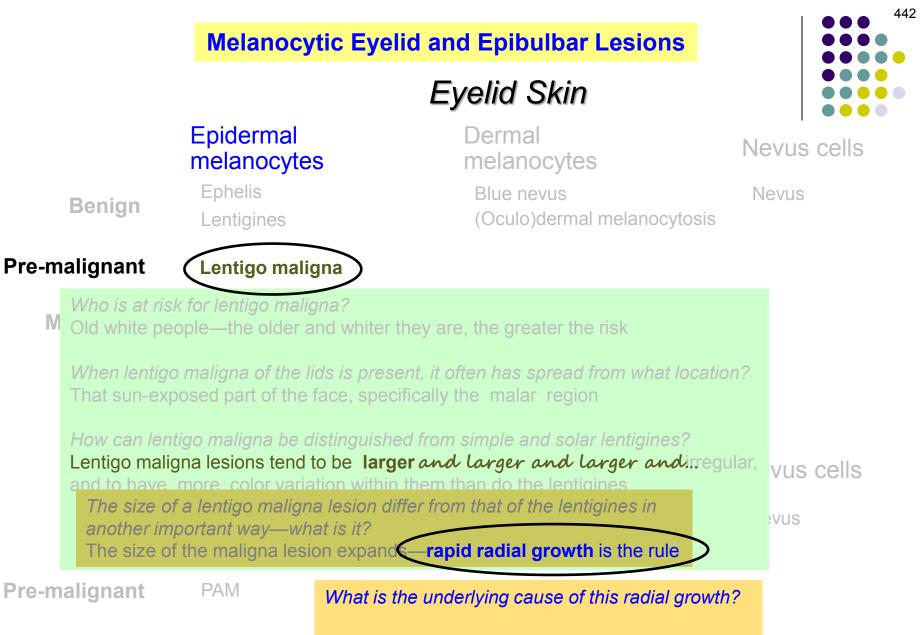


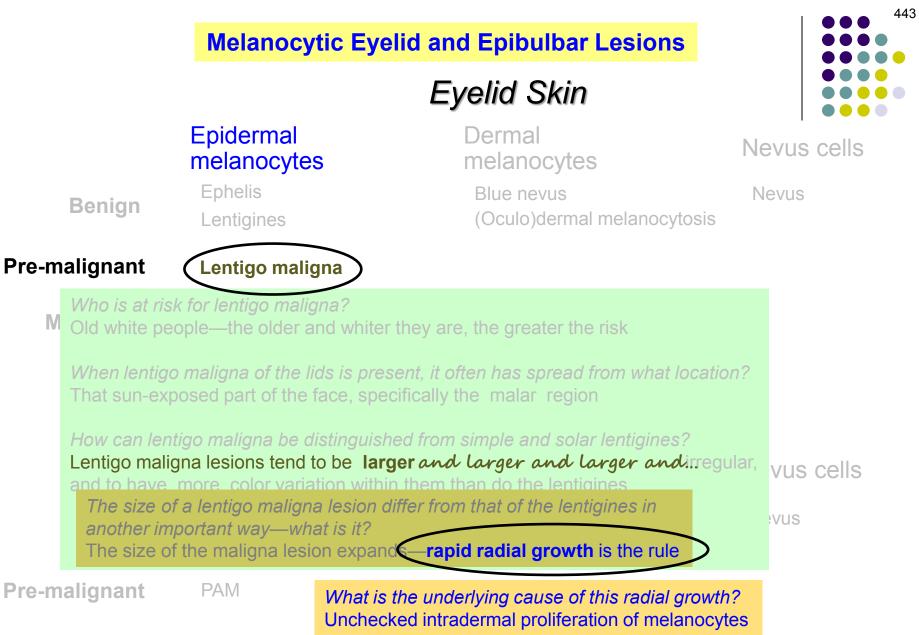


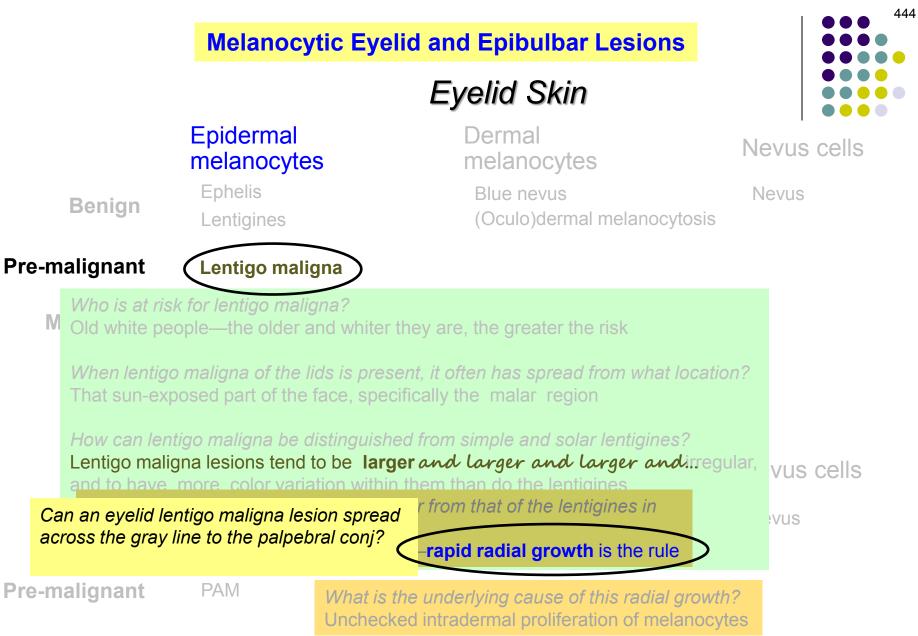
Pre-malignant PAM

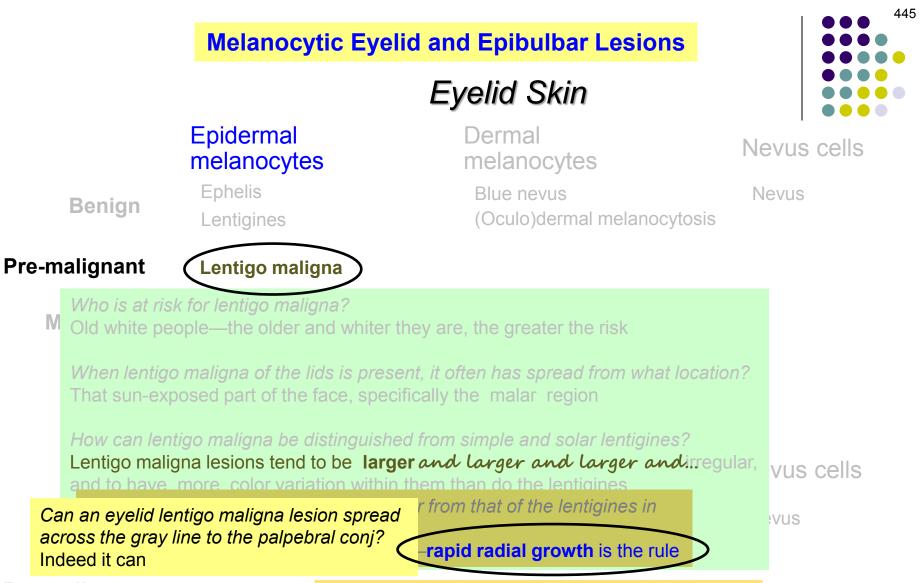


Pre-malignant PAM









Pre-malignant P.

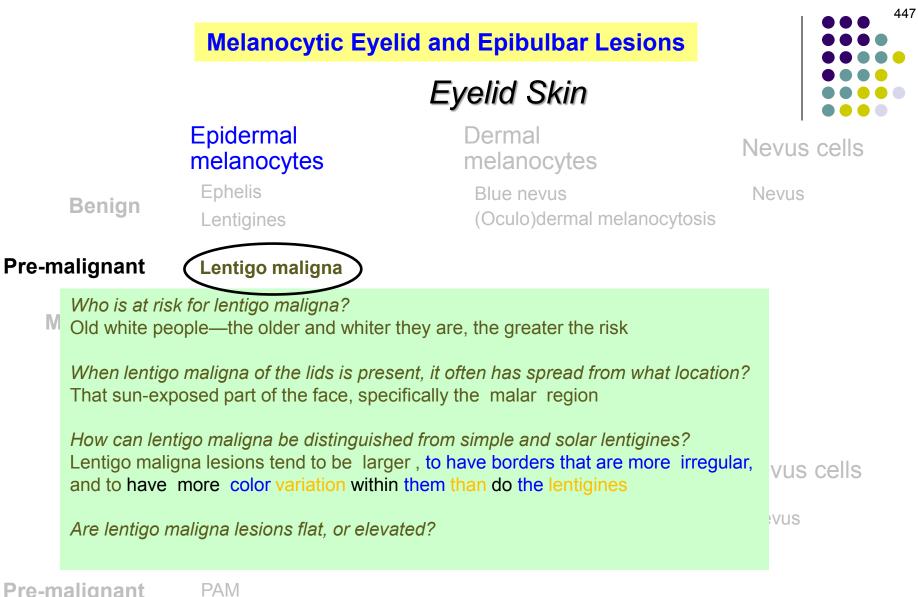
PAM

What is the underlying cause of this radial growth? Unchecked intradermal proliferation of melanocytes

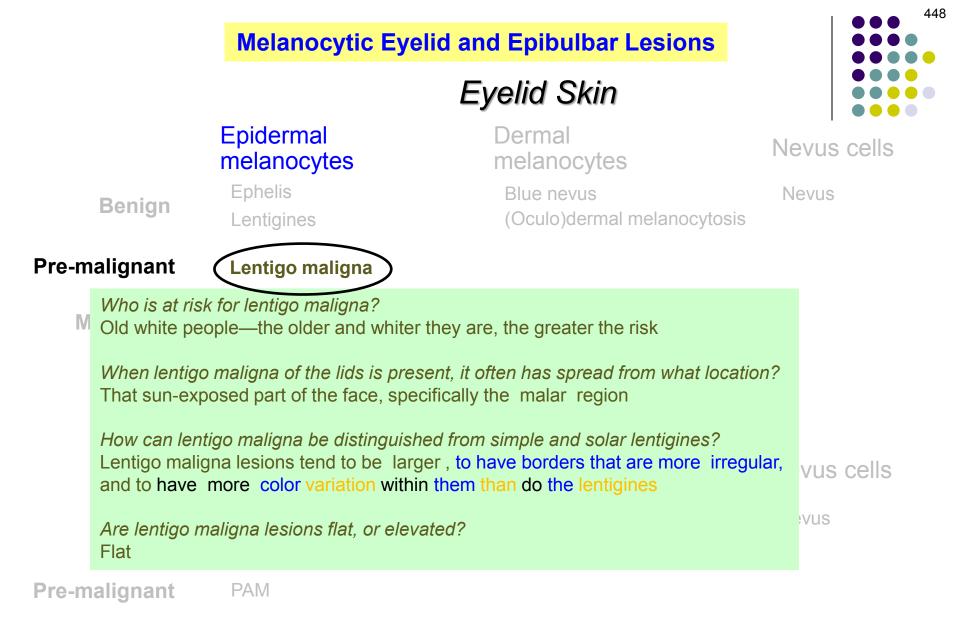


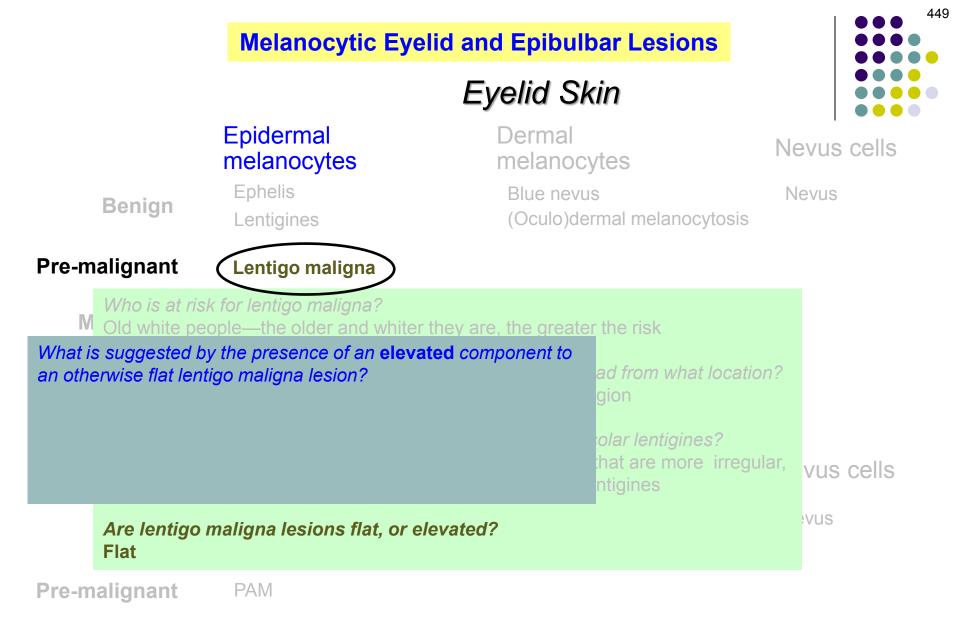


Lentigo maligna crossing onto the palpebral conj



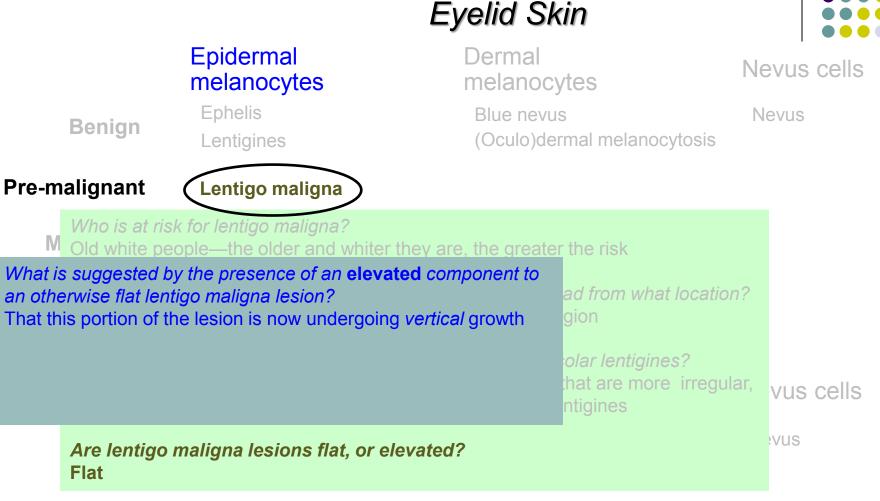
Pre-malignant







450



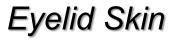
Pre-malignant PAM











452

	Benign	Epidermal melanocytes Ephelis Lentigines	Dermal melanocy Blue nevu (Oculo)de	,	Nevus cells
Pre-m	nalignant	Lentigo maligna			
What i an oth That th	Old white p is suggested erwise flat lea nis portion of	isk for lentigo maligna? eople—the older and whiter by the presence of an eleva t ntigo maligna lesion? the lesion is now undergoing n ominous sign—why?	ted component to	r the risk <i>ad from what location</i> gion <i>colar lentigines?</i> that are more irregula ntigines	
	<i>Are lentigo</i> Flat	o maligna lesions flat, or el	evated?		vus
_					

Pre-malignant

PAM

Malignant

Eyelid Skin

453

		Epidermal melanocytes	Dermal melanoc	ytes	Nev	us cells
	Benign	Ephelis Lentigines	Blue nevu (Oculo)de	s rmal melanocytosis	Nev	/US
Pre-m	nalignant	Lentigo maligna				
N	<i>Who is at r</i> Old white p	isk for lentigo maligna? eople—the older and white	er they are, the greate	<u>r</u> the risk		
an oth	erwise flat le	<i>by the presence of an elev ntigo maligna lesion?</i> the lesion is now undergoin	·	<i>ad from what locatio</i> gion	n?	
It indic	ates this por	<i>n ominous sign—why?</i> tion has transformed from l aligna melanoma	entigo maligna into	o <i>lar lentigines?</i> hat are more irregu ntigines	lar, _V	us cells
	Are lentige Flat	o maligna lesions flat, or o	elevated?		÷۷۱	US

Pre-malignant PAM

Malignant

Eyelid	Skin
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454

	Benign	Epidern melano Ephelis Lentigine	cytes	Dermal melanocy Blue nevu (Oculo)de		Nevus	s cells
Pre-m	alignant	Lentigo	maligna				
Who is at risk for lentigo maligna? M Old white people—the older and whiter they are, the greater the risk What is suggested by the presence of an elevated component to an otherwise flat lentigo maligna lesion? That this portion of the lesion is now undergoing vertical growth Vertical growth is an ominous sign—why? It is blocked by the presence of an elevated component to a otherwise flat lentigo maligna lesion? That this portion of the lesion is now undergoing vertical growth Vertical growth is an ominous sign—why?						lor	s cells
		/	's this a common to transform into	n occurrence—for le melanoma?	entigo maligna	vus	
		DANA					

Pre-malignant PAM

Malignant

Eyelid	Skin
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455

Benign	Epidermal melanocytes Ephelis Lentigines	Dermal melanocy Blue nevu (Oculo)de	ytes	Nevus cells
Pre-malignant	Lentigo maligna			
M Old white per What is suggested be an otherwise flat len	sk for lentigo maligna? eople—the older and white by the presence of an ele tigo maligna lesion? he lesion is now undergo	vated component to	r the risk <i>ad from what location</i> gion	?
Ŭ	Is this a com	mon occurrence—for le into melanoma?	olar lentigines? hat are more irregula ntigines entigo maligna	^{Ir,} vus cells

Pre-malignant PAM

Malignant

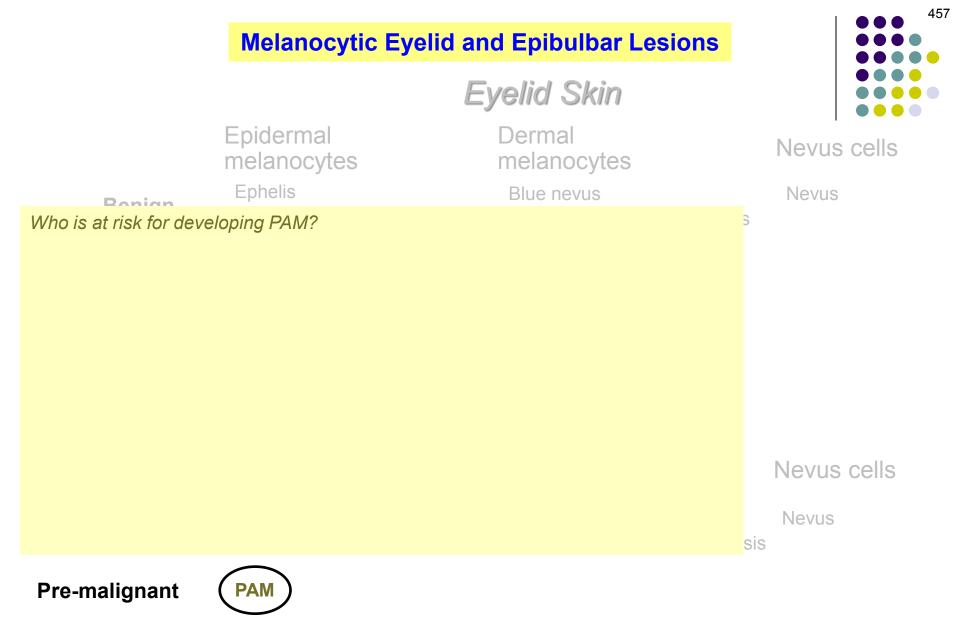
Eyelid S	Skin
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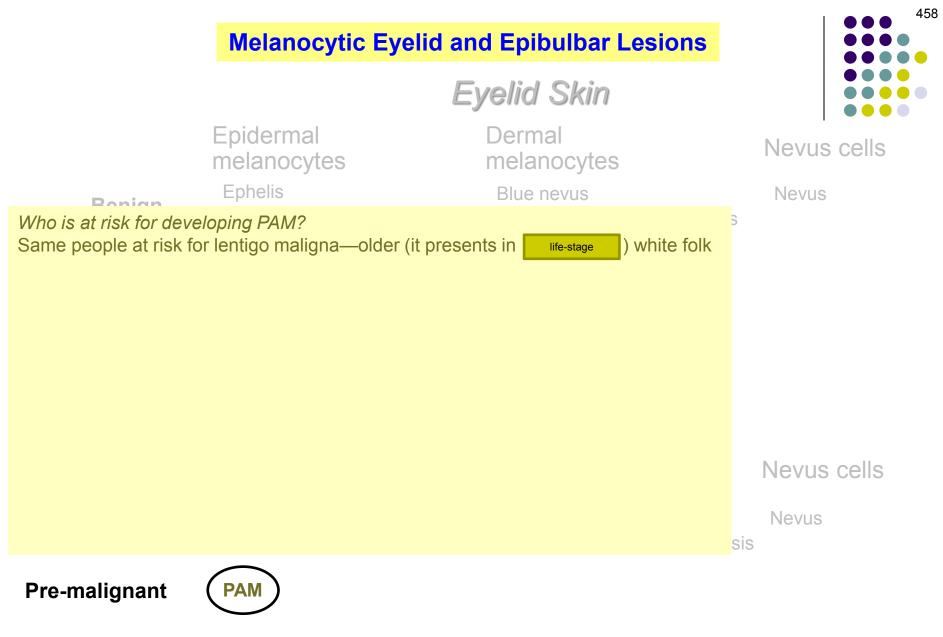
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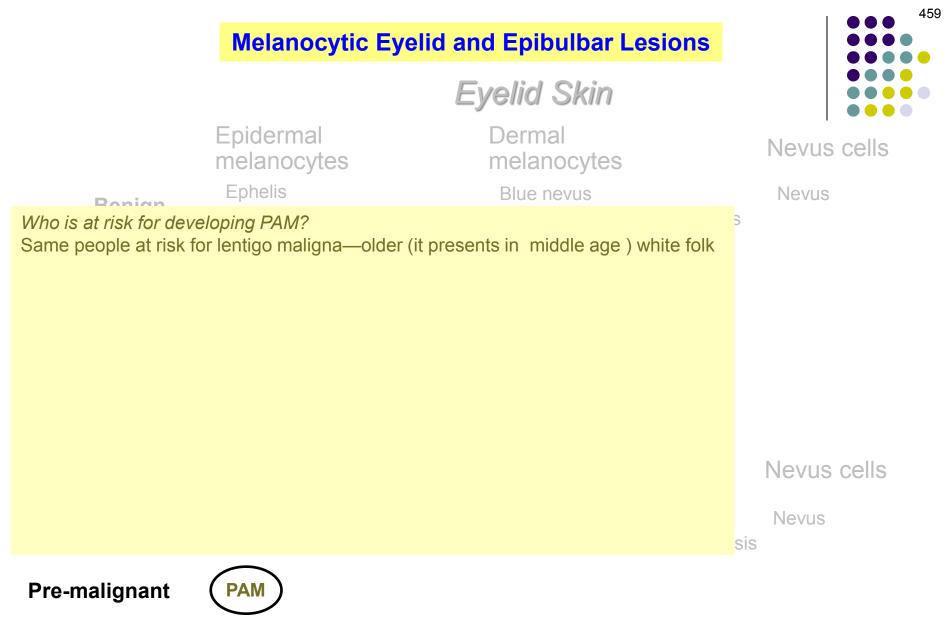
Benign	Epidermal melanocytes Ephelis Lentigines	Dermal melanocy Blue nevus (Oculo)derr	tes	Vevus cells Nevus
Pre-malignant	Lentigo maligna			
M Old white per What is suggested be an otherwise flat len	sk for lentigo maligna? eople—the older and whit by the presence of an ele atigo maligna lesion? the lesion is now undergo	wated component to bing vertical growth	a <i>d from what location?</i> gion	
· · · · · · · · · · · · · · · · · · ·	Is this a com maligna leto transform i	m lentigo maligna	olar lentigines? hat are more irregular ntigines ntigo maligna	vus cells

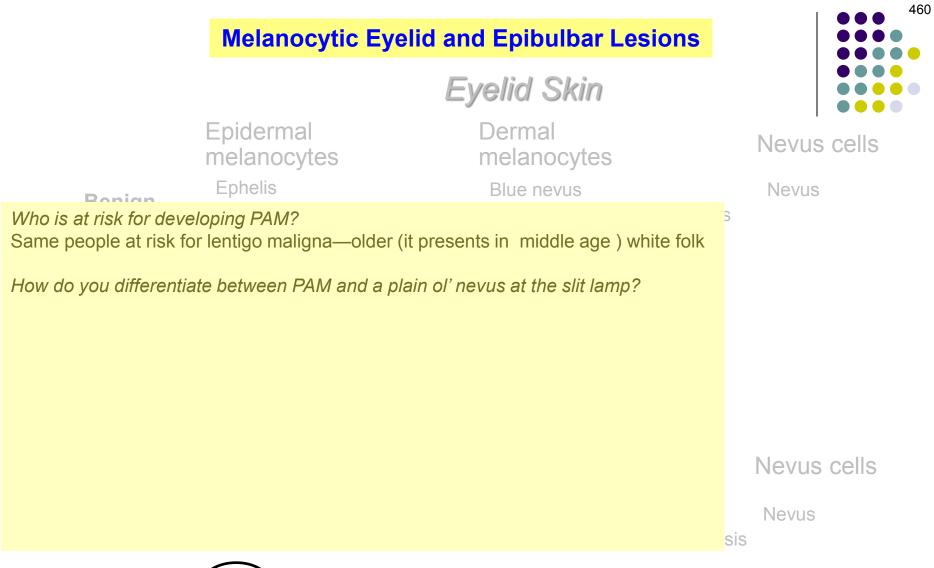
Pre-malignant PAM

Malignant



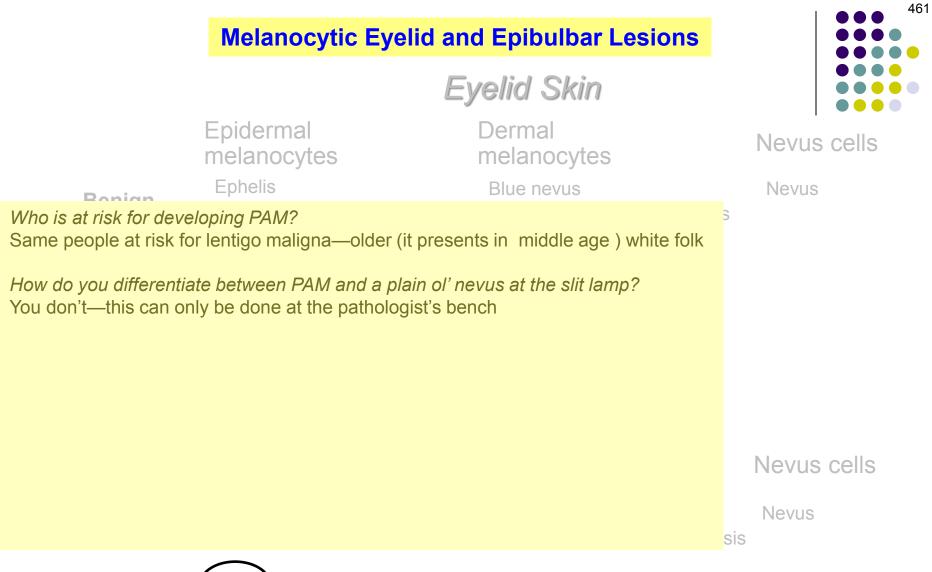






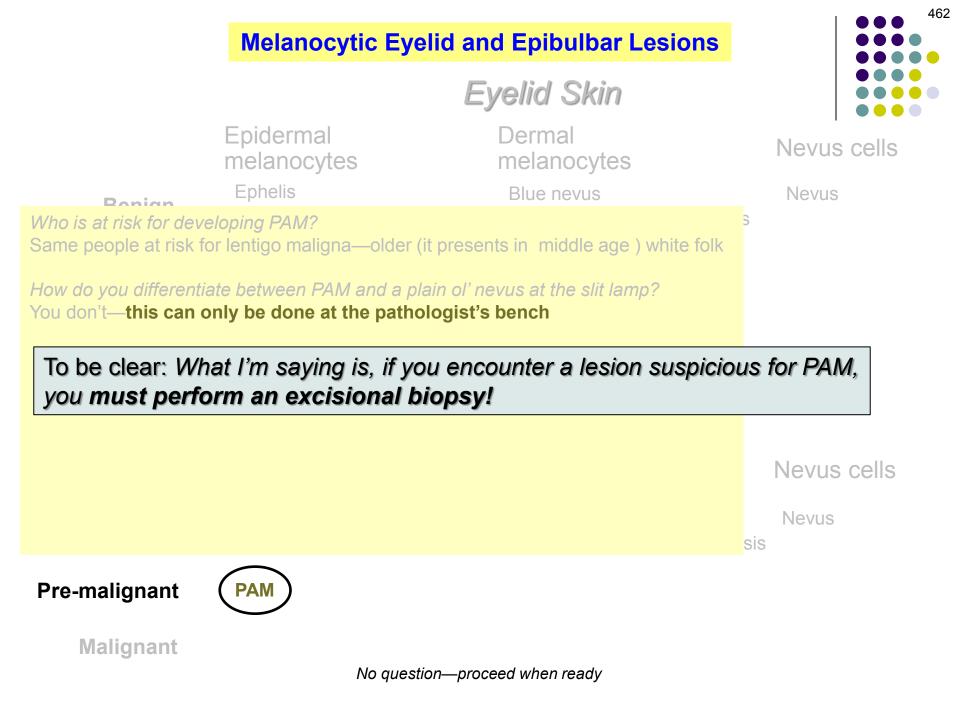
Pre-malignant

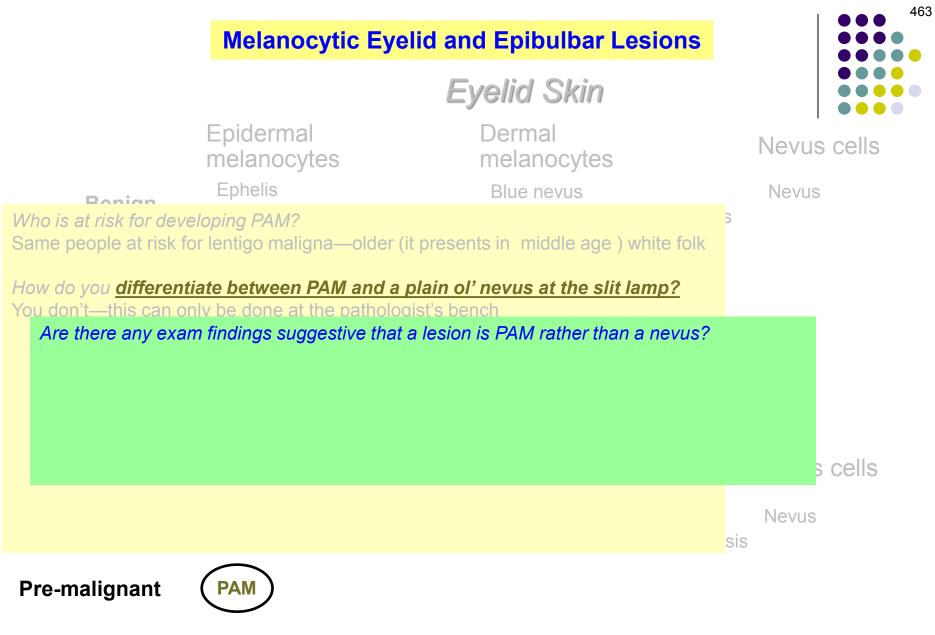


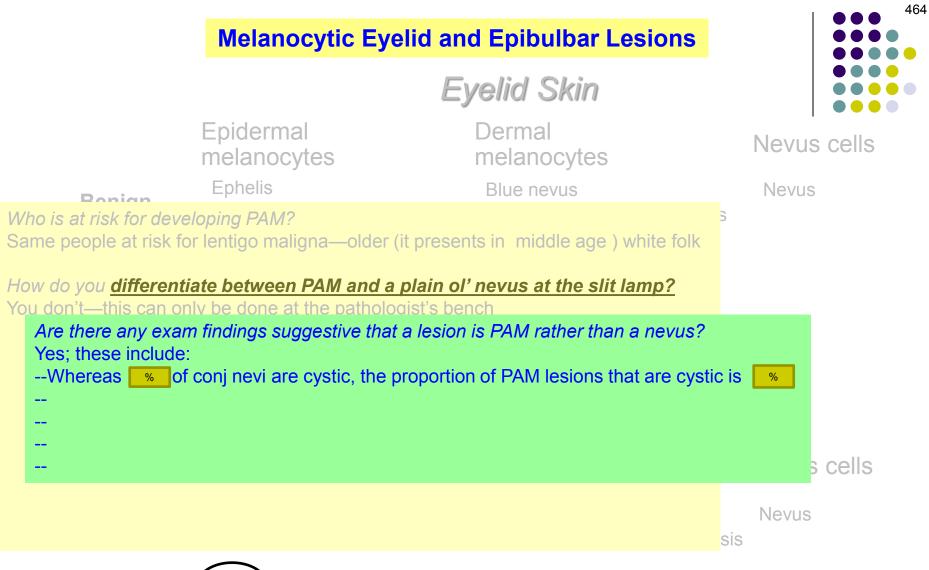


Pre-malignant



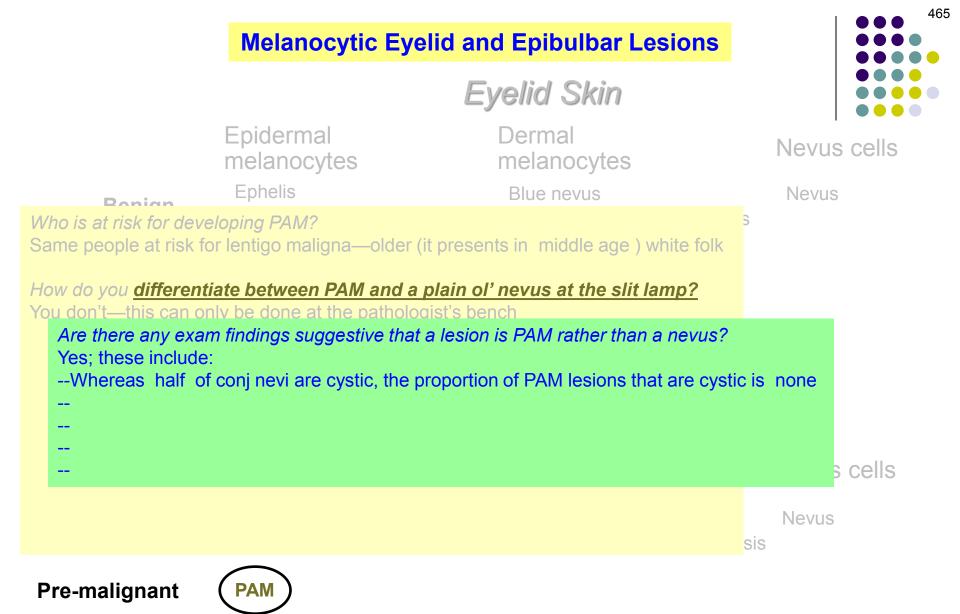


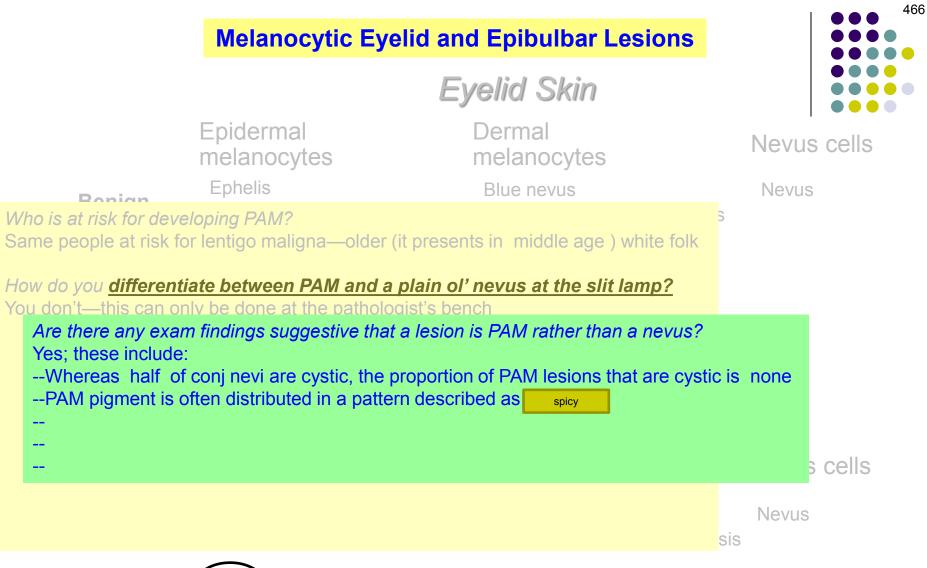




Pre-malignant

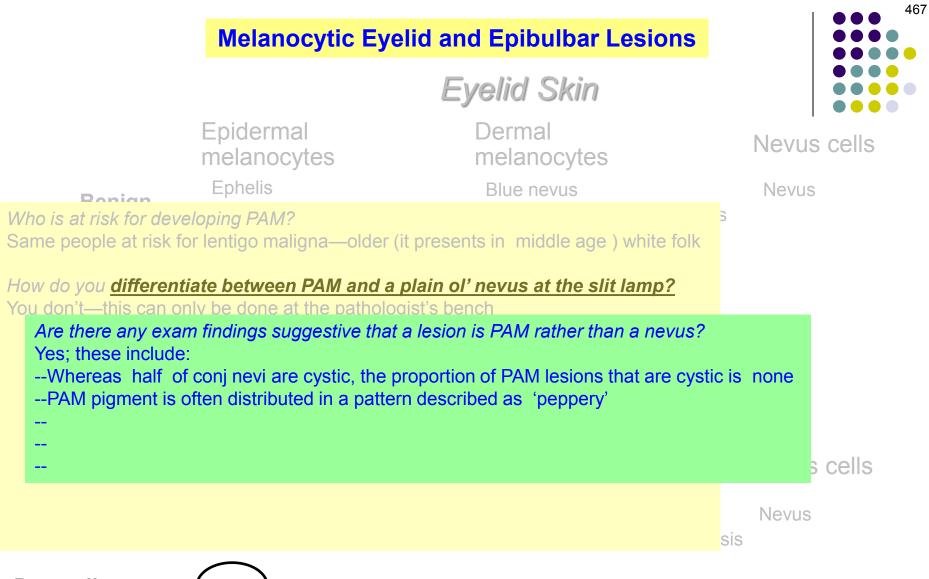
PAM





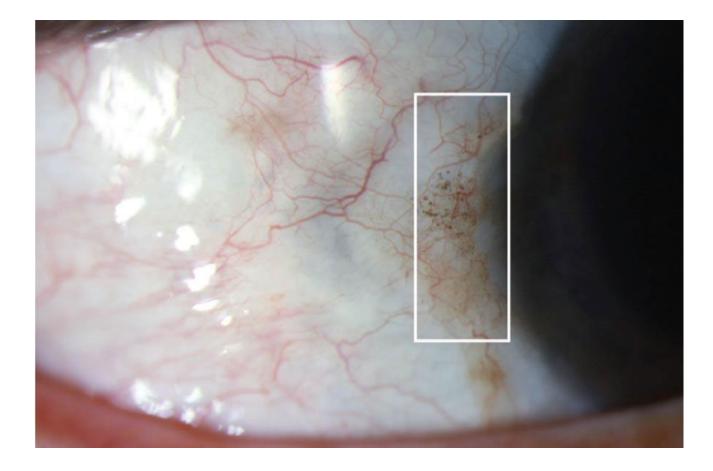
Pre-malignant





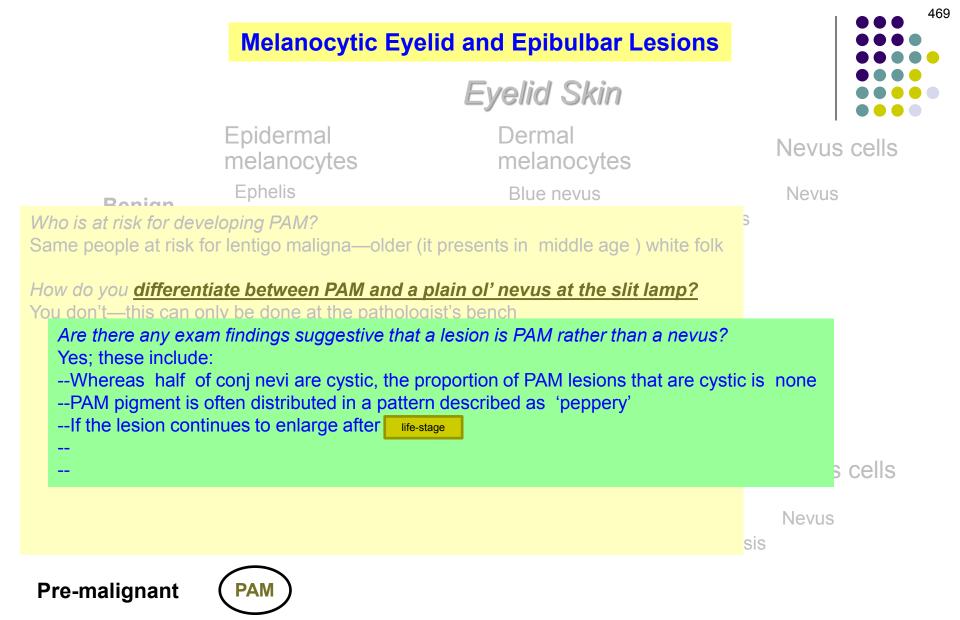
Pre-malignant

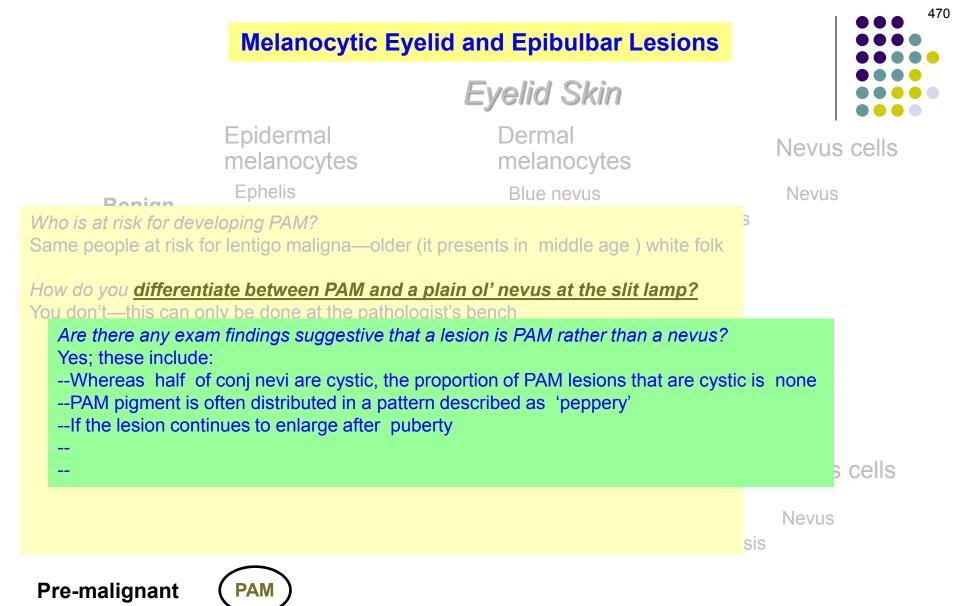


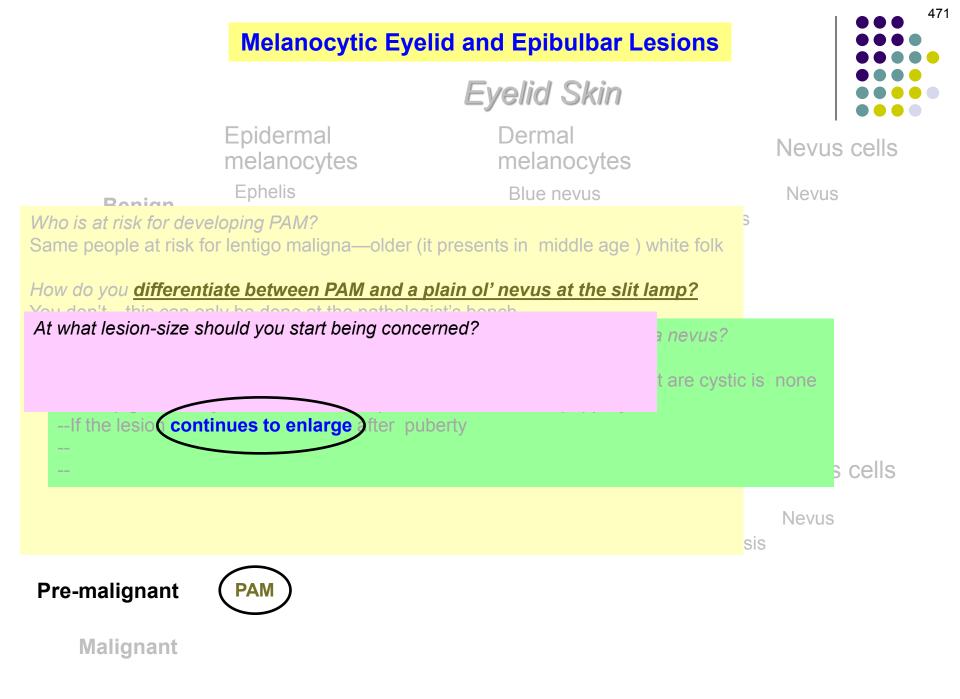


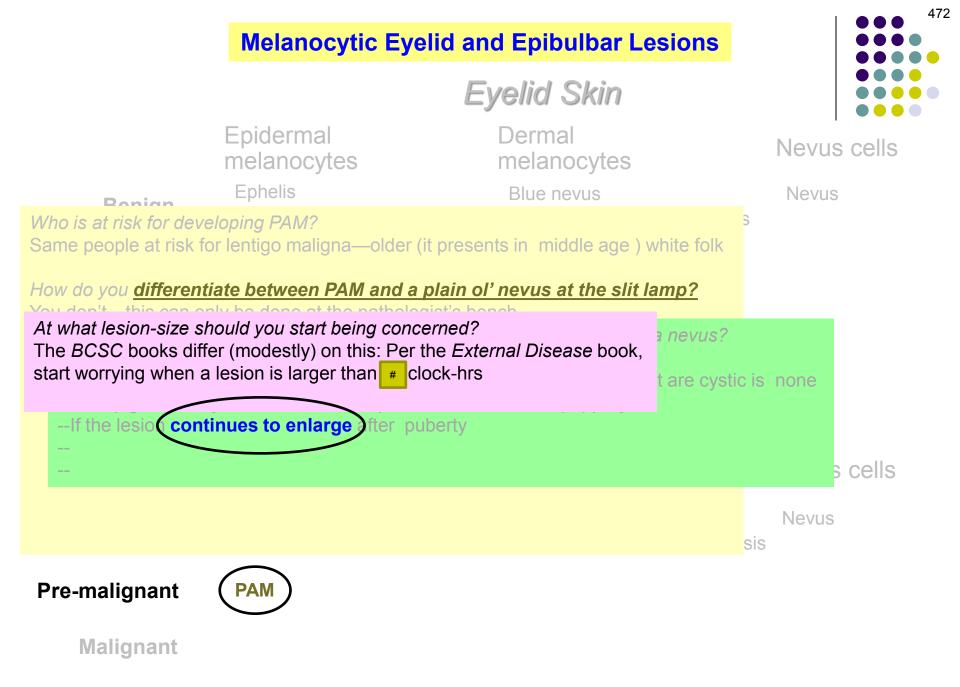
Primary acquired melanosis (PAM). Slit-lamp photograph of a 72-year- old white man that shows "peppery" pigmentation of the perilimbal conjunctiva [rectangle].

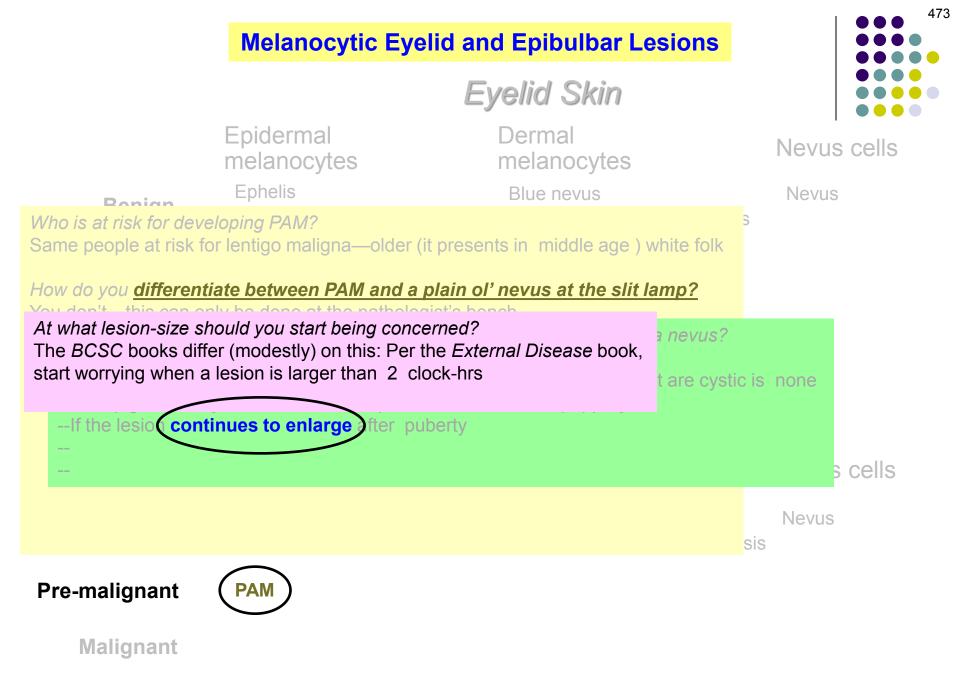


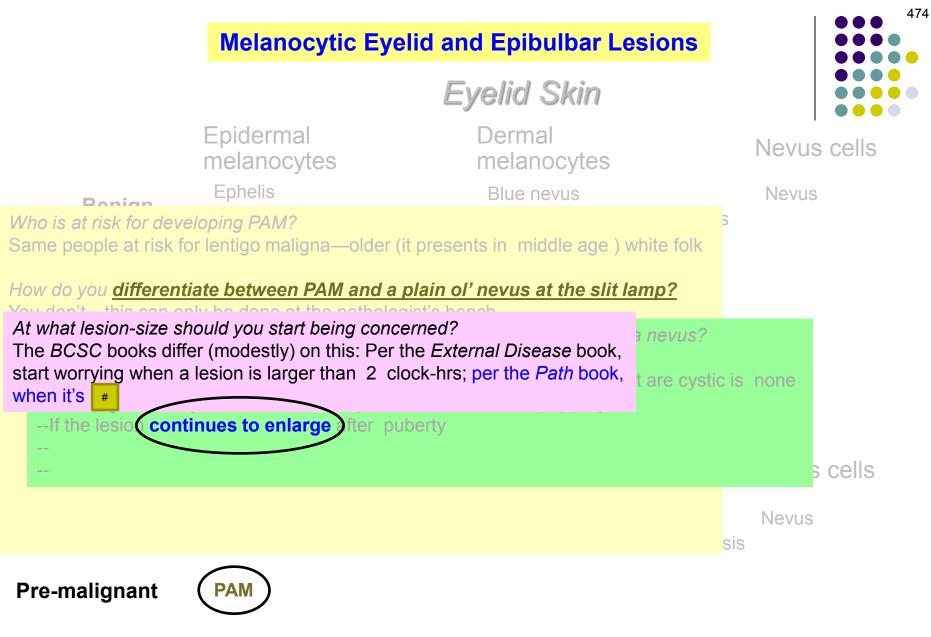


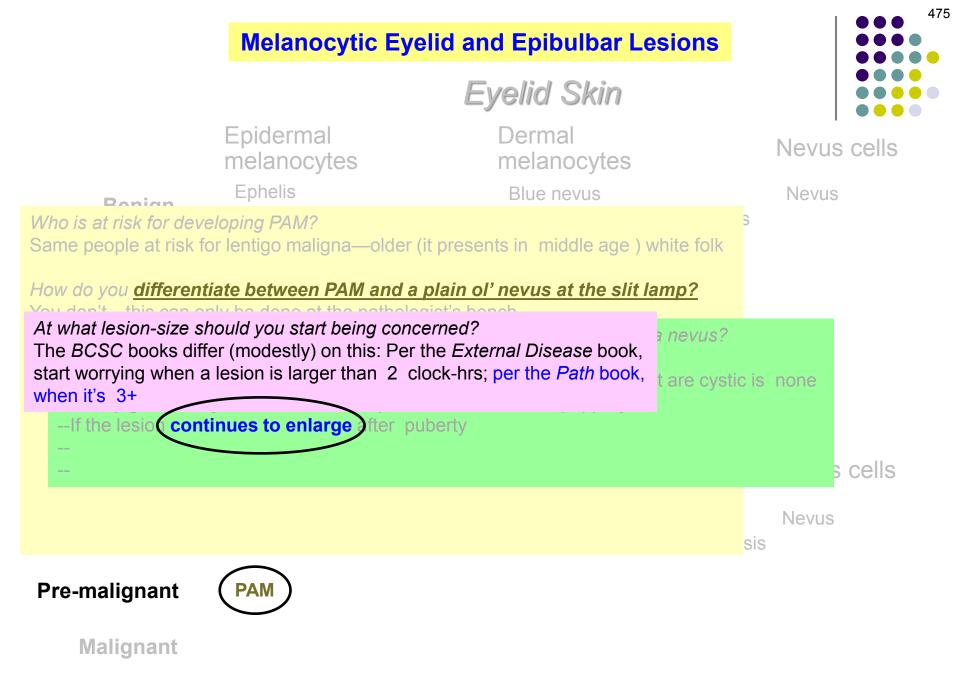


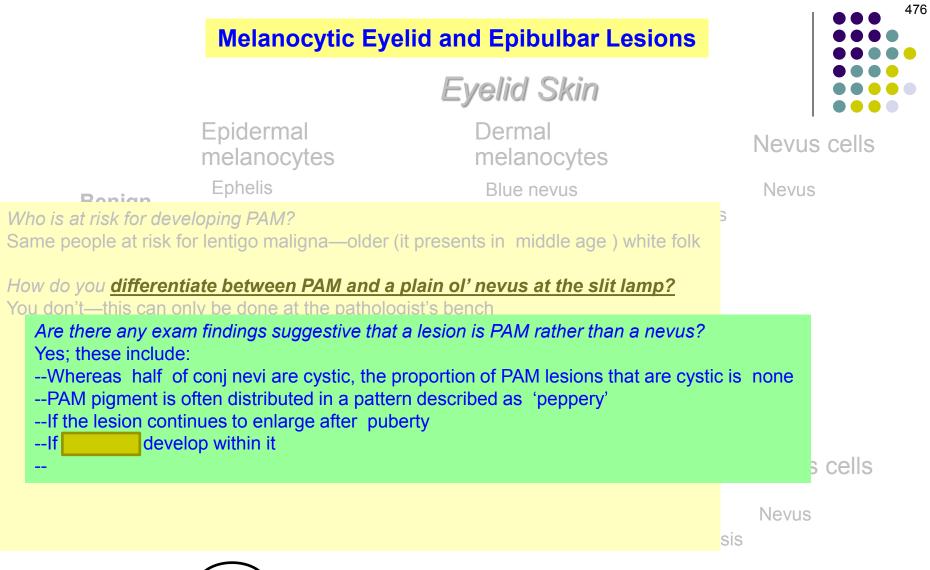






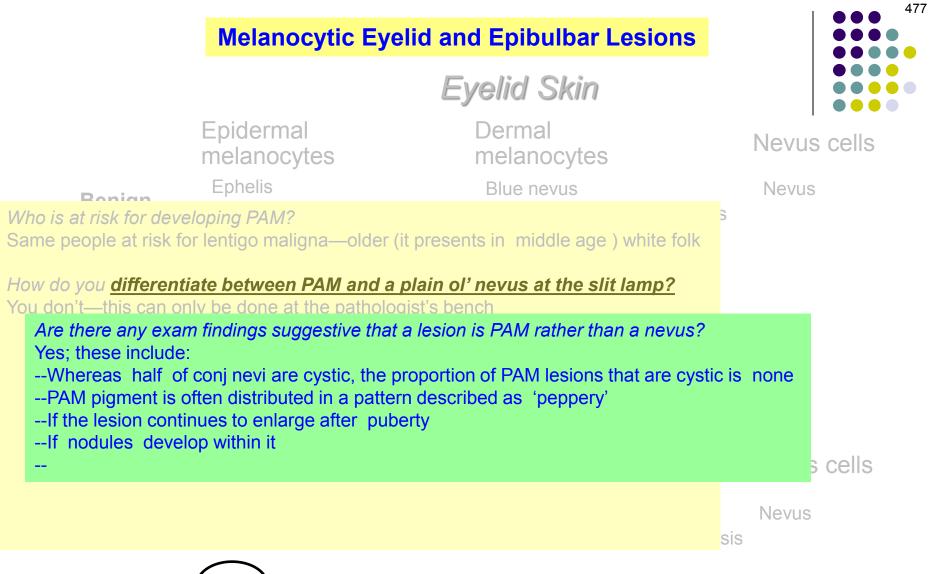






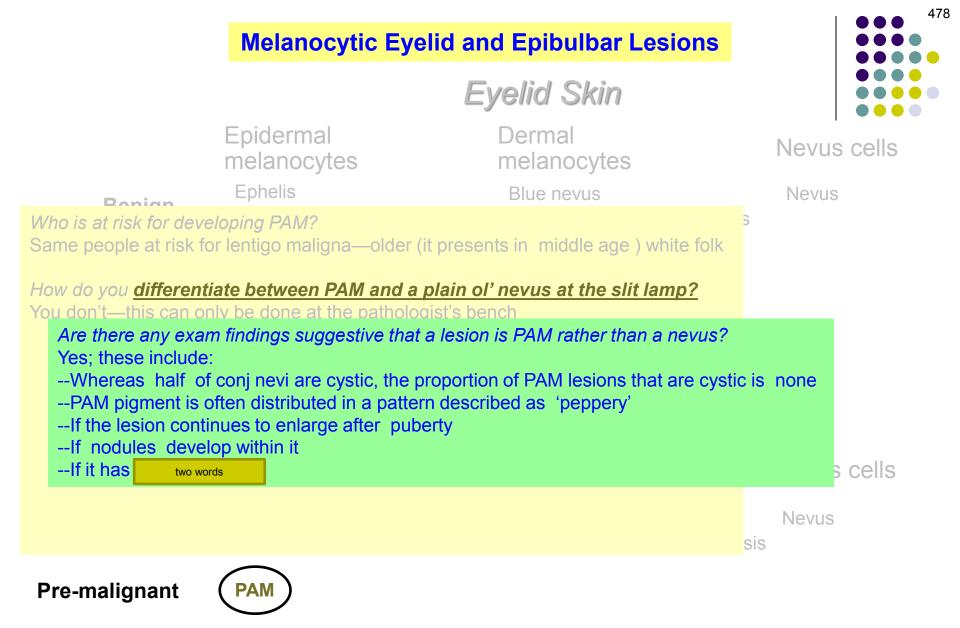
Pre-malignant

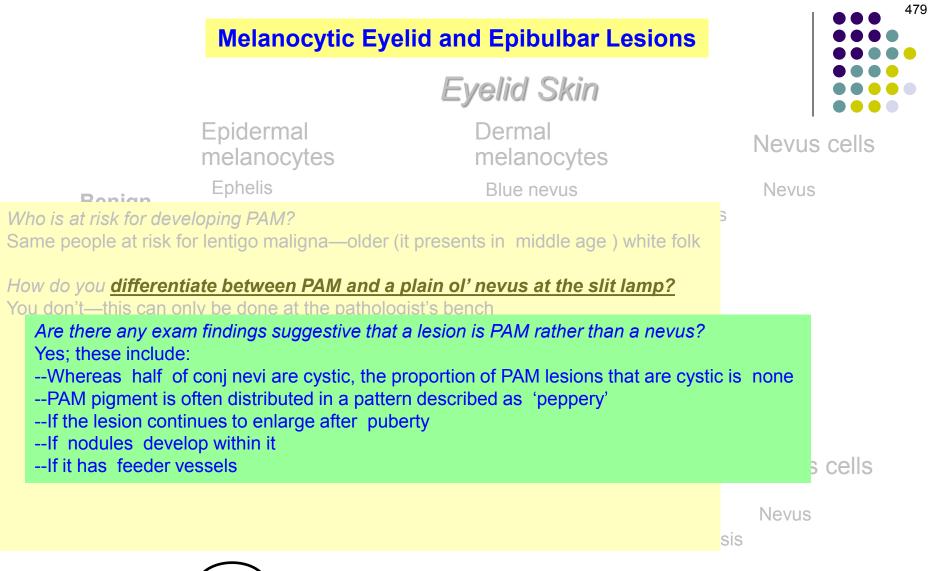




Pre-malignant



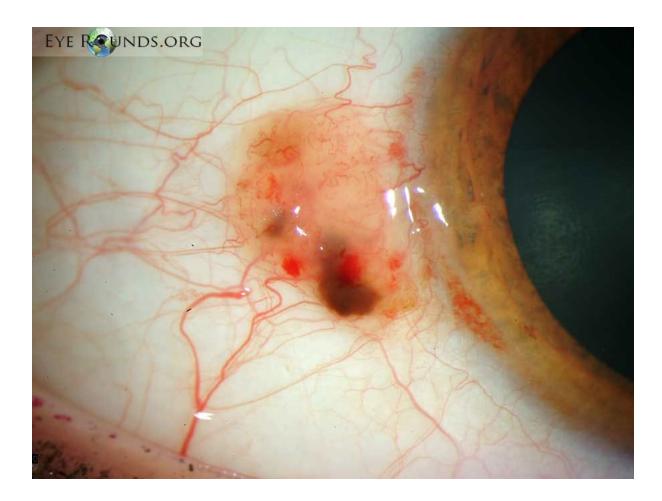


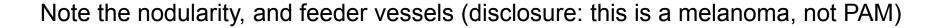


Pre-malignant

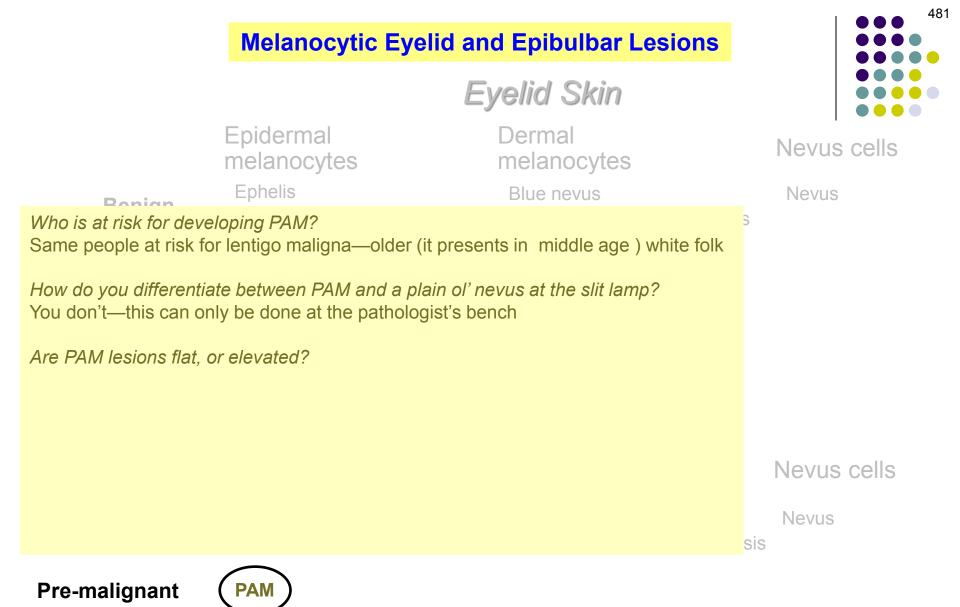


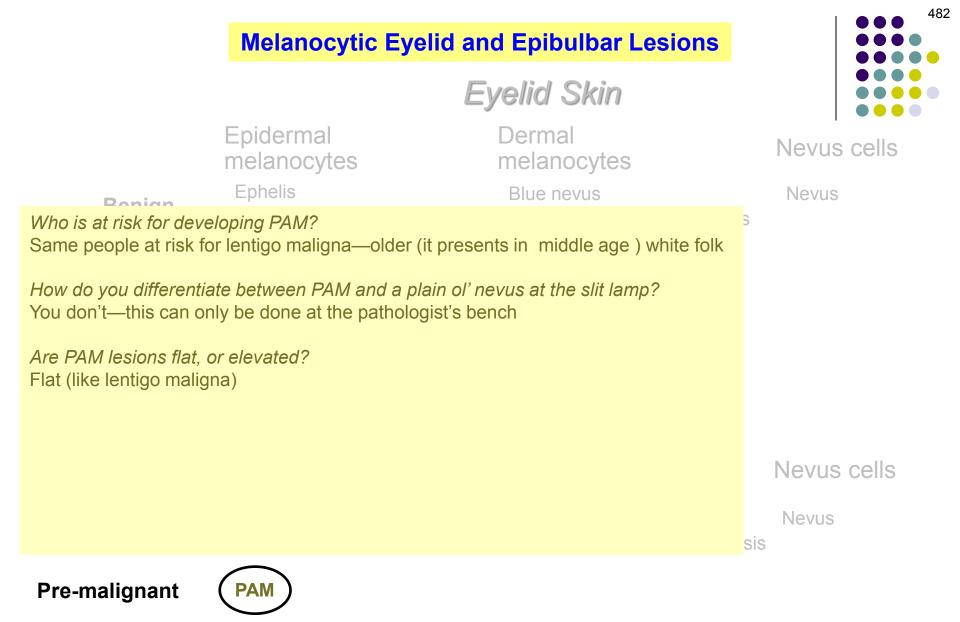
Melanocytic Eyelid and Epibulbar Lesions



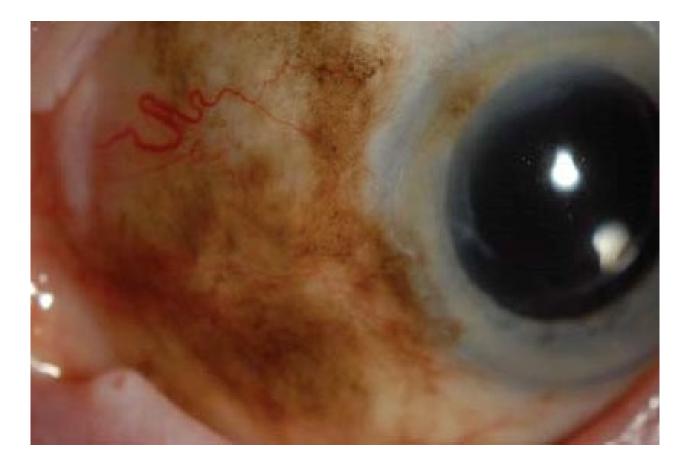






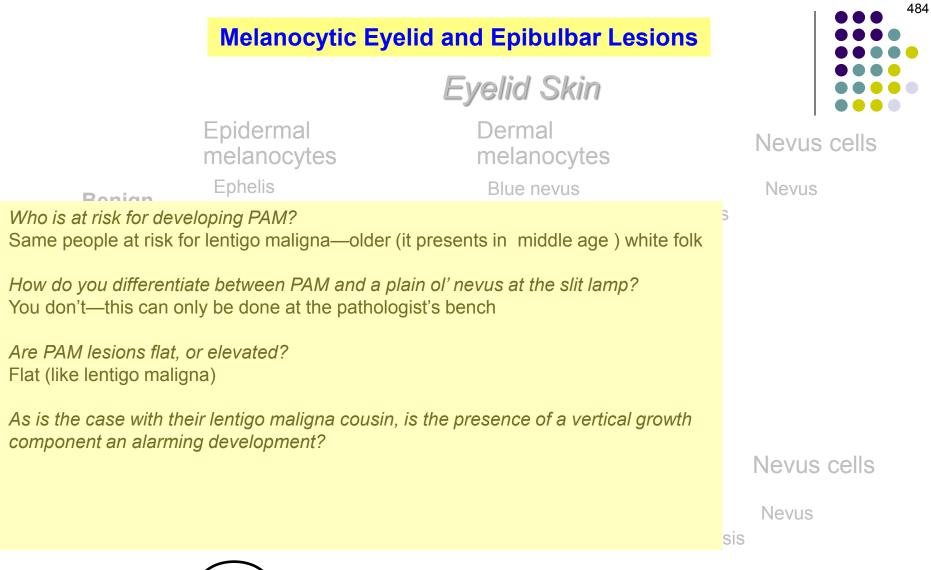


Melanocytic Eyelid and Epibulbar Lesions



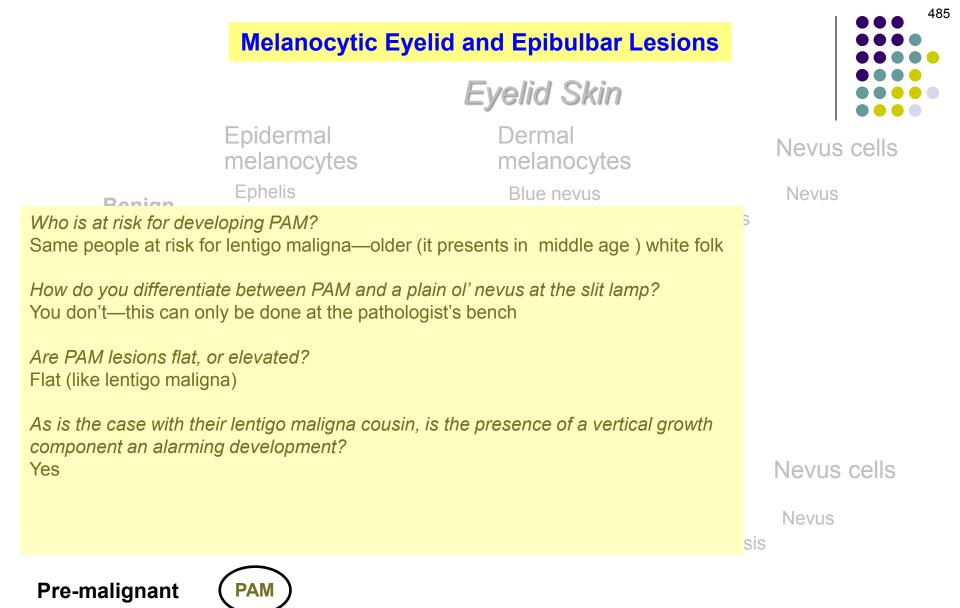
PAM, bulbar conj: Large, flat, no cysts; pt white, elderly (I'm inferring they're aged by the fact they're s/p CE)

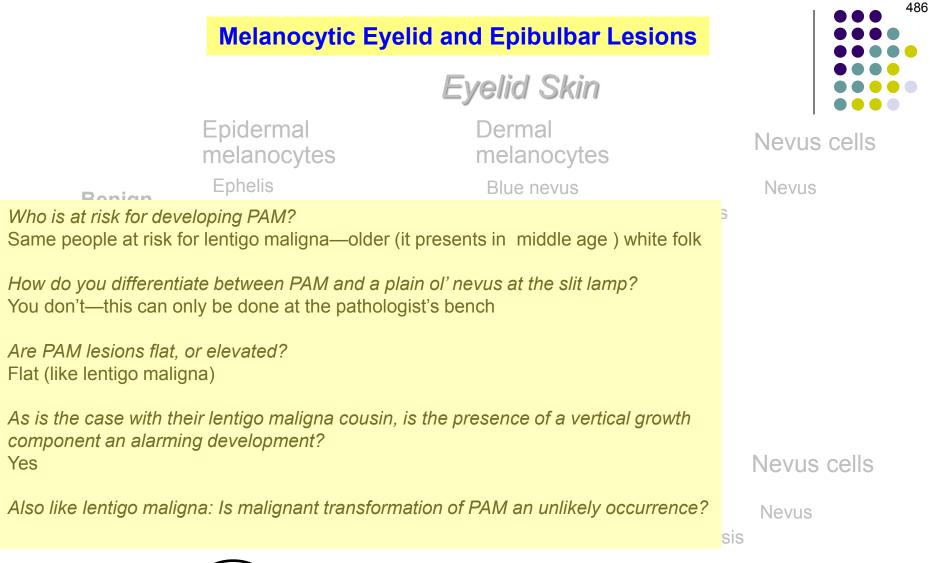




Pre-malignant

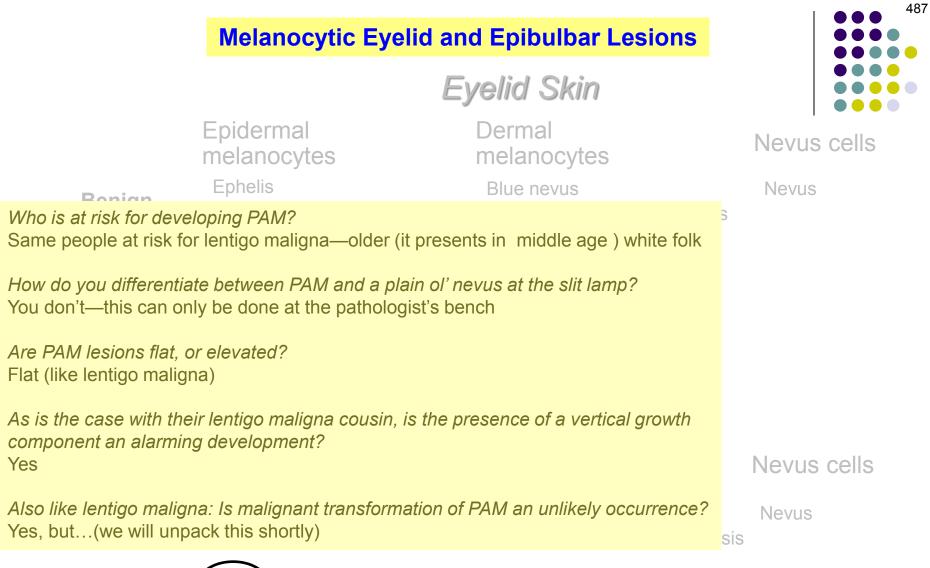






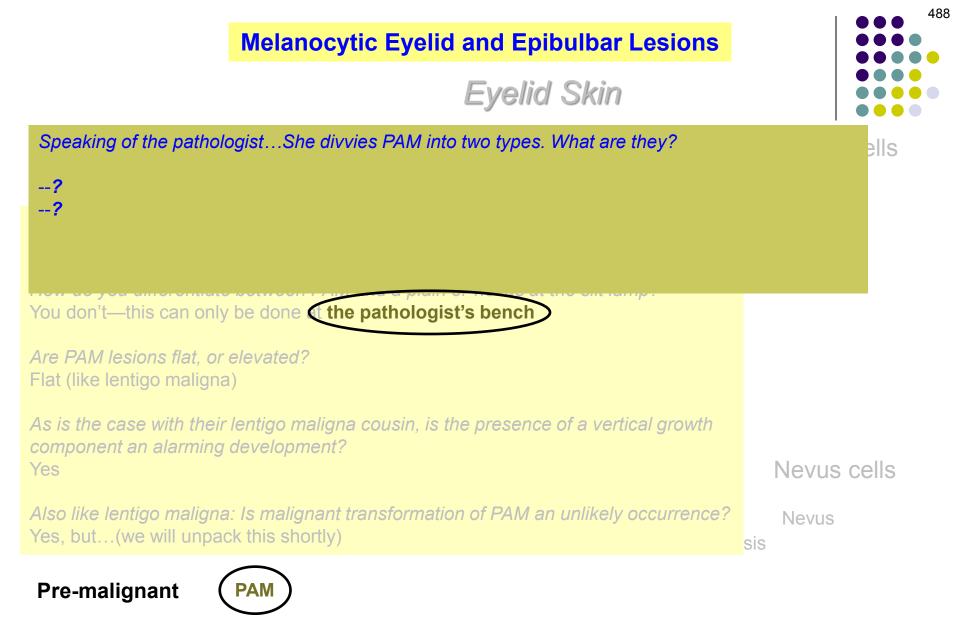
Pre-malignant

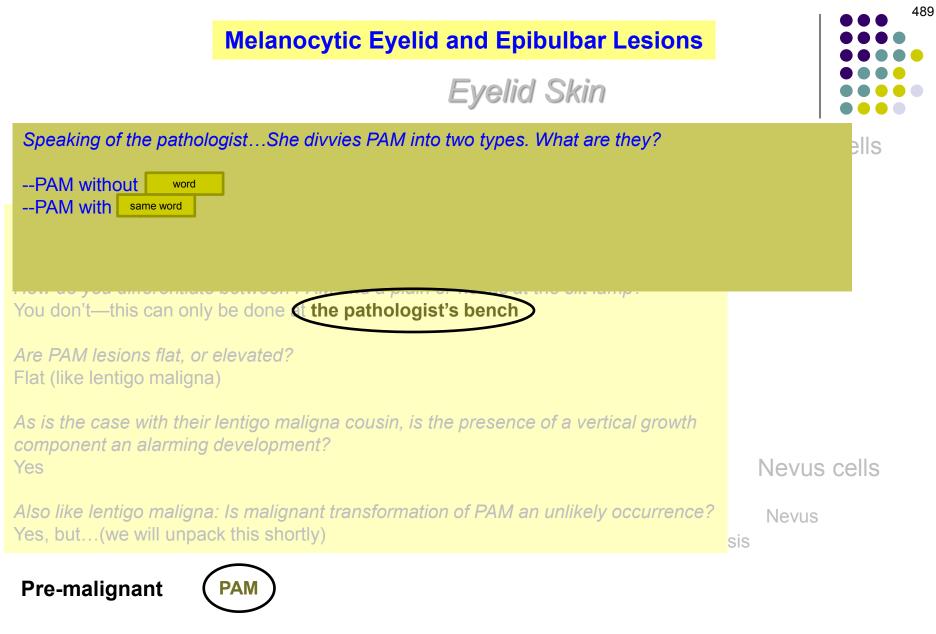


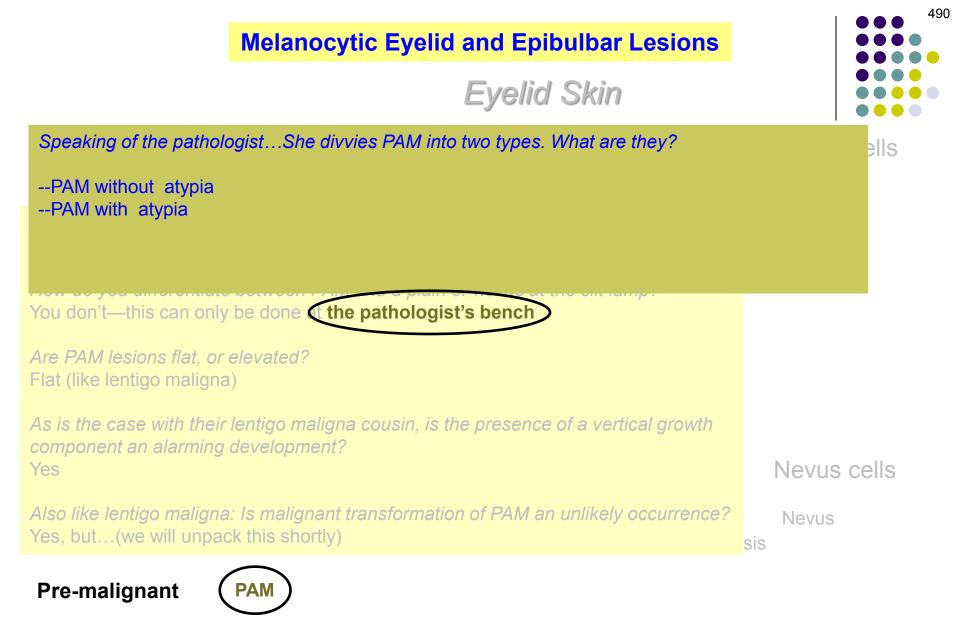


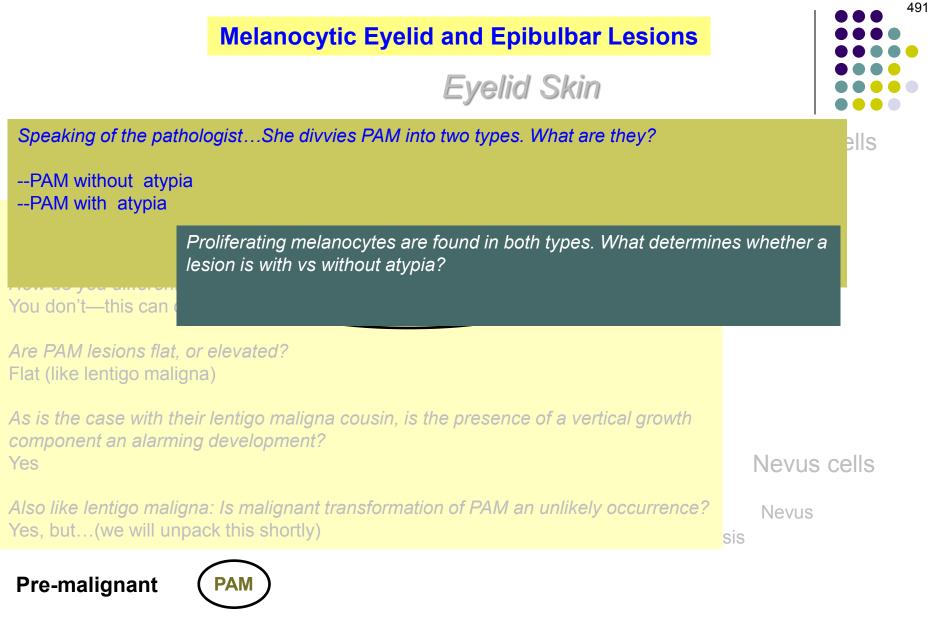
Pre-malignant

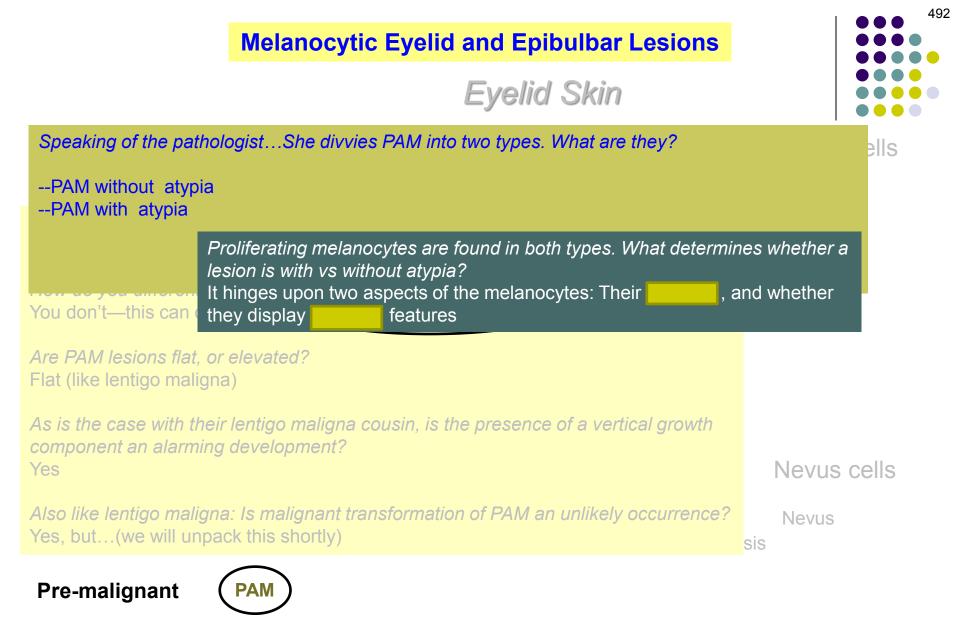


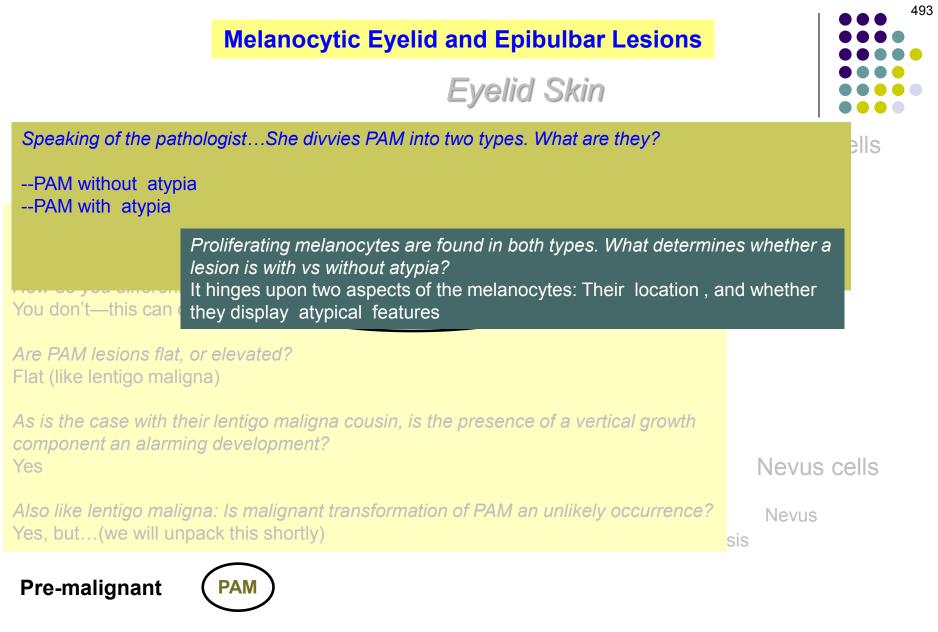


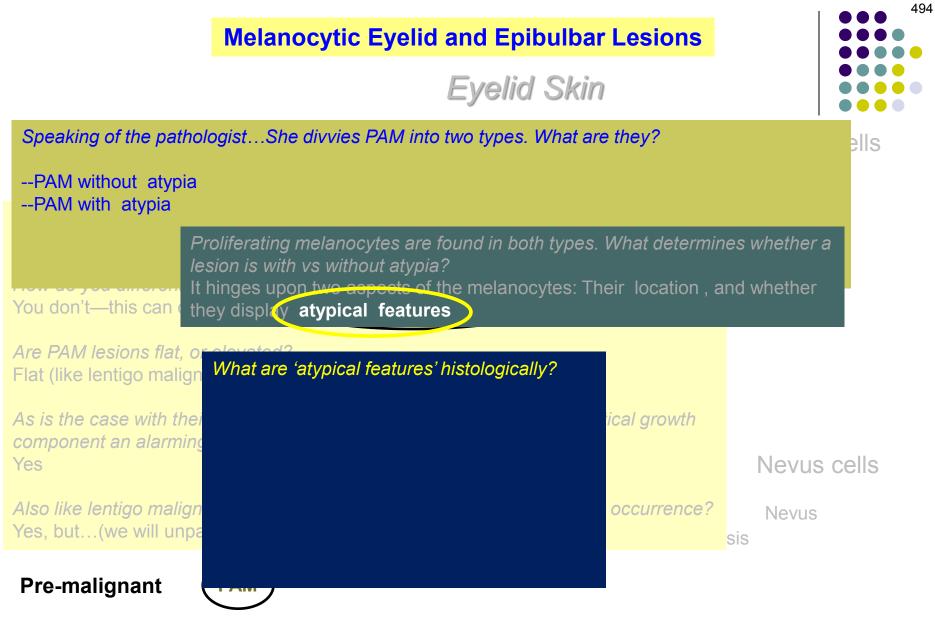


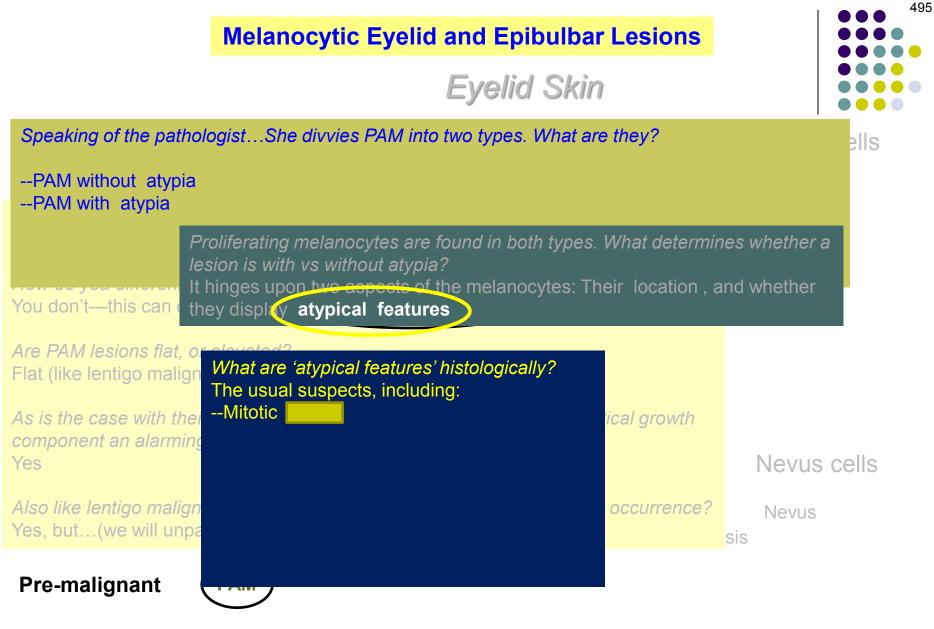


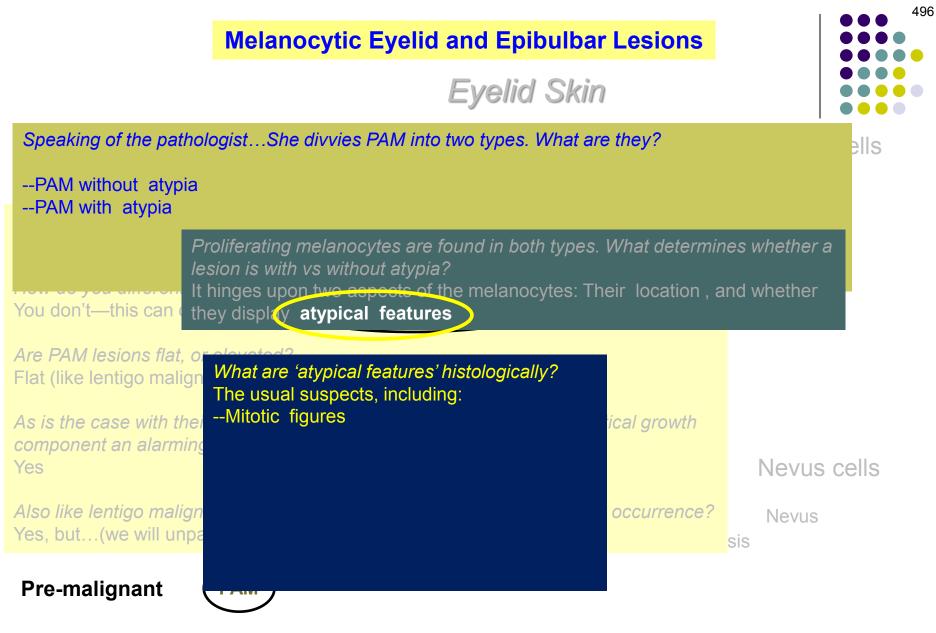


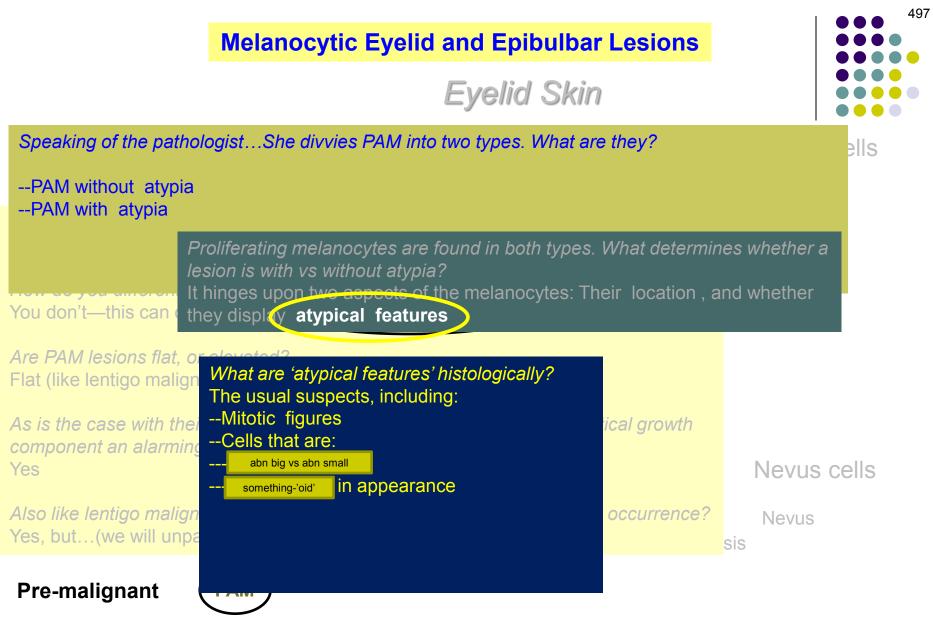


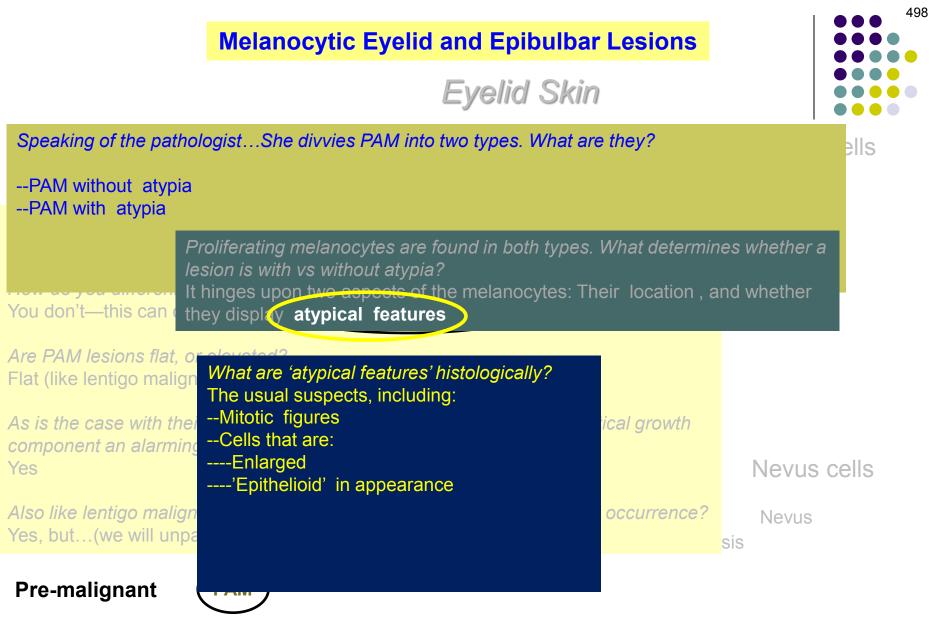


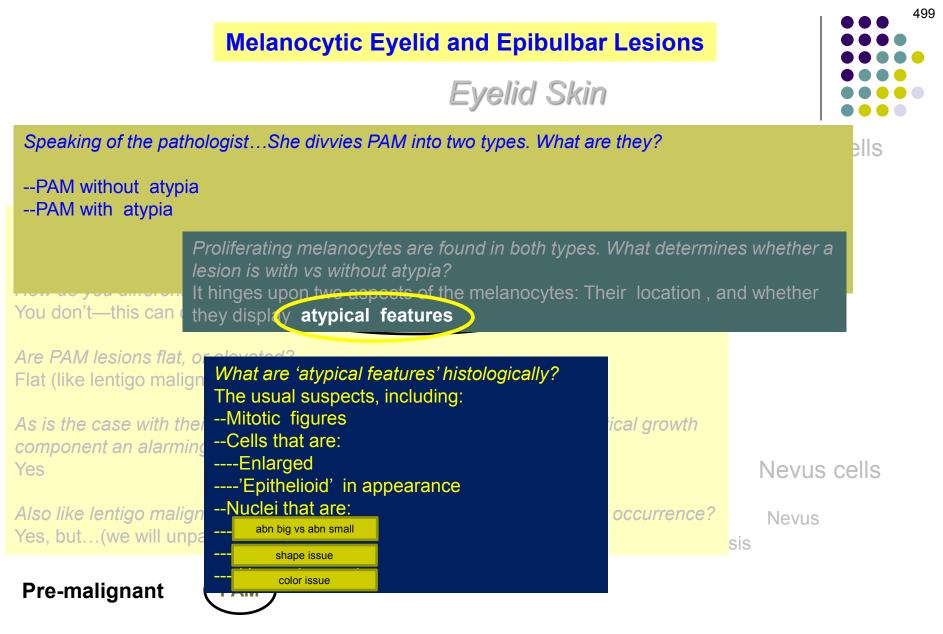






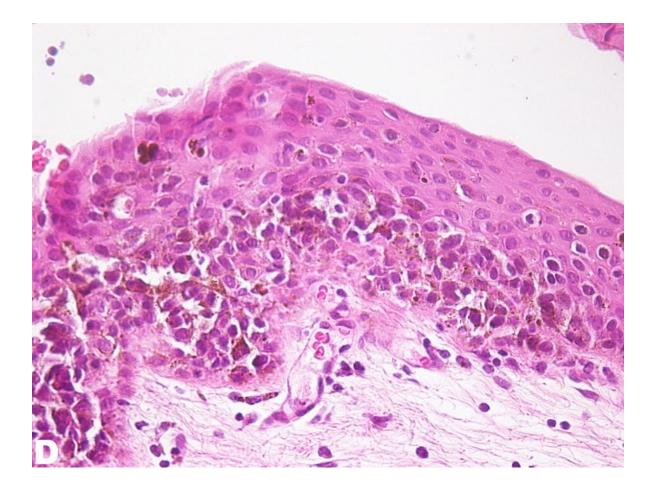






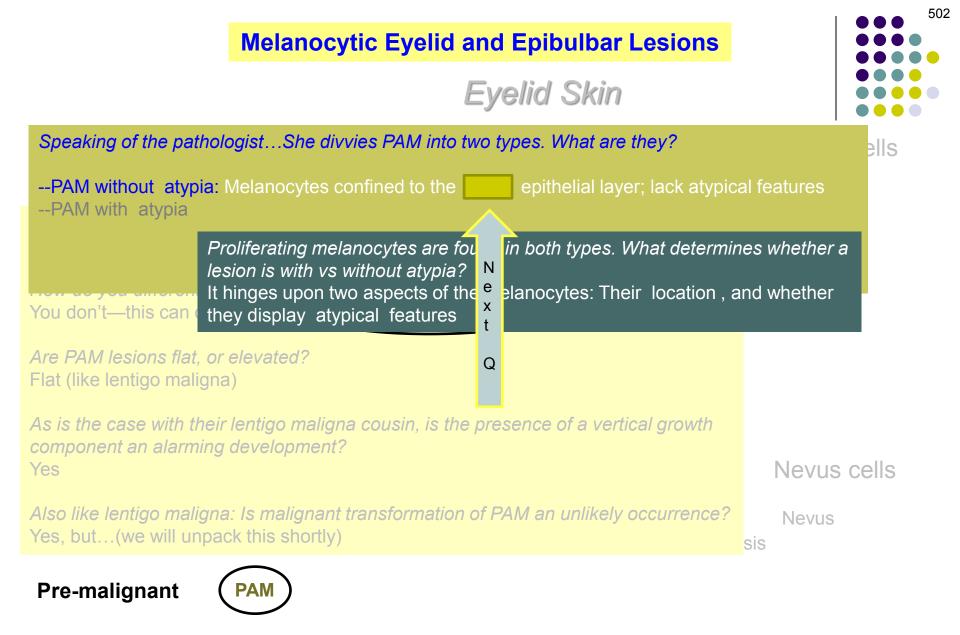
500 Melanocytic Eyelid and Epibulbar Lesions Eyelid Skin Speaking of the pathologist...She divvies PAM into two types. What are they? ells --PAM without atypia --PAM with atypia Proliferating melanocytes are found in both types. What determines whether a lesion is with vs without atvpia? It hinges upon two aspects of the melanocytes: Their location, and whether You don't-this can they disploy atypical features Are PAM lesions flat, or What are 'atypical features' histologically? Flat (like lentigo malign The usual suspects, including: --Mitotic figures As is the case with their ical growth --Cells that are: component an alarming ----Enlarged Yes Nevus cells ----'Epithelioid' in appearance --Nuclei that are: Also like lentigo malign occurrence? Nevus ----Enlarged Yes, but...(we will unpa sis ----Pleomorphic ----Hyperchromatic **Pre-malignant**

Melanocytic Eyelid and Epibulbar Lesions

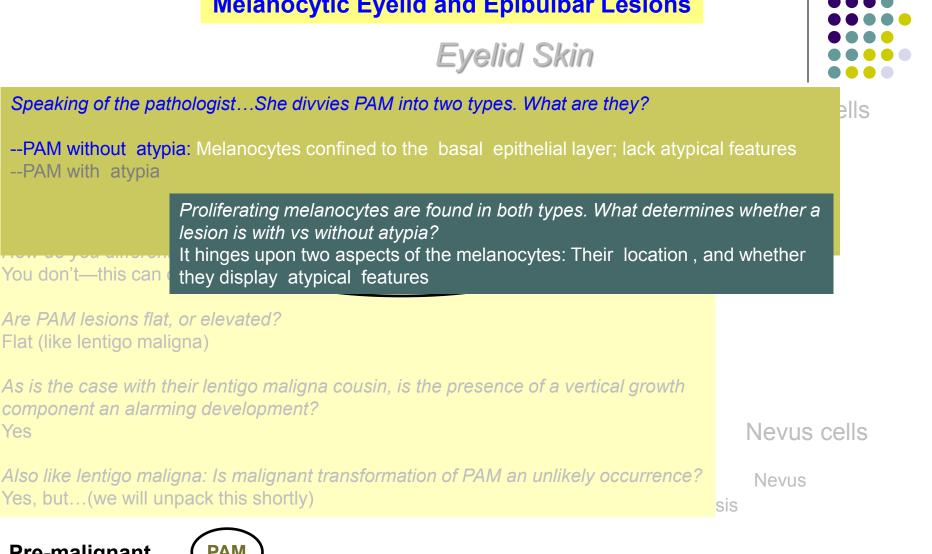


PAM with atypia. Atypical, melanin-laden cells are present approximately midway through the epithelium





Melanocytic Eyelid and Epibulbar Lesions



503

Speaking of the pathologist...She divvies PAM into two types. What are they?

--PAM without atypia: Melanocytes confined to the basal epithelial layer; lack atypical features --PAM with atypia

Are PAM lesions flat. or elevated? Flat (like lentigo maligna)

As is the case with their lentigo maligna cousin, is the presence of a vertical growth component an alarming development? Yes

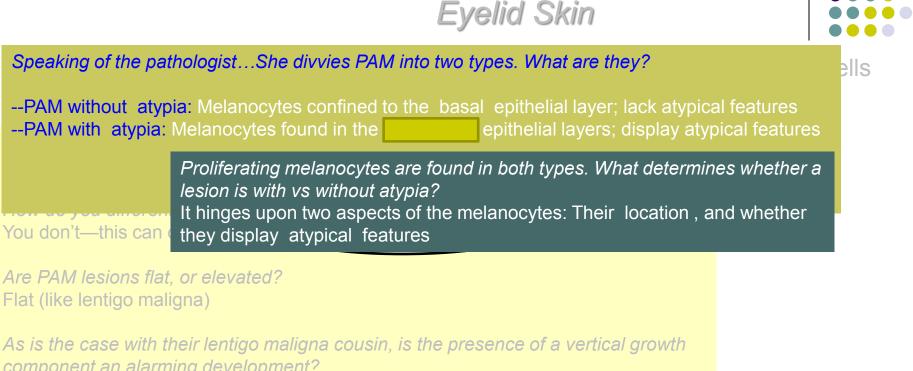
Also like lentigo maligna: Is malignant transformation of PAM an unlikely occurrence? Yes, but...(we will unpack this shortly)

Pre-malignant



Melanocytic Eyelid and Epibulbar Lesions

Eyelid Skin



Flat (like lentigo maligna)

As is the case with their lentigo maligna cousin, is the presence of a vertical growth component an alarming development? Yes

Also like lentigo maligna: Is malignant transformation of PAM an unlikely occurrence? Yes, but...(we will unpack this shortly)

Nevus cells

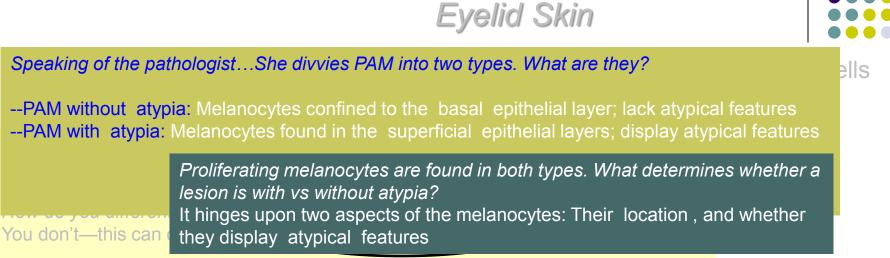
504

Nevus

sis

Pre-malignant





Are PAM lesions flat. or elevated? Flat (like lentigo maligna)

As is the case with their lentigo maligna cousin, is the presence of a vertical growth component an alarming development? Yes

Also like lentigo maligna: Is malignant transformation of PAM an unlikely occurrence? Yes, but...(we will unpack this shortly)

Nevus cells

505

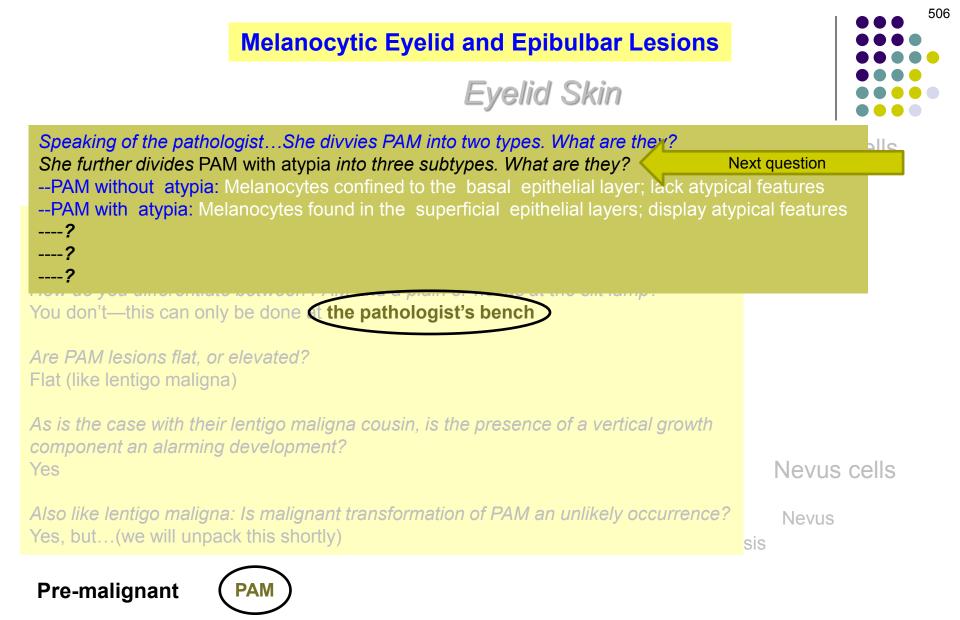
Nevus

sis

Pre-malignant

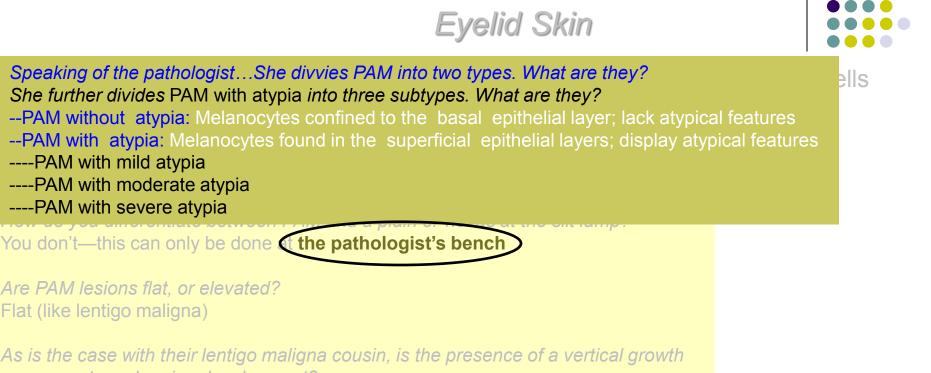


Malignant



Malignant





507

Nevus cells

Nevus

sis

Are PAM lesions flat. or elevated? Flat (like lentigo maligna)

----PAM with mild atypia

----PAM with moderate atypia ----PAM with severe atypia

As is the case with their lentigo maligna cousin, is the presence of a vertical growth component an alarming development? Yes

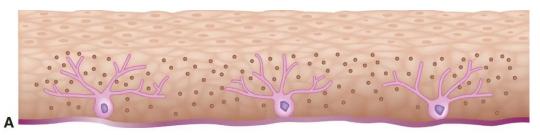
Also like lentigo maligna: Is malignant transformation of PAM an unlikely occurrence? Yes, but...(we will unpack this shortly)

Pre-malignant



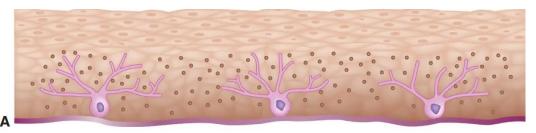
Malignant



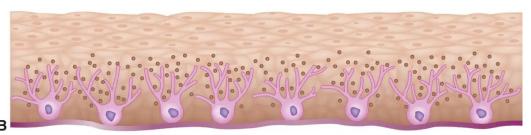


A, *CAM*. Recall that CAM is a *nonproliferative* process: The number of melanocytes is normal, they just produce an increased amount of melanin that gets transferred to the surrounding keratinocytes.



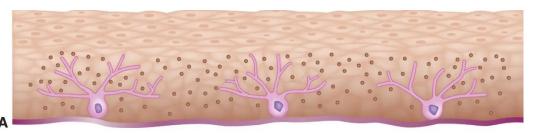


A, *CAM*. Recall that CAM is a *nonproliferative* process: The number of melanocytes is normal, they just produce an increased amount of melanin that gets transferred to the surrounding keratinocytes.



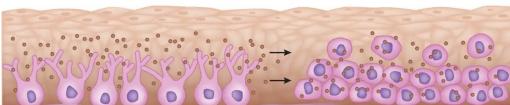
B, *PAM without atypia, or with mild atypia*. There is both increased pigment production and an increased number of melanocytes, but no or very mild change in melanocyte morphology.





A, *CAM*. Recall that CAM is a *nonproliferative* process: The number of melanocytes is normal, they just produce an increased amount of melanin that gets transferred to the surrounding keratinocytes.

B, *PAM without atypia, or with mild atypia*. There is both increased pigment production and an increased number of melanocytes, but no or very mild change in melanocyte morphology.

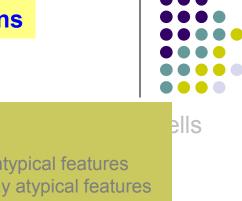


C, *PAM with moderate to severe atypia*. There is increased pigment production and number of melanocytes, **and** 1) migration of melanocytes into the more superficial epithelial layers, as well as 2) atypical melanocyte morphology.

С

PAM w/ moderate atypia Note: Cells less dendritic-y PAM w/ severe atypia Note: Cells epithelioid-ish

Eyelid Skin



511

Speaking of the pathologist...She divvies PAM into two types. What are they? She further divides PAM with atypia into three subtypes. What are they? --PAM without atypia: Melanocytes confined to the basal epithelial layer; lack atypical features ---PAM with atypia: Melanocytes found in the superficial epithelial layer; display atypical features ---PAM with mild atypia ----PAM with moderate atypia ----PAM with severe atypia ----PAM with severe atypia You don't—this can only be done at the pathologist's bench Are PAM lesions flat, or elevated? Flat (like lentigo maligna) As is the case with their lentigo maligna cousin, is the presence of a vertical growth component an alarming development? Yes

Also like lentigo maligna: Is malignant transformation of PAM an unlikely occurrence? **Yes, but...**(we will unpack this shortly)

Pre-maligna

Remember when we hedged regarding how likely PAM is to undergo malignant transformation...

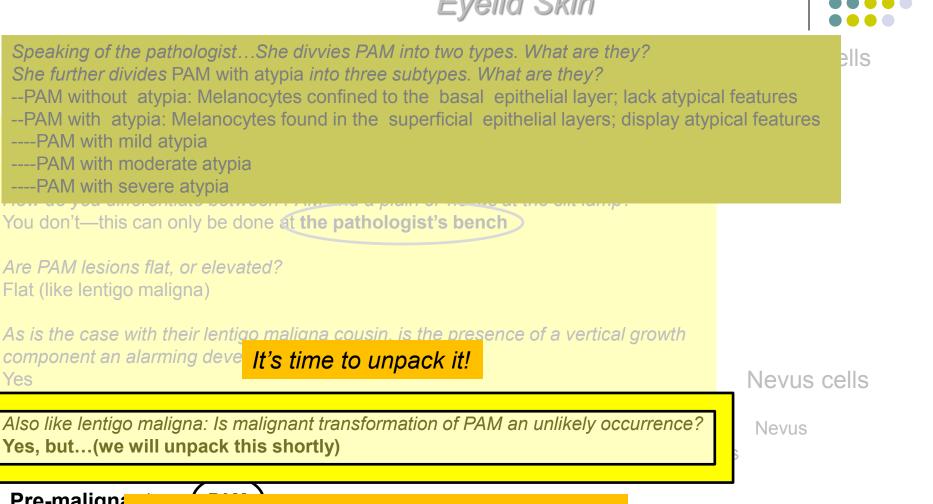
Malignam

No question—proceed when ready

Nevus cells

Eyelid Skin

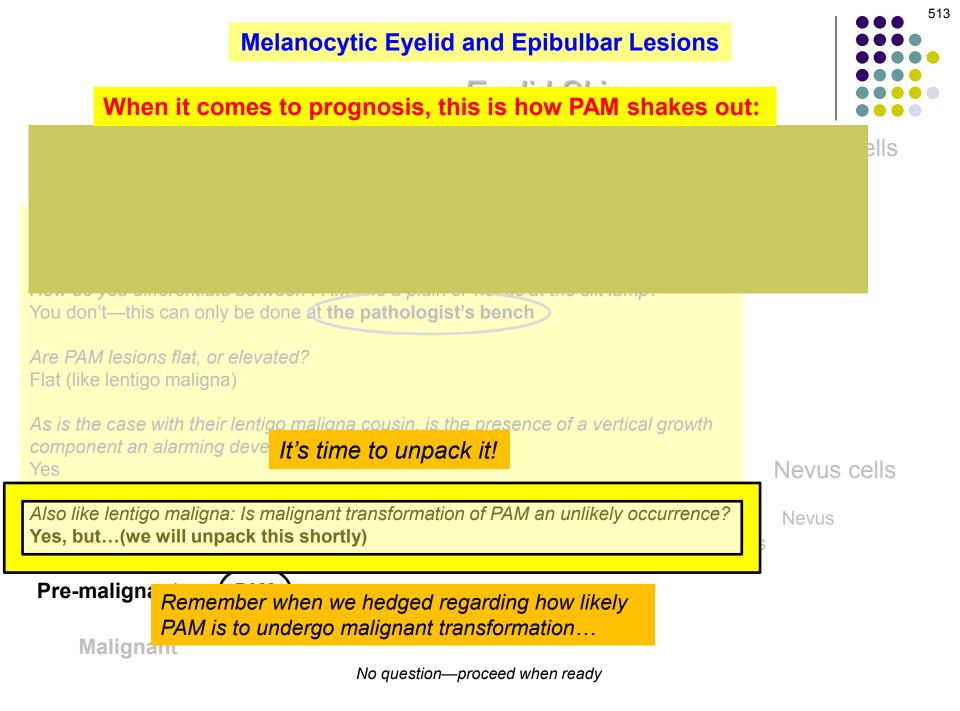
512

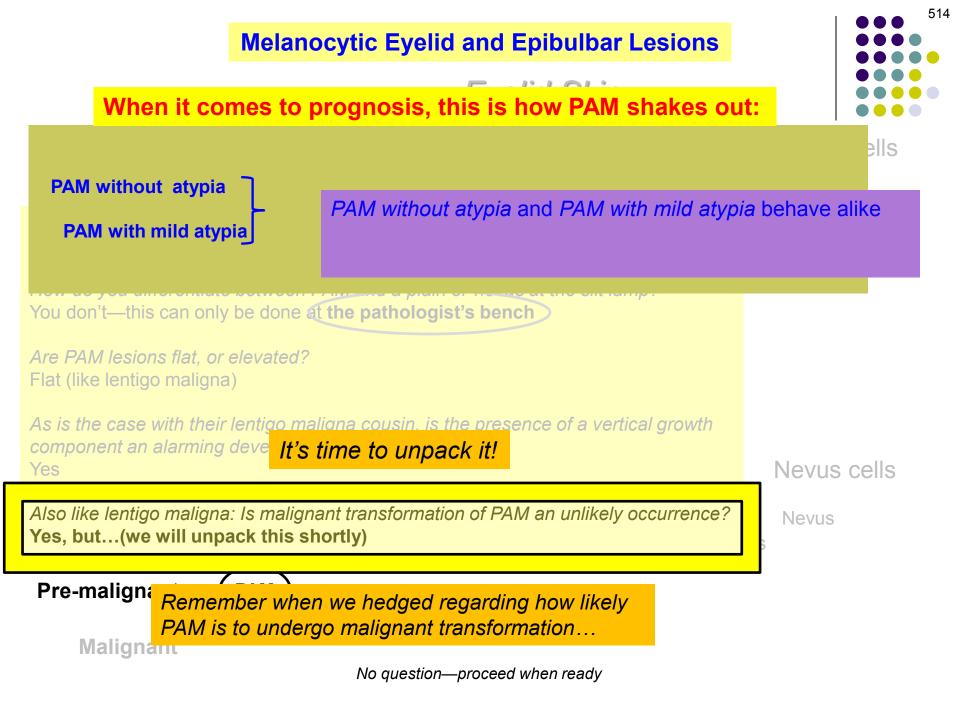


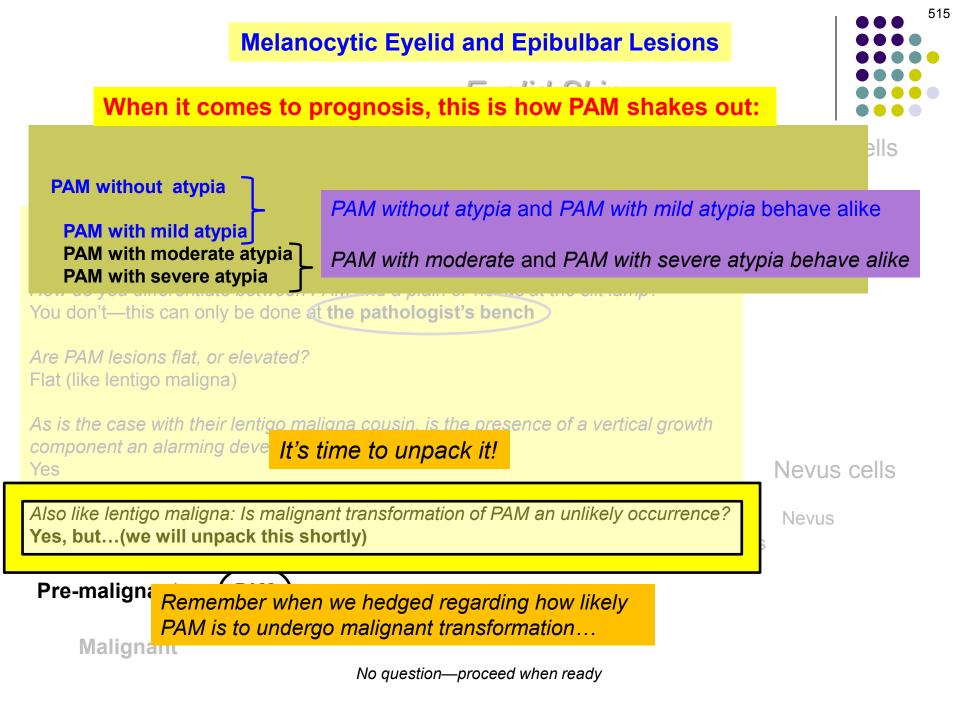
Pre-maligna Remember when we hedged regarding how likely PAM is to undergo malignant transformation...

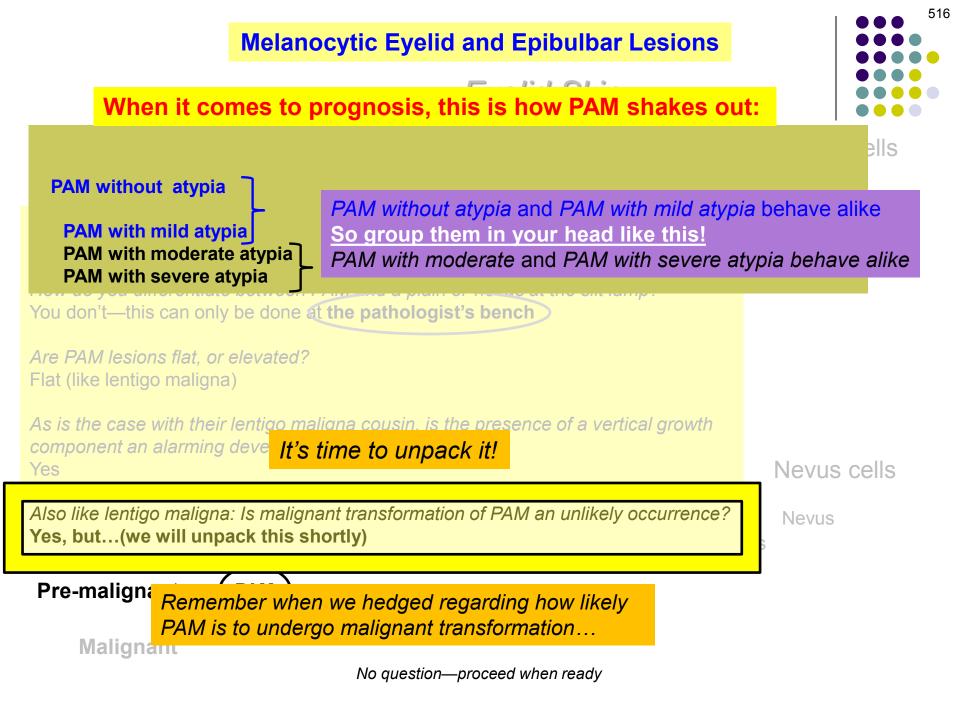
Malignam

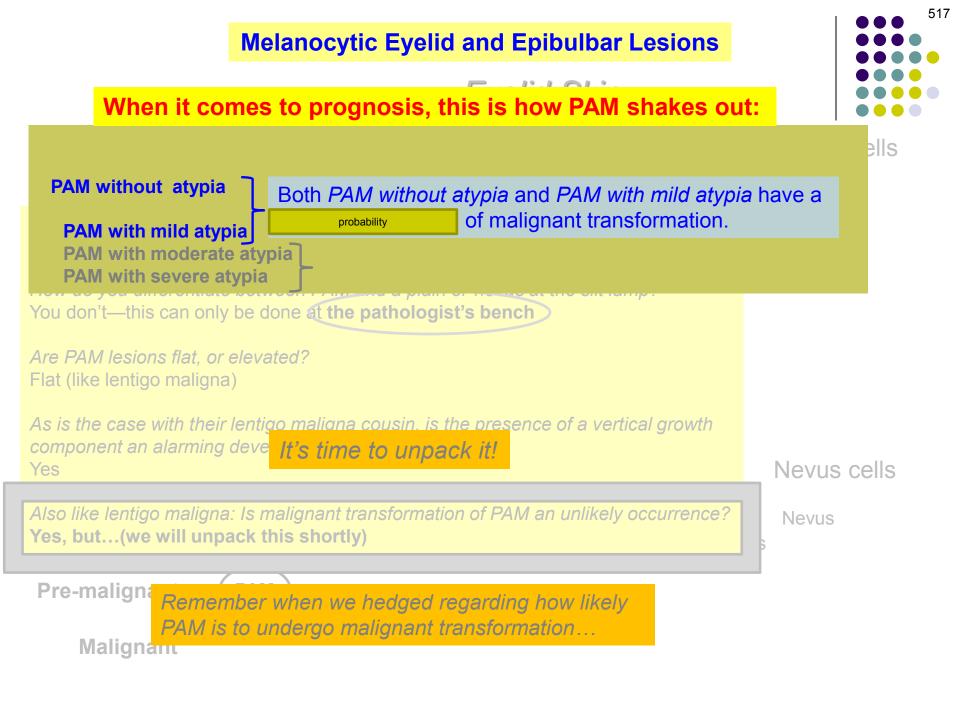
Yes





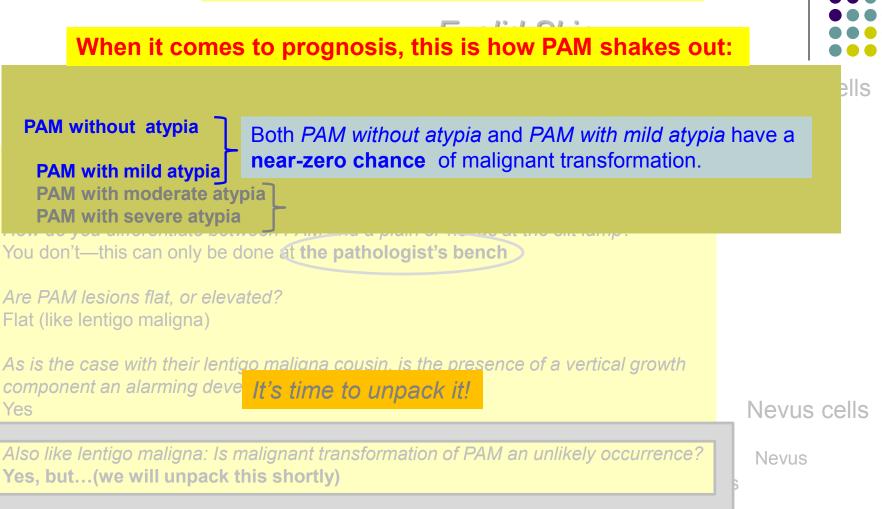








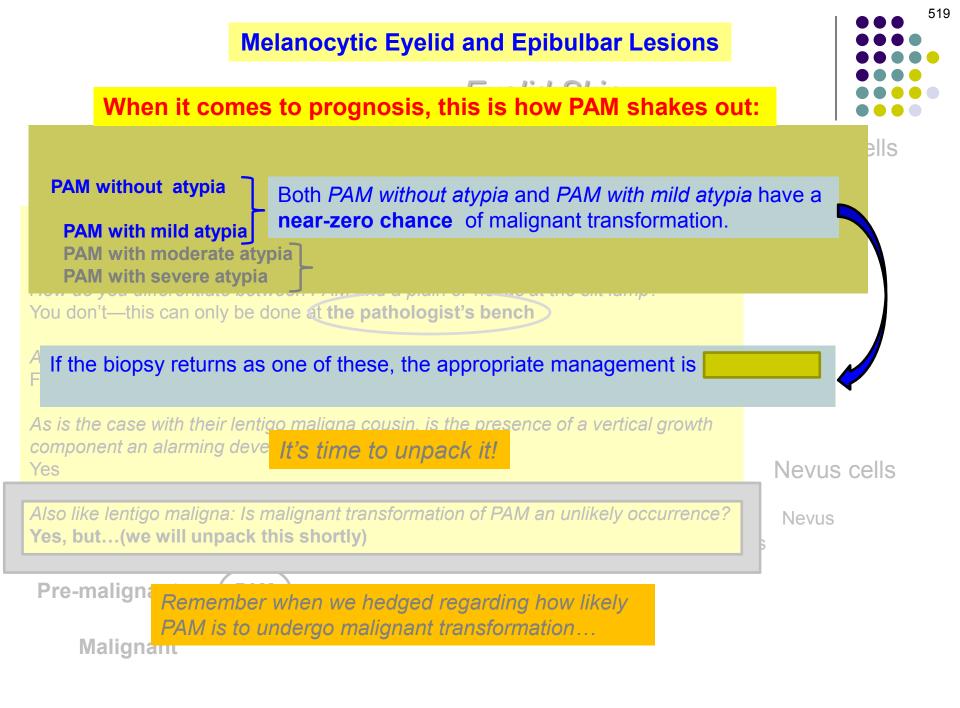
518

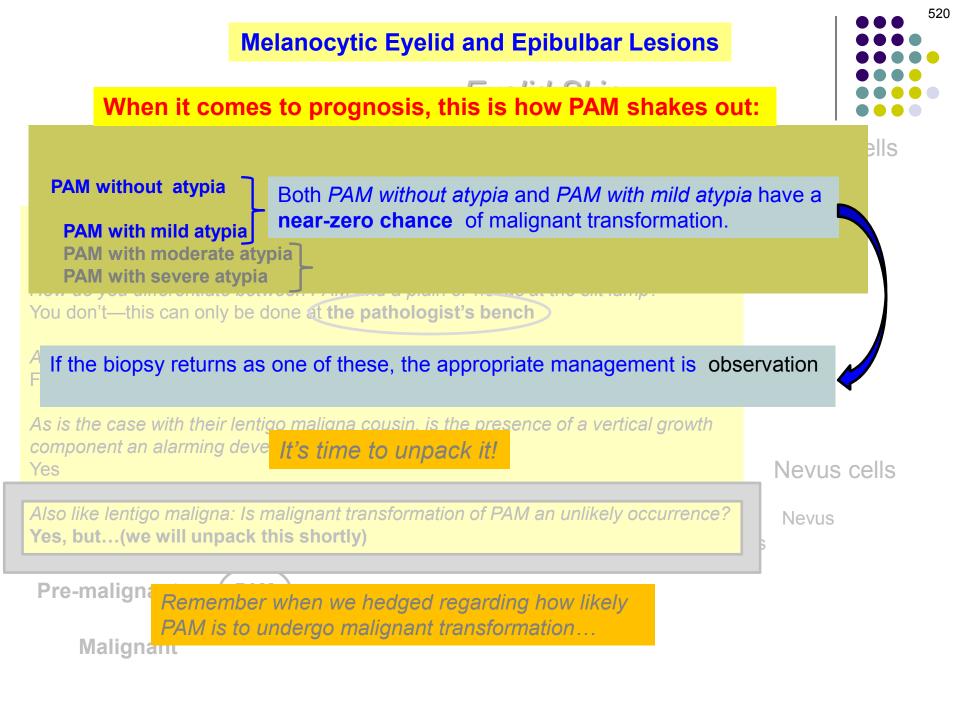


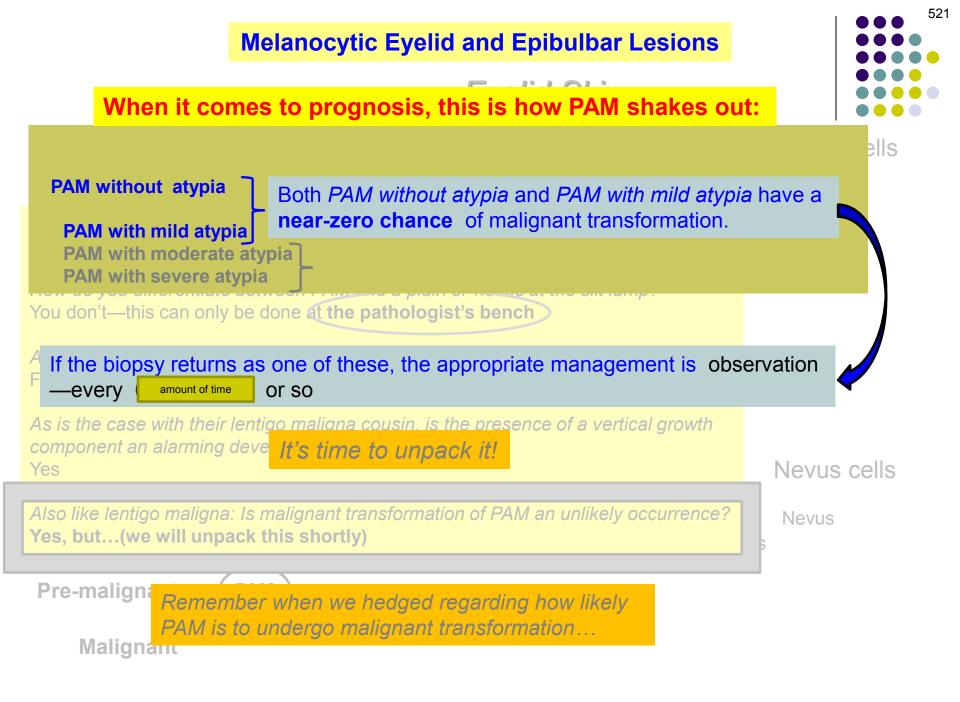
Pre-maligna

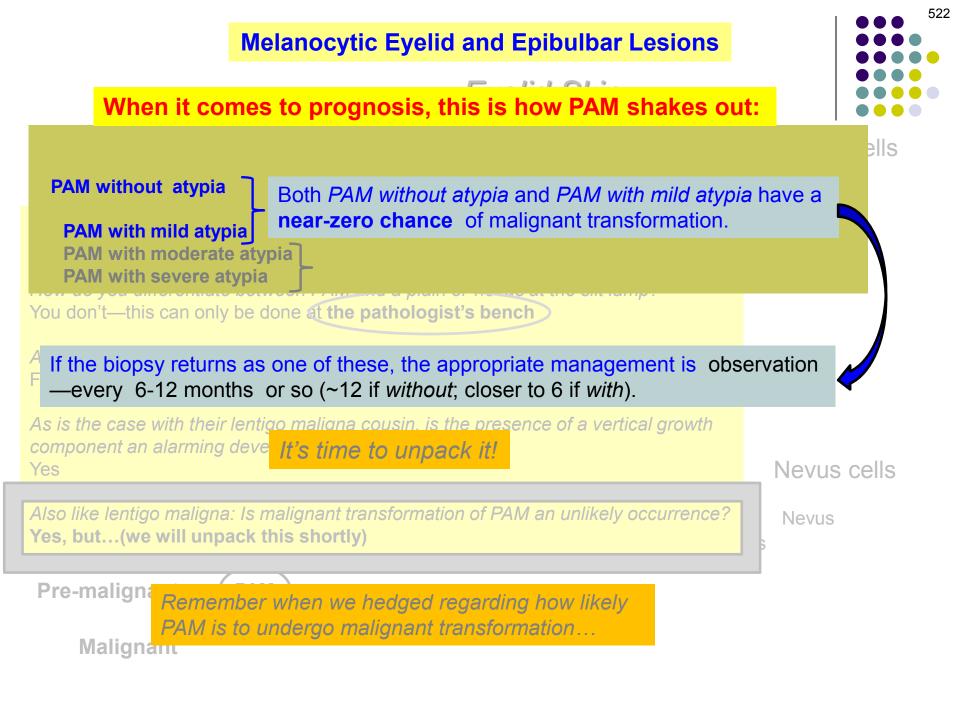
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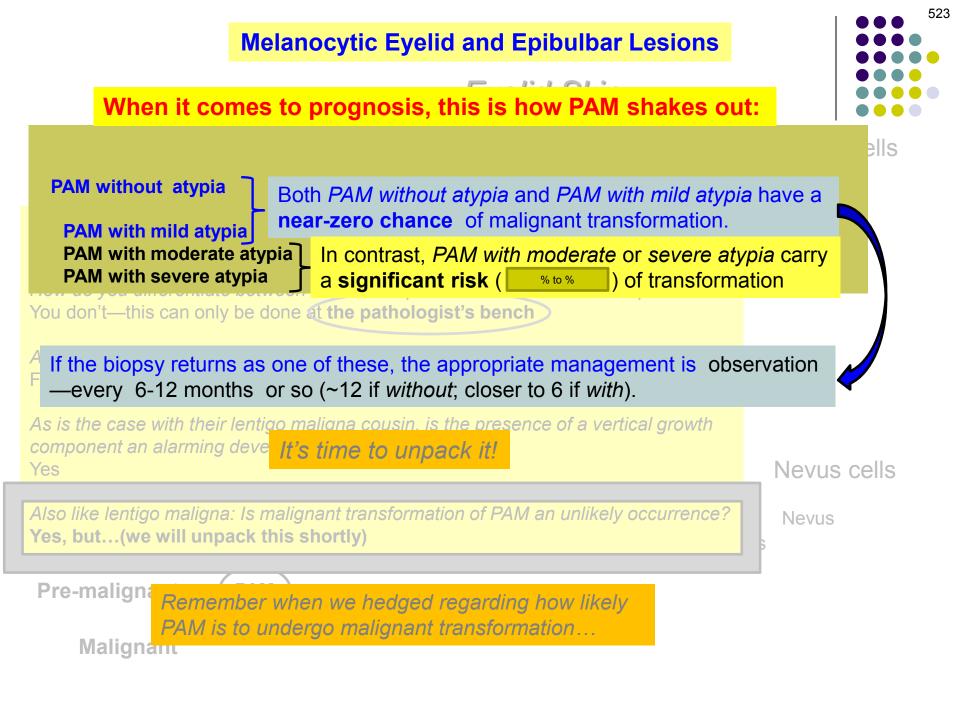
Malignan

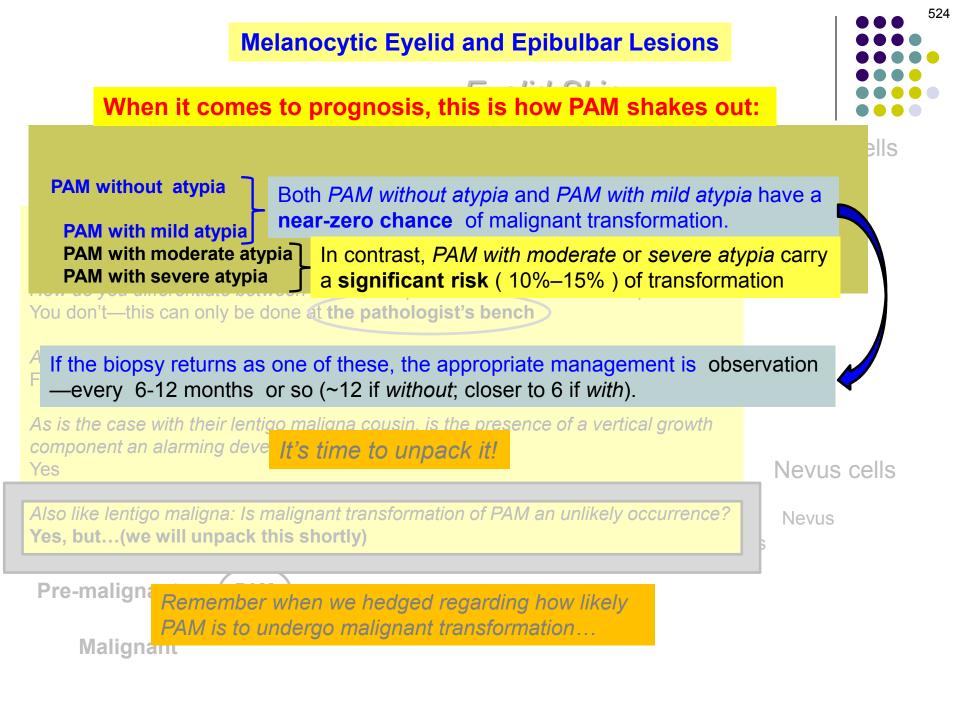


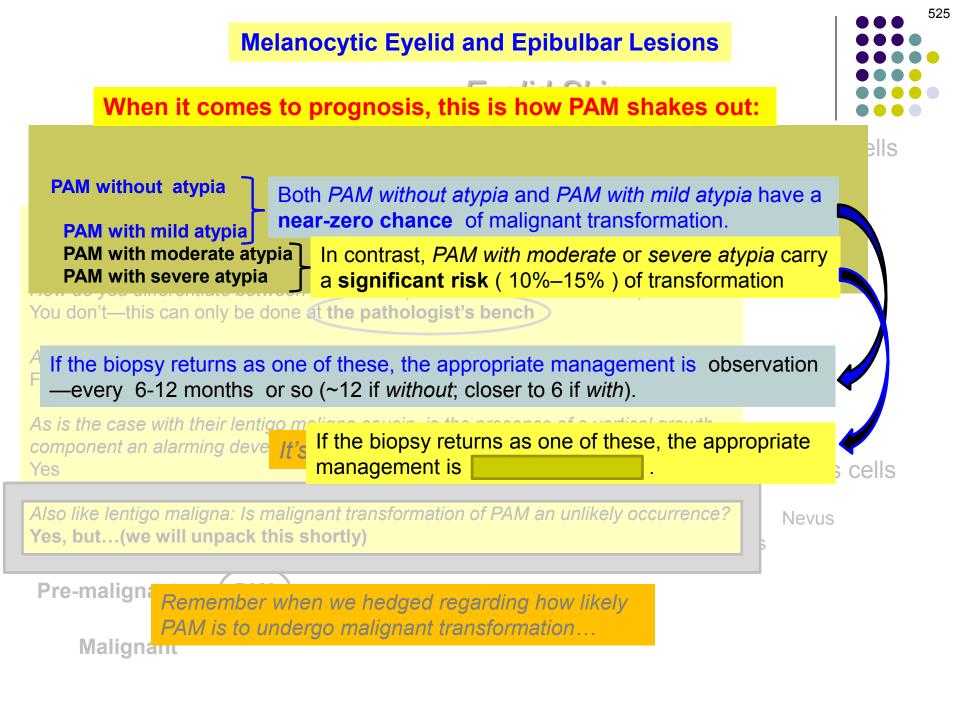


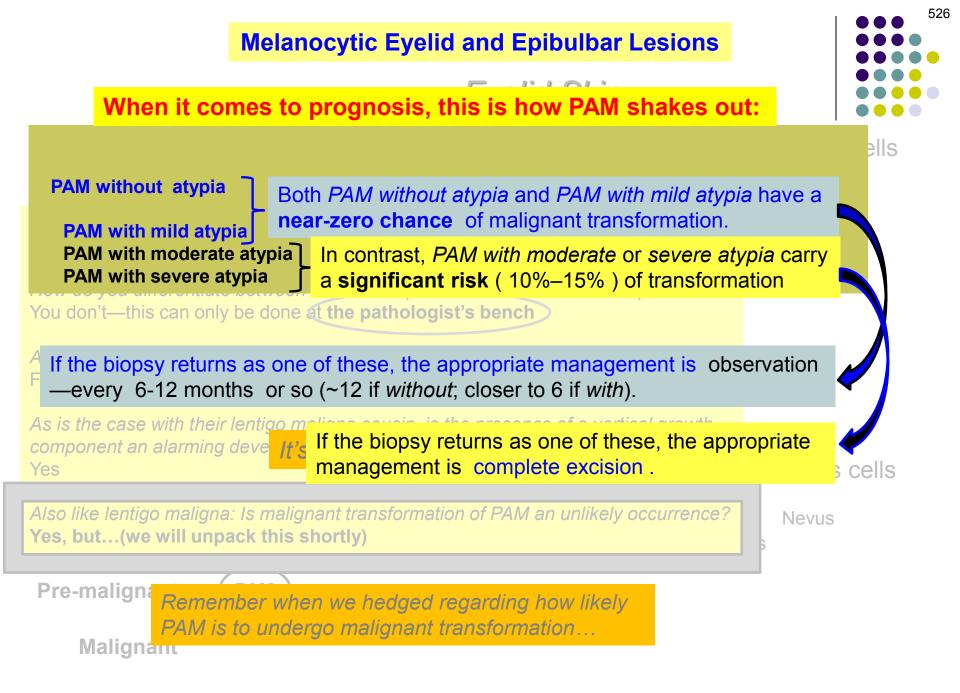


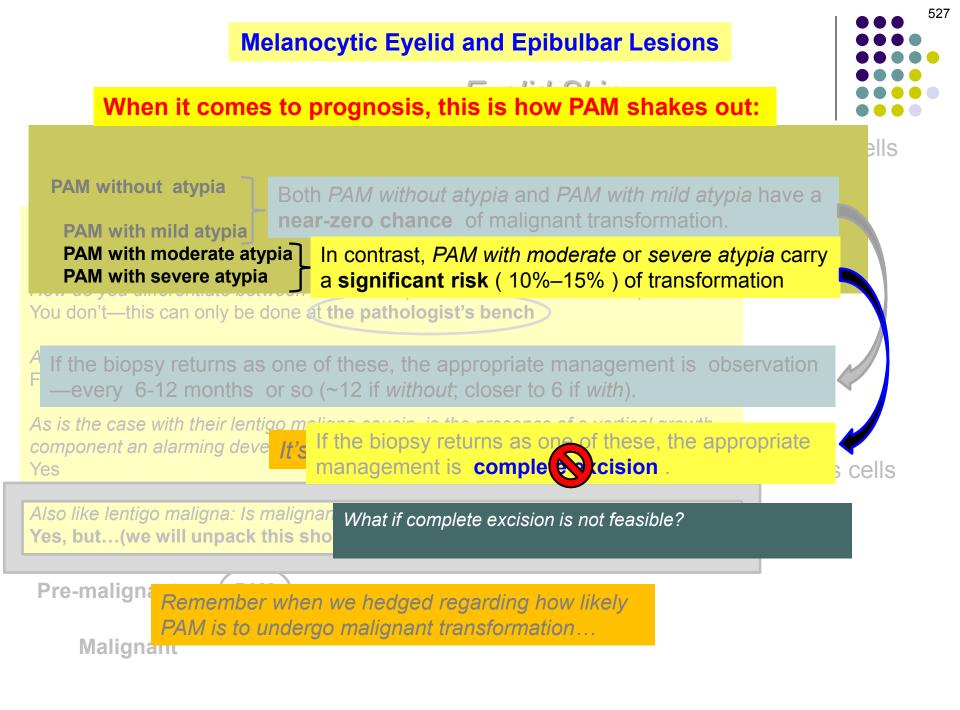


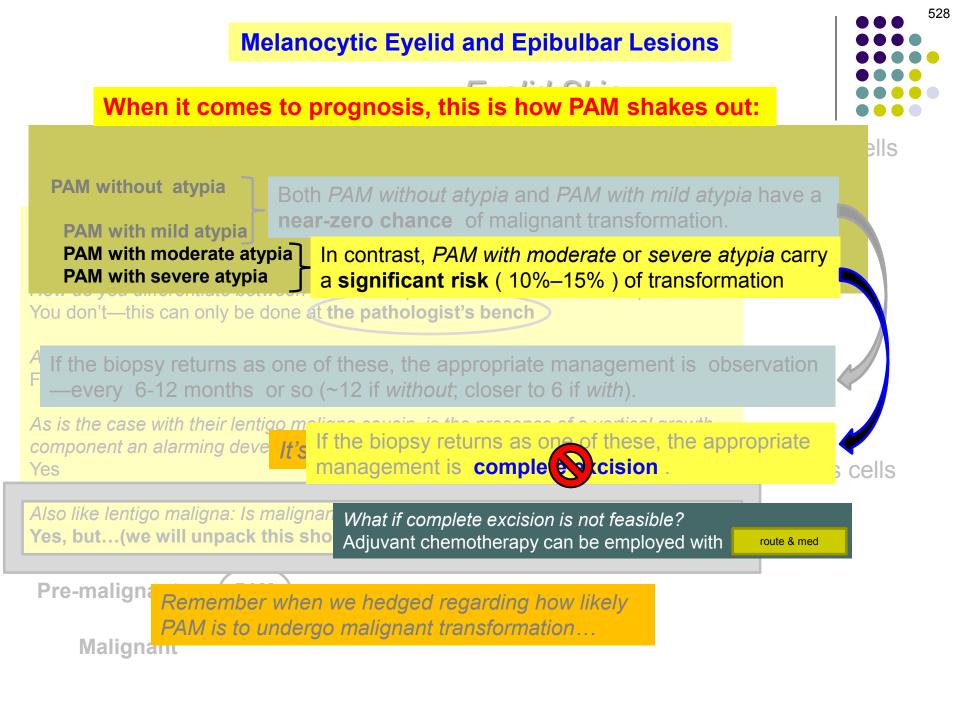


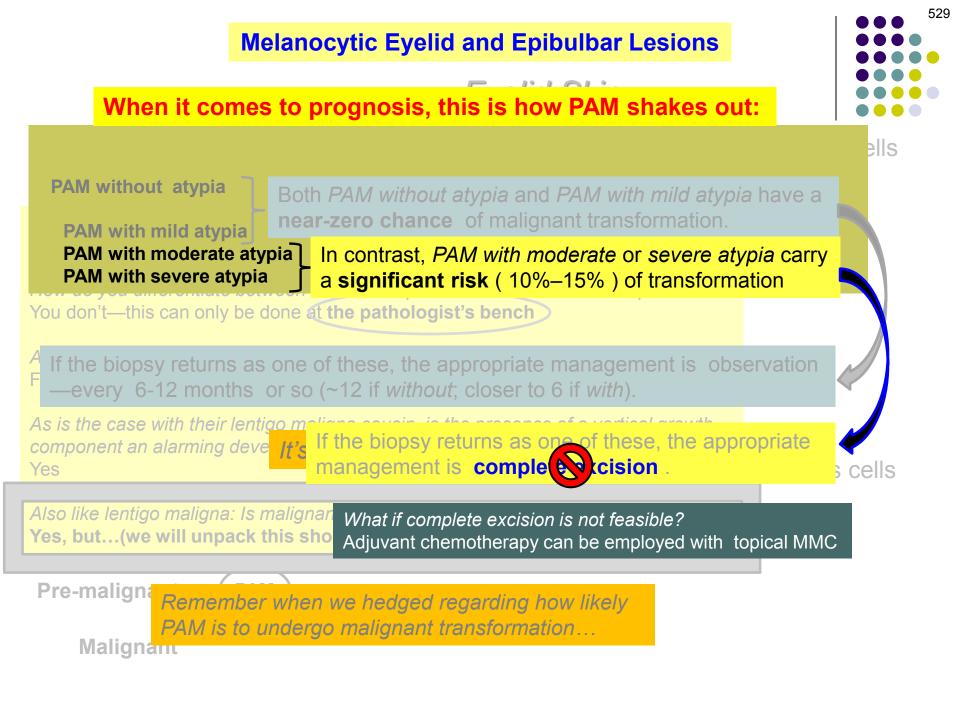












Eyelid Skin

Epidermal melanocytes

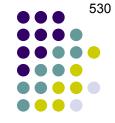
Benign

Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

Malignant	Melanoma	Melanoma	Melanoma
	Next, let's look at ma	alignant lesions, specifically melan	oma
		Epibulbar tissue	
	Epithelial melanocytes	Subepithelial melanocytes	Nevus cells
Benign	Ephelis CAM	Blue nevus Ocular(odermal) melanocytosis	Nevus
Pre-malignant	PAM		
Malignant	Melanoma	Melanoma	Melanoma
	No que	stion—proceed when ready	

Eyelid	Skin
--------	------

Epidermal melanocytes

Benign

Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	••	es of cutaneous melanoma, one the eyelid. Which one is that?	of which accounts for almost	
				Nevus cells
				Nevus s
Pre				
	wangnant	weianoma	weianoma	Melanoma

Eyelid	Skin
--------	------

Epidermal melanocytes

Benign

Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	••	pes of cutaneous melanoma, one the eyelid. Which one is that? nelanoma	of which accounts for almost	
				Nevus cells
				Nevus
Pre				
	wangnant	weianoma	weianoma	Melanoma

Eyelid	Skin
--------	------

Epidermal melanocytes

Benign

Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	• •	oes of cutaneous melanoma, one the eyelid. Which one is that? nelanoma	of which accounts for almost	
	Which biopsy tec	hnique is preferred in establishing	a diagnosis of melanoma?	Nevus cells
Pre				Nevus s
	wangnant	weianoma	weianoma	Melanoma

Eyelid	Skin
--------	------

Epidermal melanocytes

Benign

Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	• •	pes of cutaneous melanoma, one the eyelid. Which one is that? nelanoma	of which accounts for almost	
	<i>Which biopsy tecl</i> Punch biopsy	hnique is preferred in establishing	g a diagnosis of melanoma?	Nevus cells
				Nevus
				S
Pre				
	wangnant	weianoma	weianoma	Melanoma

Eyelid Skin

Epidermal melanocytes

Benign

Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	J 1	pes of cutaneous melanoma, one the eyelid. Which one is that? nelanoma	of which accounts for almost	
	Which biopsy tec Punch biopsy	bnique is preferred in establishin Does punch biopsy increase the	e diagnosis of melanoma? risk of metastasis?	Nevus cells Nevus s
Pre				
	wangnant	weianoma	weianoma	Melanoma

Eyelid Skin

Epidermal melanocytes

Benign

Ρ

Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma		Melanoma
		the eyelid. Which on	lanoma, one of which accounts for alr ne is that?	nost	
Pre	Which biopsy tec Punch biopsy	Does punch biopsy No	increase the risk of metastasis?	na? s	Nevus cells
	wangnant	weianoma	weianoma		Melanoma

Eyelid	Skin
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Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	• •	es of cutaneous melanoma, one the eyelid. Which one is that? nelanoma	of which accounts for almost	
	<i>Which biopsy tech</i> Punch biopsy	nnique is preferred in establishing	g a diagnosis of melanoma?	Nevus cells
	Why is punch the	preferred technique?		Nevus s
Pre				
	wangnant	weianoma	weianoma	Melanoma

Eyelid Skin

Epidermal melanocytes

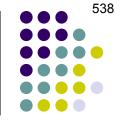
Benign

Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	• •	pes of cutaneous melanoma, one the eyelid. Which one is that? nelanoma	e of which accounts for almost	
	<i>Which biopsy tecl</i> Punch biopsy	hnique is preferred in establishin	g a diagnosis of melanoma?	Nevus cells
		<i>preferred technique?</i> for the determination of tumor		Nevus s
Pre				
	wangnant	weianoma	weianoma	Melanoma

Eyelid	Skin
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Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	• •	the eyelid. Which one is t	ma, one of which accounts for almos that?	st
	<i>Which biopsy tecl</i> Punch biopsy	hnique is preferred in esta	ablishing a diagnosis of melanoma?	Nevus cells
	• •	<i>preferred technique?</i> for the determination of t	umor thickness	Nevus
Pre				
	wangnant	мејапотта	weianoma	Melanoma

Eyelid Skin

Epidermal melanocytes

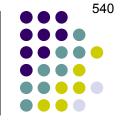
Benign

Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	• •	the eyelid. Which one is tha	, one of which accounts for almost t?	
	<i>Which biopsy tech</i> Punch biopsy	hnique is preferred in establ	ishing a diagnosis of melanoma?	Nevus cells
	• •	<i>preferred technique?</i> for the determination of turr	nor thickness	Nevus s
Pre	Why is it importar			
	wangnant	weianoma	weianoma	Melanoma

Eyelid Skin

Epidermal melanocytes

Benign

Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
		the eyelid. Which on	lanoma, one of which accounts for almost he is that?	
	<i>Which biopsy tech</i> Punch biopsy	hnique is preferred in	n establishing a diagnosis of melanoma?	Nevus cells
		e preferred technique for the determination	? n of tumor thickness	Nevus s
Pre	Why is it importan Because of its pro Mangnant	nt to determine tumor ognostic value ivieranoma	r thickness?	Melanoma

Eyelid Skin

Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	There are four t all melanomas Lentigo maligna			
	<i>Which biopsy te</i> Punch biopsy	Nevus cells		
	V 1	he preferred technique ws for the determination	e? on f tumor thickness	Nevus s
Pre	Why is it impor Because of its Mangnant	When it comes to ey to bear in mind. Whe ? ? ?	relid melanoma thickness, there are three num at are they?	nbers elanoma

Eyelid Skin

Epidermal melanocytes

Benign

Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	There are four t all melanomas Lentigo maligna			
	<i>Which biopsy te</i> Punch biopsy	n establishing a diagnosis of melanoma?	Nevus cells	
	<i>Why is punch tl</i> Because it allow	Nevus s		
Pre	Why is it impor Because of its mangnam	When it comes to eye to bear in mind. What 0.75 mm 1.5 mm 4 mm	elid melanoma thickness, there are three nun t are they?	nbers elanoma

Eyelid Skin

Epidermal melanocytes

Benign

Ρ

Lentigines

Ephelis

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Μ	lelanoma	
	There are four a all melanomas Lentigo maligna	pst				
	<i>Which biopsy te</i> Punch biopsy	echnique is preferred i	n establishing a diagnosis of melanoma	? Nevus cells		
	<i>Why is punch ti</i> Because it allow	s	evus			
're	Why is it impor Because of its mangnam		elid melanoma thickness, there are three t are they? What does each signify?	numbers	elanoma	

Eyelid Skin

Epidermal melanocytes

Benign Ephelis Lentigines

Ρ

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma			
	all melanomas	There are four types of cutaneous melanoma, one of which accounts for almost all melanomas of the eyelid. Which one is that? Lentigo maligna melanoma					
	<i>Which biopsy te</i> Punch biopsy	? Nevus cells					
	Why is punch the preferred technique? Because it allows for the determination of tumor thickness						
Pre	Why is it impor Because of its mangnam	to bear in mind. What	elid melanoma thickness, there are three t are they? What does each signify? ninner than this have a 5-yr survival rate				

Eyelid Skin

Epidermal melanocytes

Ephelis

Lentigines

Benign

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	N	lelanoma	
	<i>There are four t</i> <i>all melanomas</i> Lentigo maligna					
	<i>Which biopsy technique is preferred in establishing a diagnosis of melanoma?</i> Punch biopsy				Nevus cells	
	<i>Why is punch tl</i> Because it allow	s	evus			
Pre	Why is it impor Because of its Mangnant	to bear in mind. Wha	relid melanoma thickness, there are three no at are they? What does each signify? thinner than this have a 5-yr survival rate of		elanoma	

Eyelid Skin

Epidermal melanocytes

Ephelis

Lentigines

Benign

Ρ

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	N	lelanoma
	<i>There are four all melanomas</i> Lentigo maligna	ost			
	<i>Which biopsy te</i> Punch biopsy	? Ne	Nevus cells		
		<i>he preferred technique</i> ws for the determinatio	tumor thickness	N	evus
Pre	Why is it impor Because of its Mangnant	to bear in mind. What	elid melanoma thickness, there are three t are they? What does each signify? hinner than this have a 5-yr survival rate		elanoma

Eyelid Skin

Epidermal melanocytes

Ephelis

Lentigines

Benign

Ρ

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma		Melanoma
	There are four all melanomas Lentigo maligna	nts for almost			
	<i>Which biopsy te</i> Punch biopsy	melanoma?	Nevus cells		
		<i>he preferred technique</i> ws for the determinatio	tumor thickness	S	Nevus
Pre	Why is it impor Because of its Mangnant	to bear in mind. What 0.75 mm : Tumors th	elid melanoma thickness, ther t are they? What does each sh ninner than this have a 5-yr su cker than this require a	ignify?	

Eyelid Skin

Epidermal melanocytes

Ephelis

Lentigines

Benign

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Μ	elanoma	
	There are four t all melanomas Lentigo maligna	elanoma, one of which accounts for almost ne is that?				
	<i>Which biopsy technique is preferred in establishing a diagnosis of melanoma?</i> Punch biopsy				Nevus cells	
		he preferred technique ws for the determination	e? tumor thickness	Ne Is	evus	
Pre	Why is it impor Because of its mangnam	to bear in mind. Wha 0.75 mm : Tumors th	elid melanoma thickness, there are three num t are they? What does each signify? hinner than this have a 5-yr survival rate of 9 icker than this require a full metastatic worku	8%	elanoma	

Eyelid Skin

Epidermal melanocytes

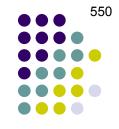
Benign

Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	<i>There are four all melanomas</i> Lentigo maligna			
	<i>Which biopsy te</i> Punch biopsy	Nevus cells		
		<i>he preferred technique</i> ws for the determinatio	tumor thickness	Nevus s
Pre	Why is it impor Because of its mangnam	to bear in mind. What 0.75 mm : Tumors th	elid melanoma thickness, there are three num t are they? What does each signify? hinner than this have a 5-yr survival rate of 98 cker than this require a full metastatic worku	8% elanoma

Eyelid Skin

Epidermal melanocytes

Benign

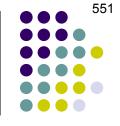
Ρ

Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	N	lelanoma
	<i>There are four all melanomas</i> Lentigo maligna	st			
	<i>Which biopsy to</i> Punch biopsy	Ne	Nevus cells		
		<i>he preferred technique</i> ws for the determinatio	tumor thickness	s	evus
Pre	Why is it impor Because of its Mangnant	to bear in mind. What 0.75 mm: Tumors th 1.5 mm: Tumors this	elid melanoma thickness, there are three t are they? What does each signify? hinner than this have a 5-yr survival rate of cker than this require a full metastatic wo ker than this have a 5-yr survival rate of	of 98%	elanoma

Eyelid Skin

Epidermal melanocytes

Benign

Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Μ	elanoma	
	There are four a all melanomas Lentigo maligna					
	<i>Which biopsy technique is preferred in establishing a diagnosis of melanoma?</i> Punch biopsy				Nevus cells	
	<i>Why is punch th</i> Because it allow	Ne	evus			
Pre	Why is it impor Because of its mangnam	to bear in mind. What 0.75 mm: Tumors th 1.5 mm: Tumors this	elid melanoma thickness, there are three num t are they? What does each signify? hinner than this have a 5-yr survival rate of 98 cker than this require a full metastatic workup ther than this have a 5-yr survival rate of <50%	3% ว	elanoma	

Eyelid	Skin
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Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	<i>There are four all melanomas</i> Lentigo maligr	What is the preferred tx for	eyelid melanoma?	
	<i>Which biopsy</i> Punch biopsy			lls
		the preferred technique? ws for the determination of t	umor thickness	S
Pre	Why is it impor Because of its mangnam	to bear in mind. What are to0.75 mm: Tumors thinned1.5 mm: Tumors thicker to1.5 mm: Tumors thicker to1.5 mm	they? What does each signify? Than this have a 5-yr survival rate of 9 Than this require a full metastatic worku an this have a 5-yr survival rate of <50	98% elanoma

Eyelid	Skin
--------	------

Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	There are four all melanomas Lentigo maligr	What is the preferred tx for eyelid m Complete tumor removal via	three words	
	<i>Which biopsy</i> Punch biopsy			lls
	V 1	the preferred technique? wws for the determination of tumor the	hickness	S
Pre	Why is it impore Because of its		<i>hat does each signify?</i> is have a 5-yr survival rate require a full metastatic v	of 98% elanoma vorkup

Eyelid	Skin
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Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma	1
	There are four all melanomas Lentigo maligr		<i>for eyelid melanoma?</i> I via wide surgical excision		
	<i>Which biopsy</i> Punch biopsy				lls
		the preferred technique? ows for the determination	of tumor thickness	S	
Pre	Why is it impore Because of its	to bear in mind. What a 0.75 mm : Tumors thin 1.5 mm : Tumors thick	d melanoma thickness, there are three nur re they? What does each signify? oner than this have a 5-yr survival rate of s er than this require a full metastatic work than this have a 5-yr survival rate of <50	98% elanoma up	

Eyelid	Skin
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Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Ме	elanoma
	There are four all melanomas Lentigo maligr	What is the preferred tx for Complete tumor removal via of clean margins by Patholo	a wide surgical excision , with intra	a-op confirm	nation
	<i>Which biopsy</i> Punch biopsy				lls
	V 1	the preferred technique? ows for the determination of t	umor thickness	S	
Pre	Why is it impore Because of its mangnam	to bear in mind. What are t 0.75 mm : Tumors thinner 1.5 mm : Tumors thicker t	the version of the construction of the constru	of 98% vorkup	elanoma

Eyelid	Skin
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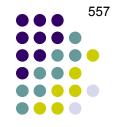
Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	There are four all melanomas Lentigo maligr		or eyelid melanoma? via wide surgical excision , with intra-op c ology using permanent sections	confirmation
	<i>Which biopsy</i> Punch biopsy			lls
		<i>the preferred technique?</i> ows for the determination (f tumor thickness	5
Pre	Why is it impo Because of its mangnant	<i>to bear in mind. What al</i> 0.75 mm : Tumors thin 1.5 mm : Tumors thick	<i>Thelanoma thickness, there are three numb</i> <i>The they? What does each signify?</i> Ther than this have a 5-yr survival rate of 98 For than this require a full metastatic workup than this have a 5-yr survival rate of <50%	elanoma

Eyelid S	Skin
----------	------

Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	There are four all melanomas Lentigo maligr		or eyelid melanoma? via wide surgical excision , with intra-op co ology using permanent sections	nfirmation
	<i>Which biopsy</i> Punch biopsy	The Plastics book mention <i>What is it?</i>	ons another option described as a "first-line ti	reatment." s
	V 1	the preferred technique? ws for the determination (f tumor thickness	
Pre	Why is it impore Because of its mangnam	to bear in mind. What an 0.75 mm : Tumors thin 1.5 mm : Tumors thicke	<i>melanoma thickness, there are three numbere they? What does each signify?</i> Ther than this have a 5-yr survival rate of 98% For than this require a full metastatic workup than this have a 5-yr survival rate of <50%	

Eyelid	Skin
--------	------

Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



Nevus cells

	Malignant	Melanoma	Melanoma	Melanoma
	There are four all melanomas Lentigo maligr		or eyelid melanoma? via wide surgical excision , with intra-op o blogy using permanent sections	confirmation
	<i>Which biopsy</i> Punch biopsy	The Plastics book mention What is it? Immunotherapy drugs	ns another option described as a "first-line	<i>treatment."</i> IIs
	V 1	the preferred technique?	f tumor thickness	S
Pre	Why is it impore Because of its mangnant	to bear in mind. What are 0.75 mm : Tumors thinn 1.5 mm : Tumors thicke	<i>melanoma thickness, there are three num</i> <i>e they? What does each signify?</i> er than this have a 5-yr survival rate of 98 r than this require a full metastatic workup han this have a 5-yr survival rate of <50%	8% elanoma

Eyelid Skin

Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



560

Nevus cells

	Malignant	Melano Speaking of the pathologistWhat could she find that would regional lymph-node dissection?	prompt
	There are four all melanomas Lentigo maligr	Complete tumor removal via wide surgical excision , with intra-op confirm	nation
	<i>Which biopsy</i> Punch biopsy	The Plastics book mentions another option described as a "first-line treatr What is it? Immunotherapy drugs	ment." s
	J 1	the preferred technique? sows for the determination of tumor thickness	
Pre	Why is it impore Because of its mangnam	to bear in mind. What are they? What does each signify?	elanoma

Eyelid Skin

Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



561

Nevus cells

	Malignant	/	Speaking of the pathologistWhat could she find that regional lymph-node dissection?	would prompt
	There are four all melanomas Lentigo maligr	Complete tur	Microscopic evidence of and/or in intra-op in and/or intra-op in a wide surgical excision , with intra-op gins b Pathology ising permanent sections	nvolvement confirmation
	<i>Which biopsy</i> Punch biopsy	The Plastics What is it? Immunothera	book mentions another option described as a "first-line apy drugs	e treatment." IIS
	<i>Why is punch</i> Because it allo	·	technique? termination of tumor thickness	S
Pre	Why is it impore Because of its Mangnant	<i>to bear in m</i> 0.75 mm : 1.5 mm : T	nes to eyelid melanoma thickness, there are three num ind. What are they? What does each signify? Tumors thinner than this have a 5-yr survival rate of 9 umors thicker than this require a full metastatic worku nors thicker than this have a 5-yr survival rate of <50%	elanoma

Eyelid Skin

Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis



562

Nevus cells

	Malignant	Melano Speaking of the pathologistWhat could she find that would prompt regional lymph-node dissection?
	There are four all melanomas Lentigo maligr	What is the Microscopic evidence of vascular and/or lymphatic involvement Complete tumor removal via wide surgical excision , with intra-op confirmation of clean margins b Pathology ising permanent sections
	<i>Which biopsy</i> Punch biopsy	The Plastics book mentions another option described as a "first-line treatment." IIs What is it? Immunotherapy drugs
		he preferred technique? ws for the determination of tumor thickness
Pre	Why is it impore Because of its mangnam	When it comes to eyelid melanoma thickness, there are three numbers to bear in mind. What are they? What does each signify? 0.75 mm : Tumors thinner than this have a 5-yr survival rate of 98% 1.5 mm : Tumors thicker than this require a full metastatic workup 4 mm : Tumors thicker than this have a 5-yr survival rate of <50%

Eyelid Skin

Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis

563

Nevus cells

	Malignant	Melano Speaking of the pathologistWhat could she find that would prompt regional lymph-node dissection?
	There are four all melanomas Lentigo maligr	What is the Microscopic evidence of vascular and/or lymphatic involvement Complete tumor removal via wide surgical excision , with intra-op confirmation
	<i>Which biopsy</i> Punch biopsy	The Plastics book mentions another option described as a "first-line treatment." IIS What is it? Immunotherapy drugs
Pre	Because it allo	

Eyelid Skin

Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

Dermal melanocytes

Blue nevus (Oculo)dermal melanocytosis

Nevus cells

564

	Malignant	Melano Speaking of the pathologistWhat could she find that would prompt regional lymph-node dissection?
	There are four all melanomas Lentigo maligr	Complete tumor removal via wide surgical excision , with intra-op confirmation
	<i>Which biopsy</i> Punch biopsy	Immunotherapy drugs
	Why is punch	the preferred technique?
Pre		ows for Speaking of drugsThe Plastics book mentions three other classes that can be used to tx eyelid melanoma. What are they?
110	Why is it impo	
	Because of its	
	wangnant	O.7Checkpoint inhibitors
		4 mm: Tumors thicker than this have a 5-yr survival rate of <50%

Eyelid Skin

Epidermal melanocytes

Benign Ephelis Lentigines

Pre-malignant Lentigo maligna

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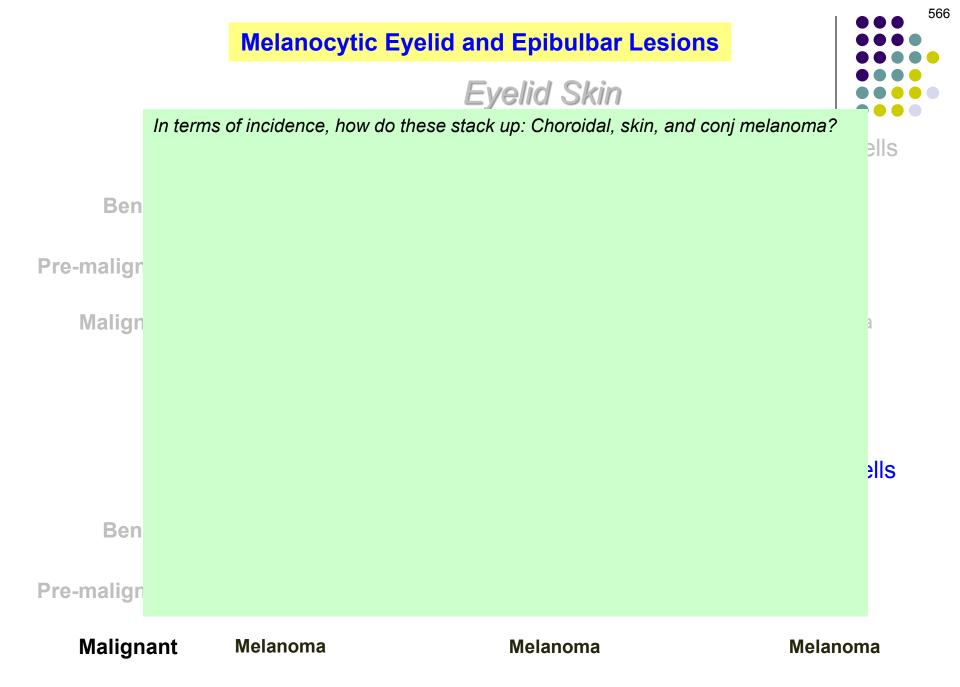
Dermal melanocytes

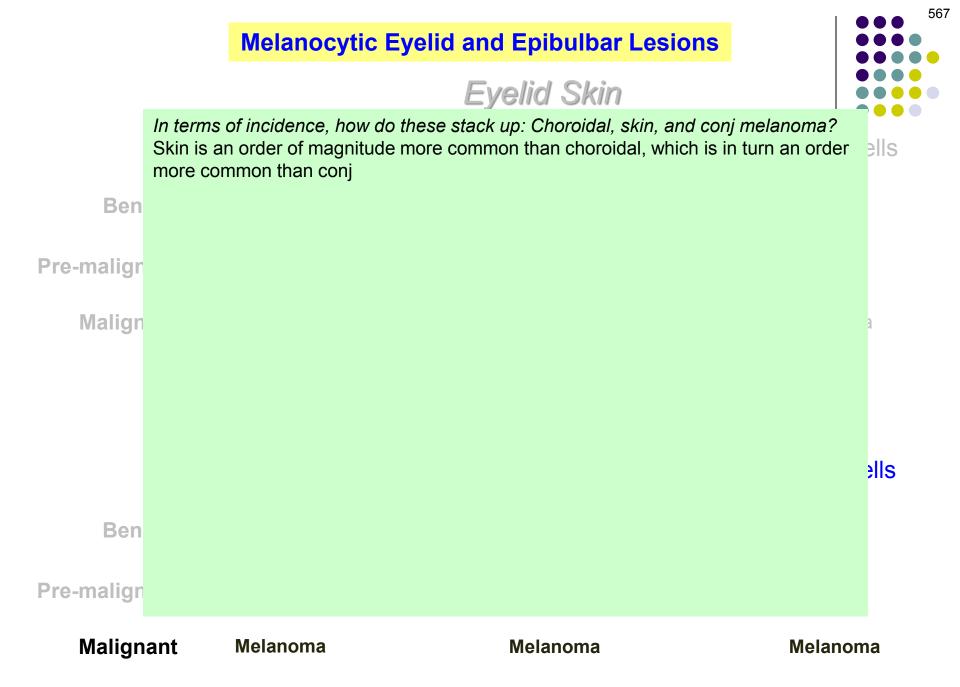
Blue nevus (Oculo)dermal melanocytosis

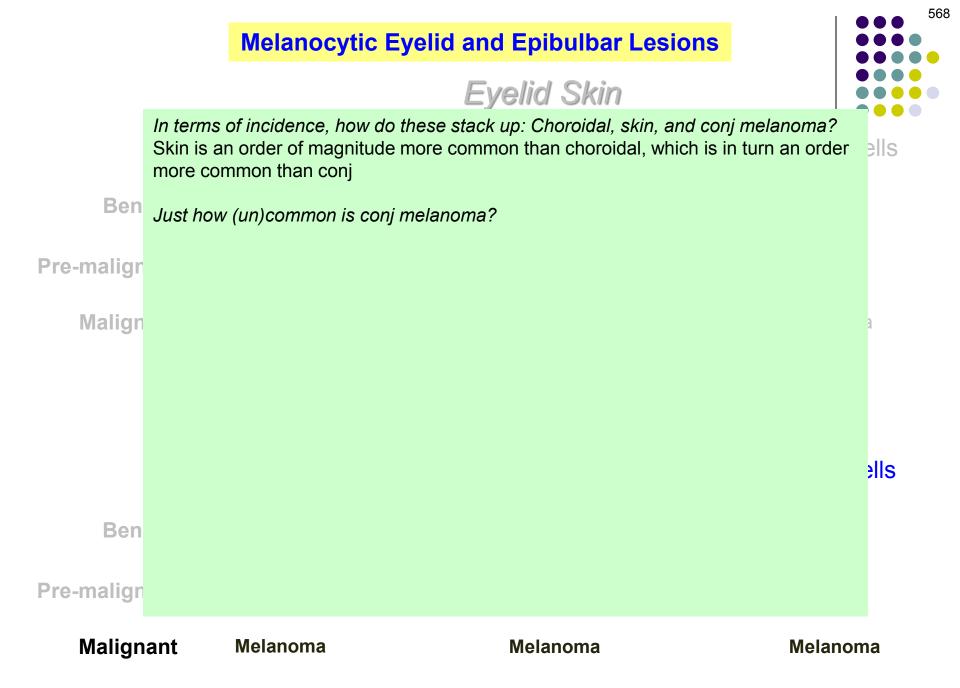


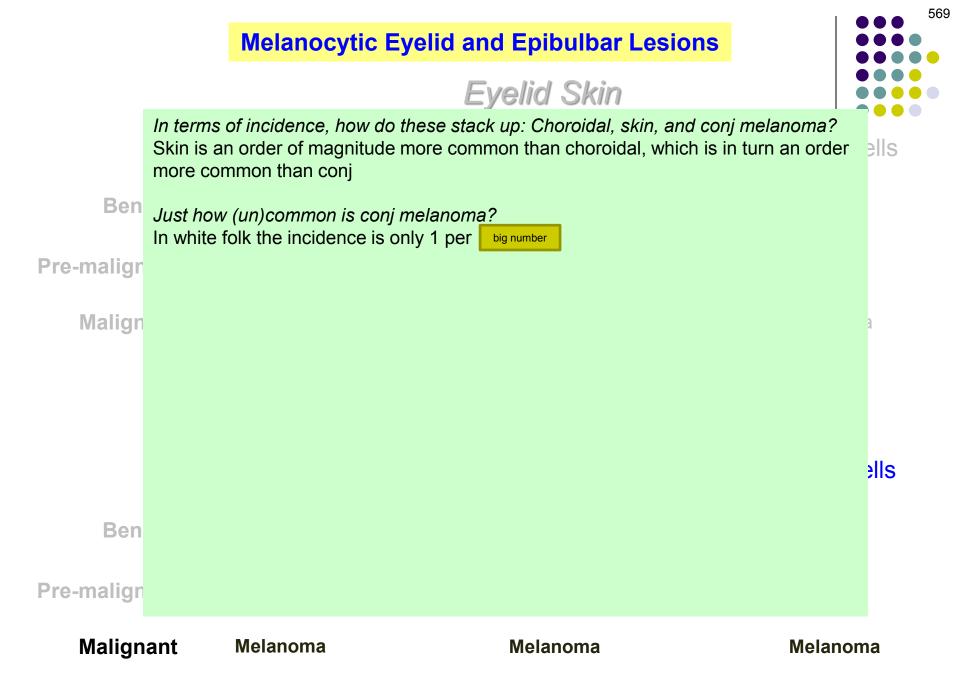
Nevus cells

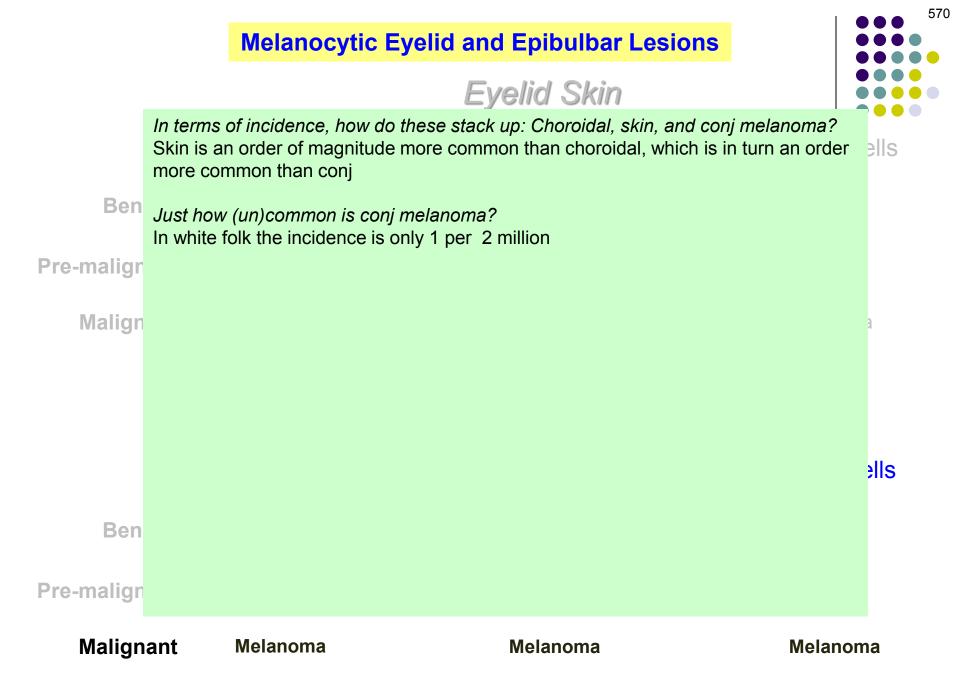
	Malignant	Melano Speaking of the pathologistWhat could she find that would prompt regional lymph-node dissection?
	There are four all melanomas Lentigo maligr	What is the Microscopic evidence of vascular and/or lymphatic involvement Complete tumor removal via wide surgical excision , with intra-op confirmation of clean margins b Pathology using permanent sections
	<i>Which biopsy</i> Punch biopsy	The Plastics book mentions another option described as a "first-line treatment." IIS What is it? Immunotherapy drugs
Pre	2 I	
		4 mm : Tumors thicker than this have a 5-yr survival rate of <50%

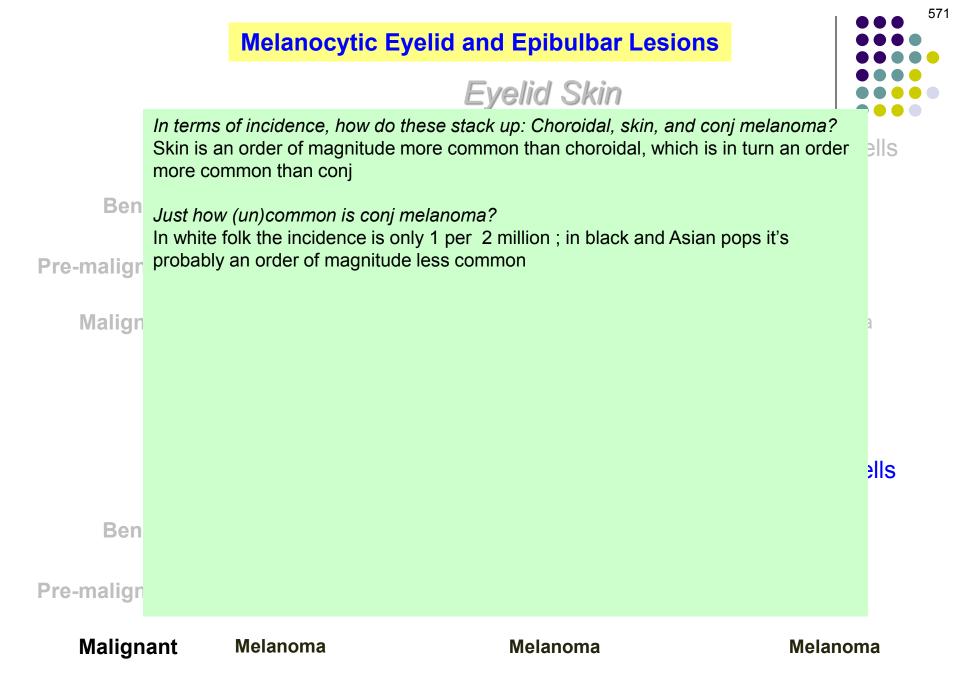


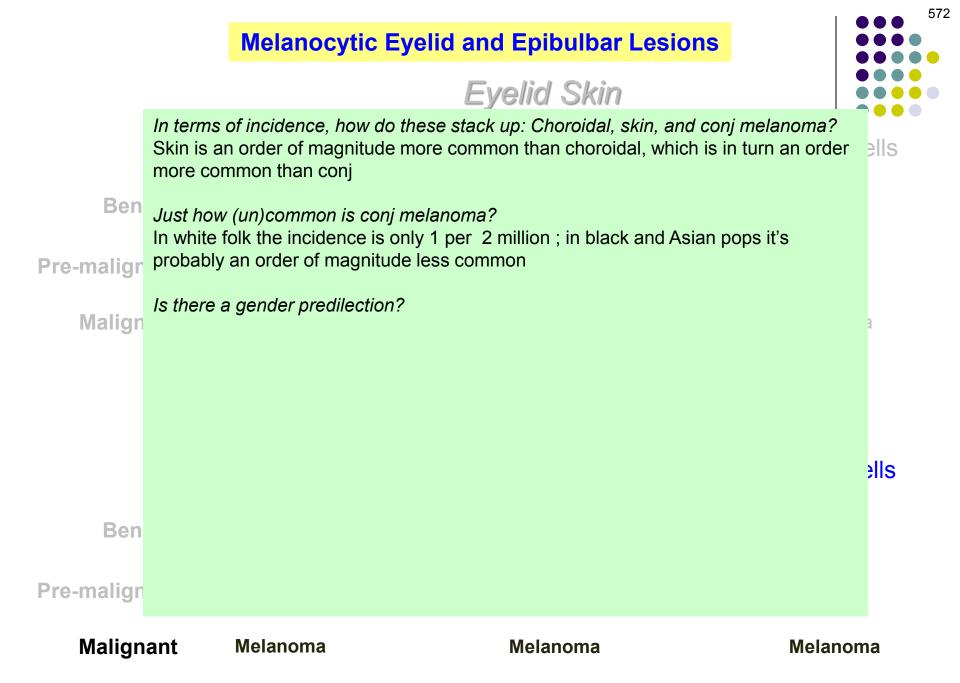


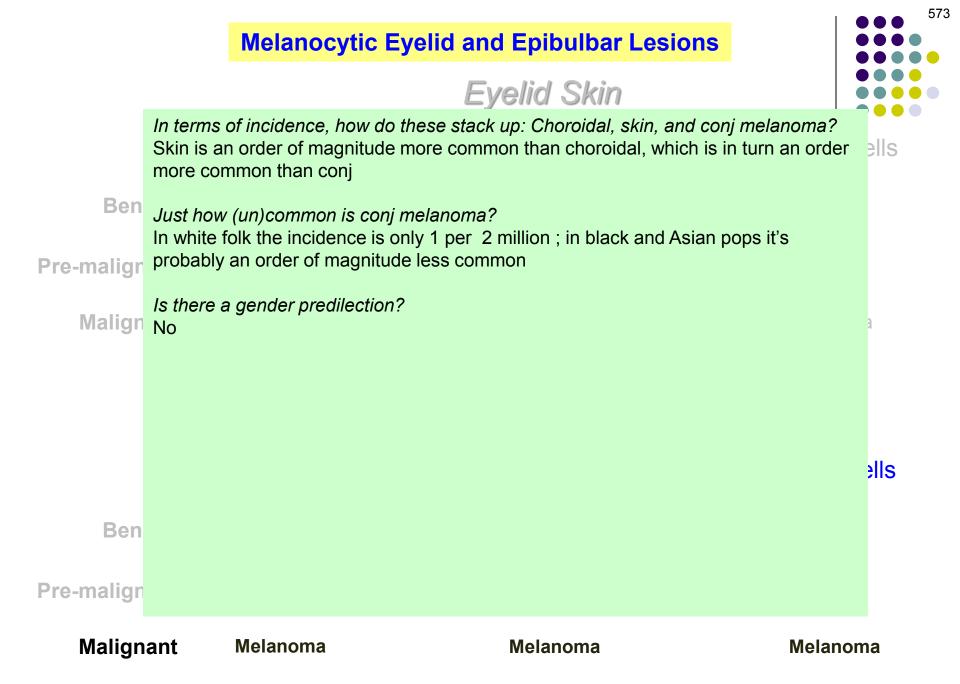


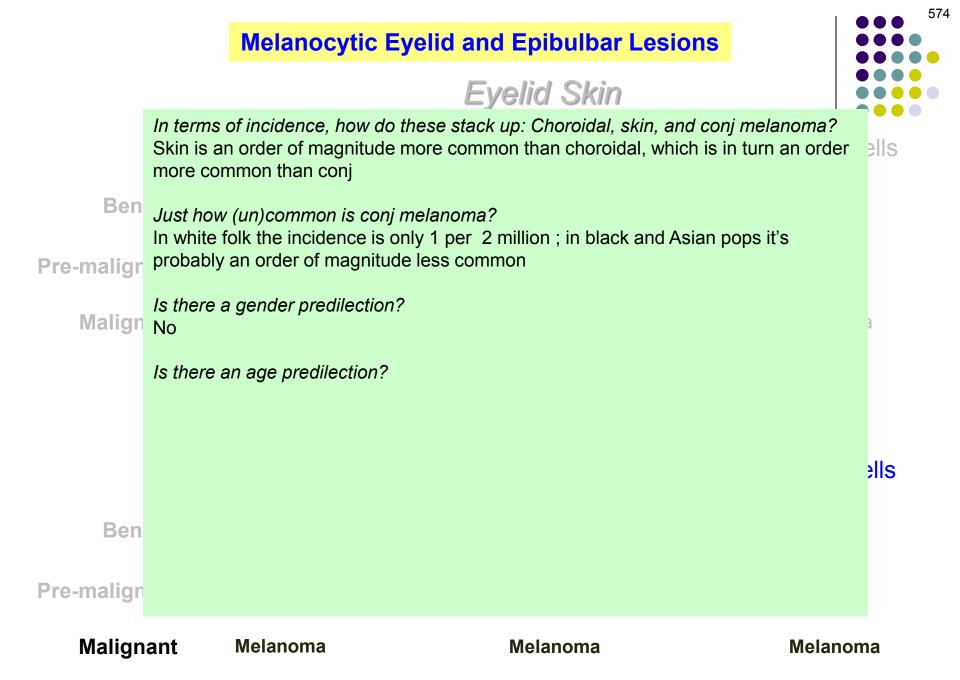


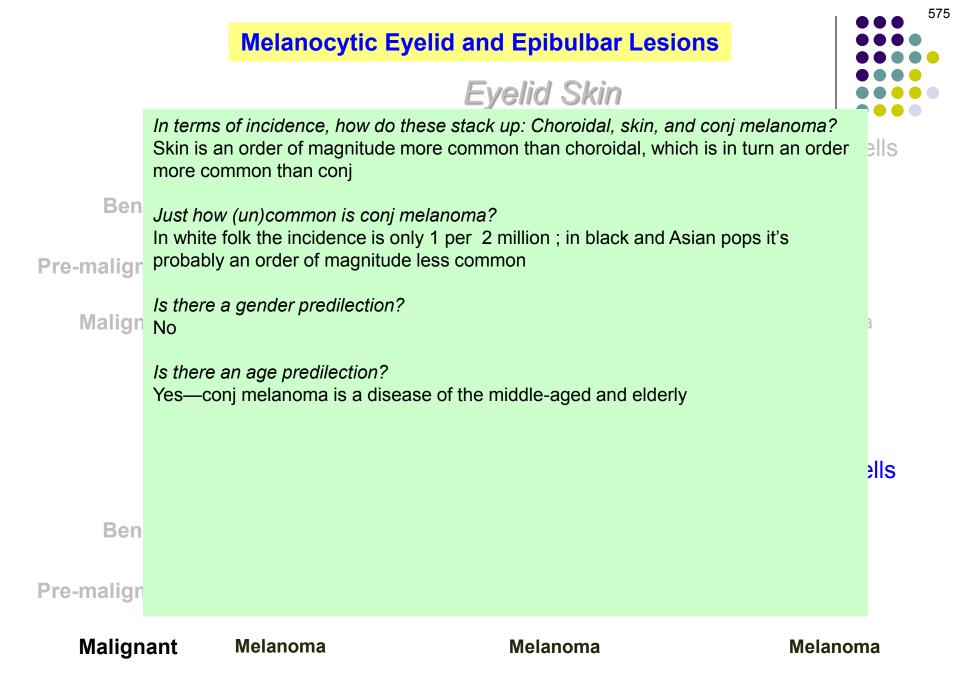


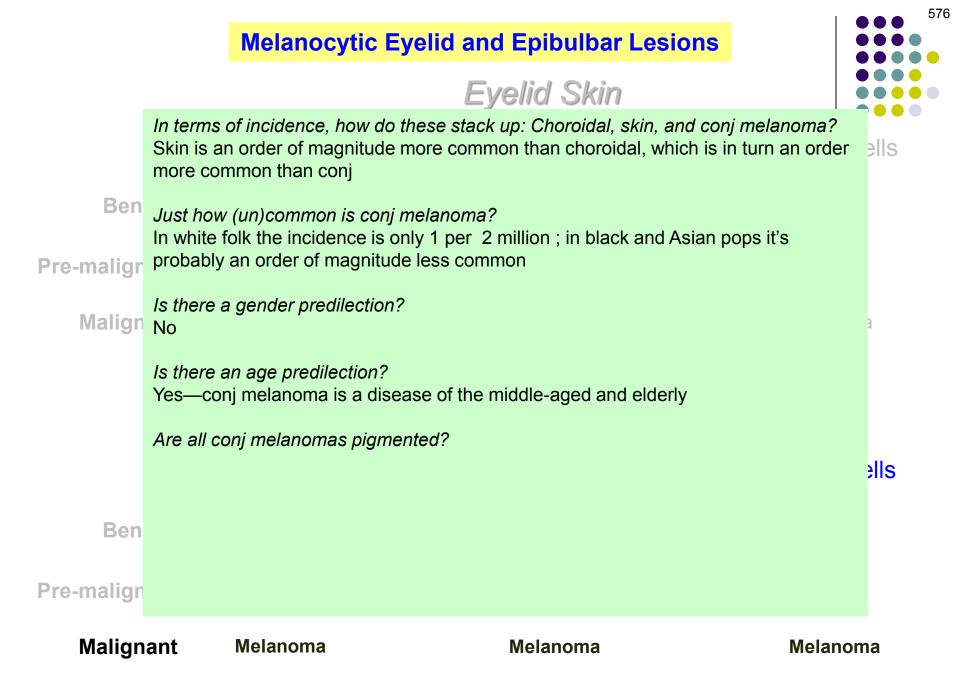


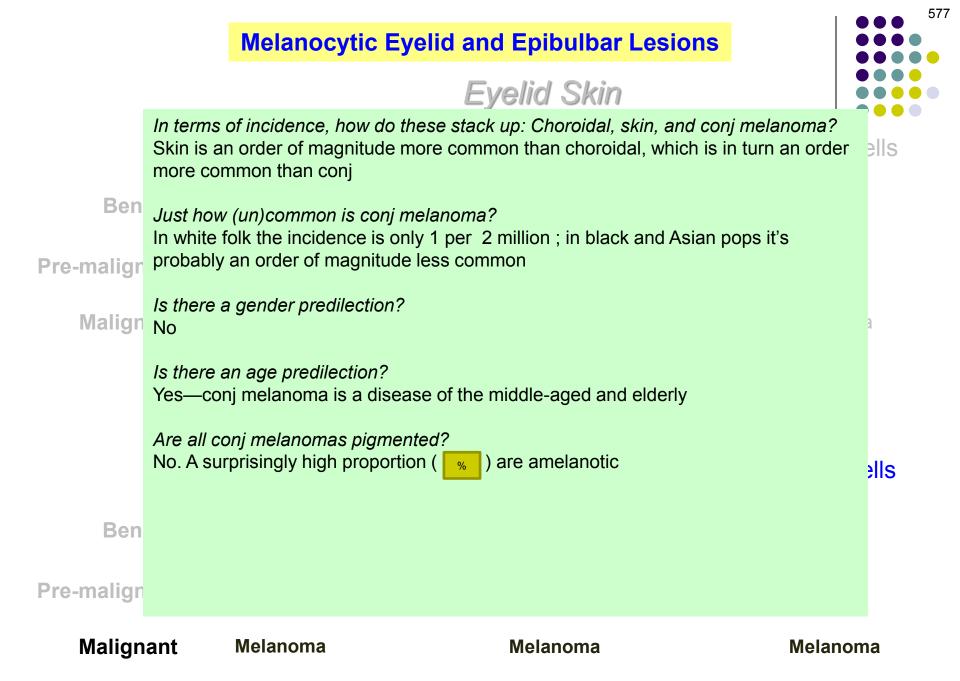


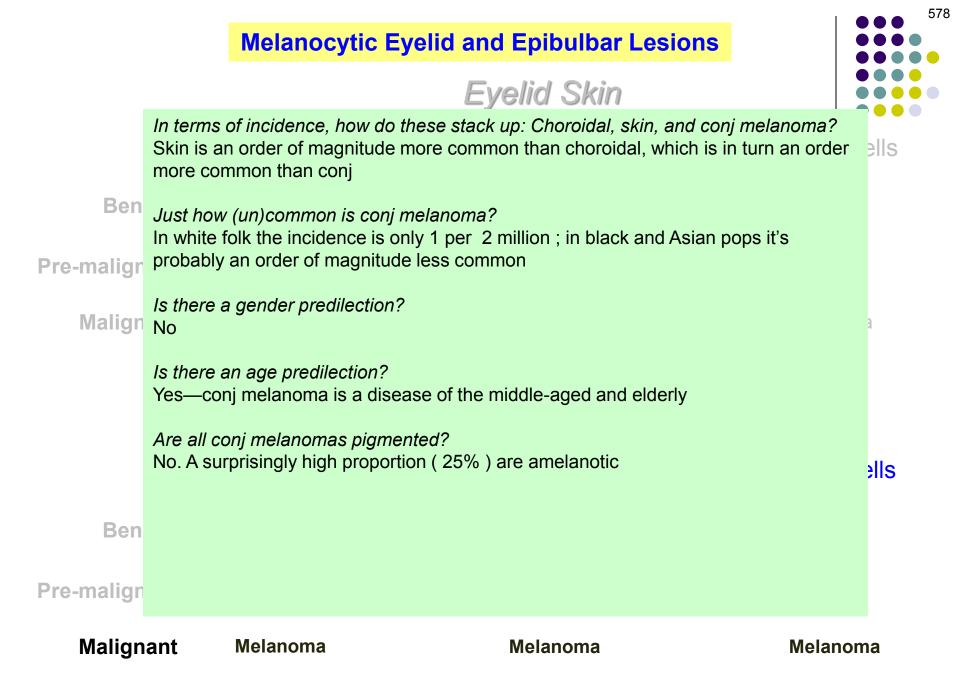


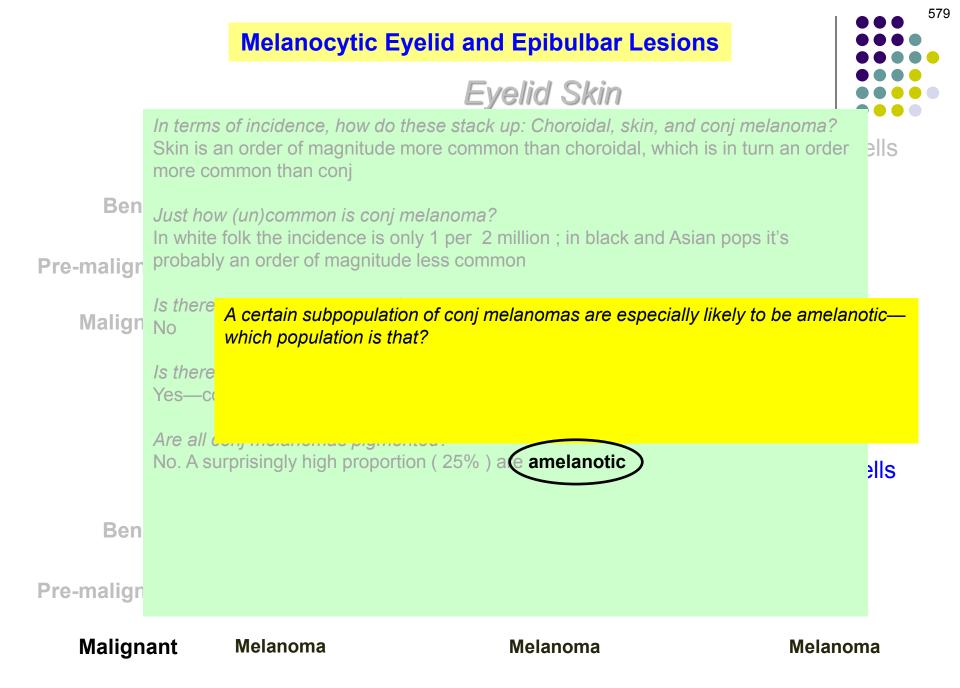


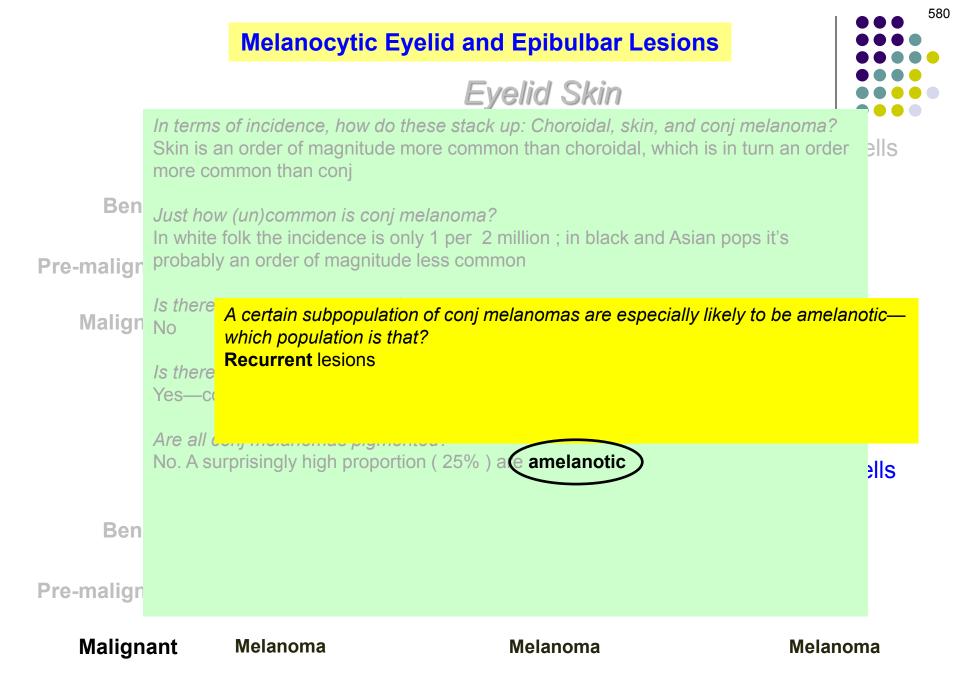


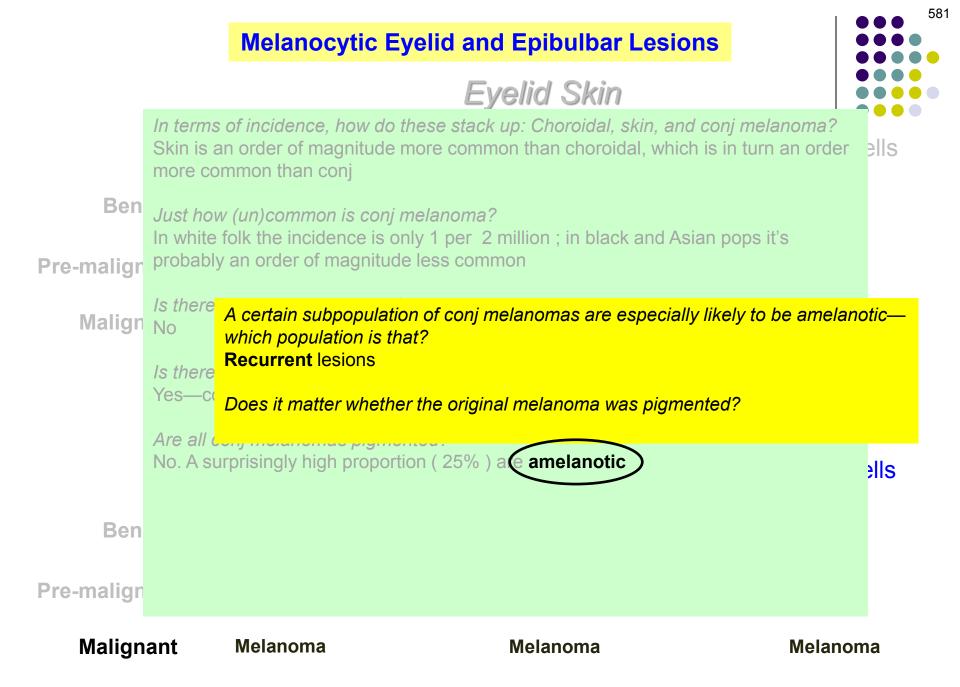


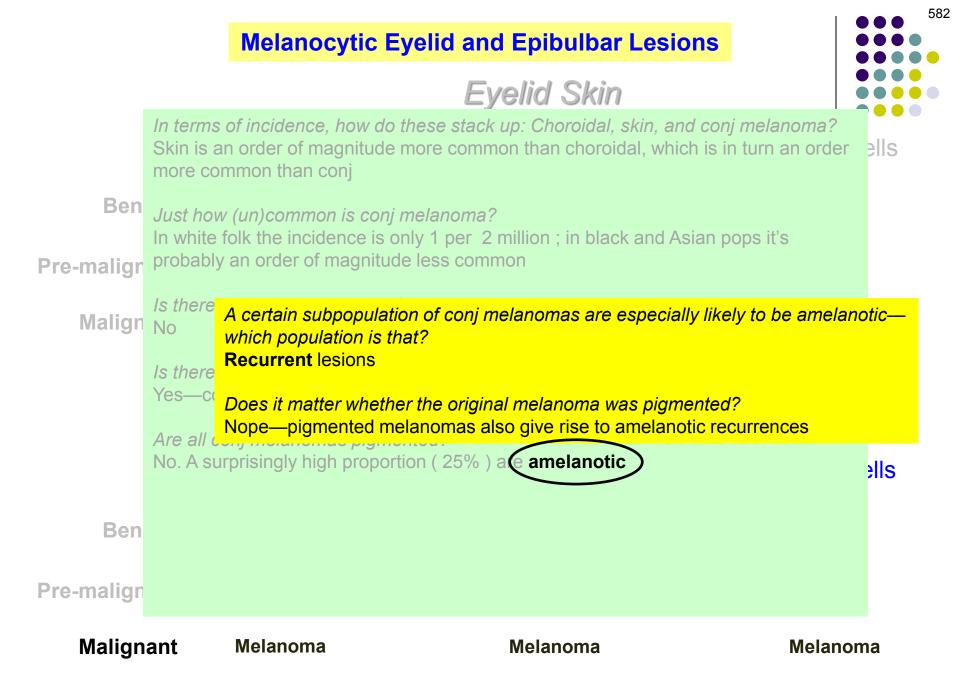


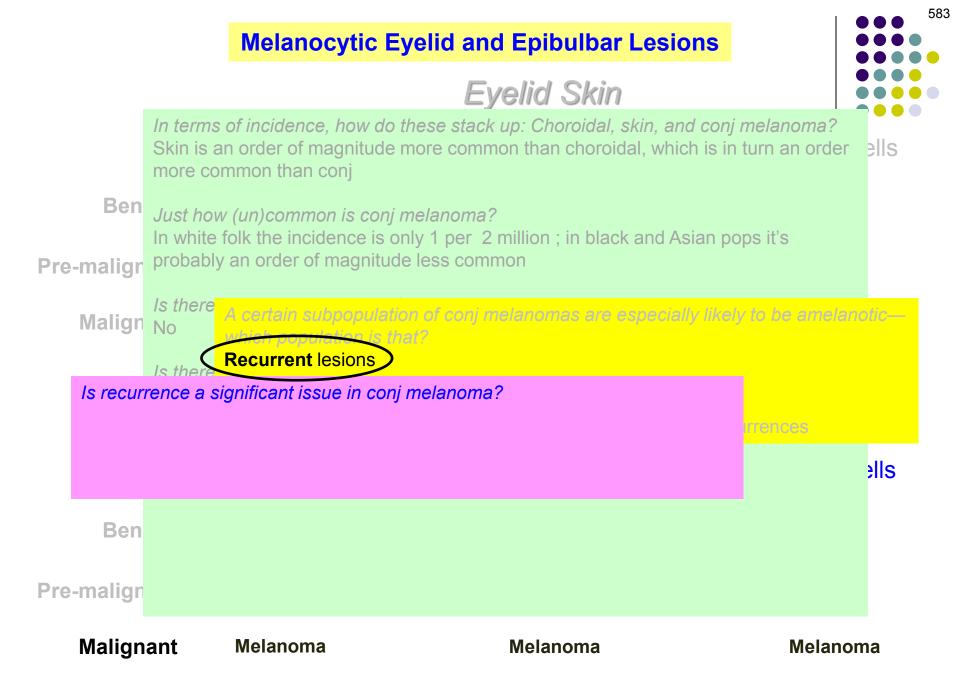


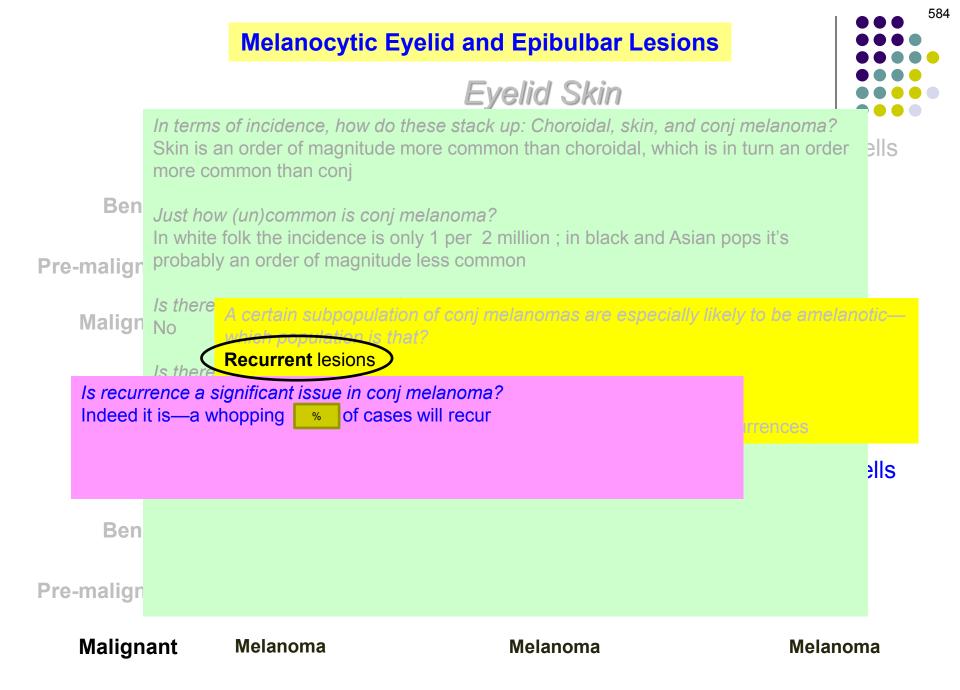


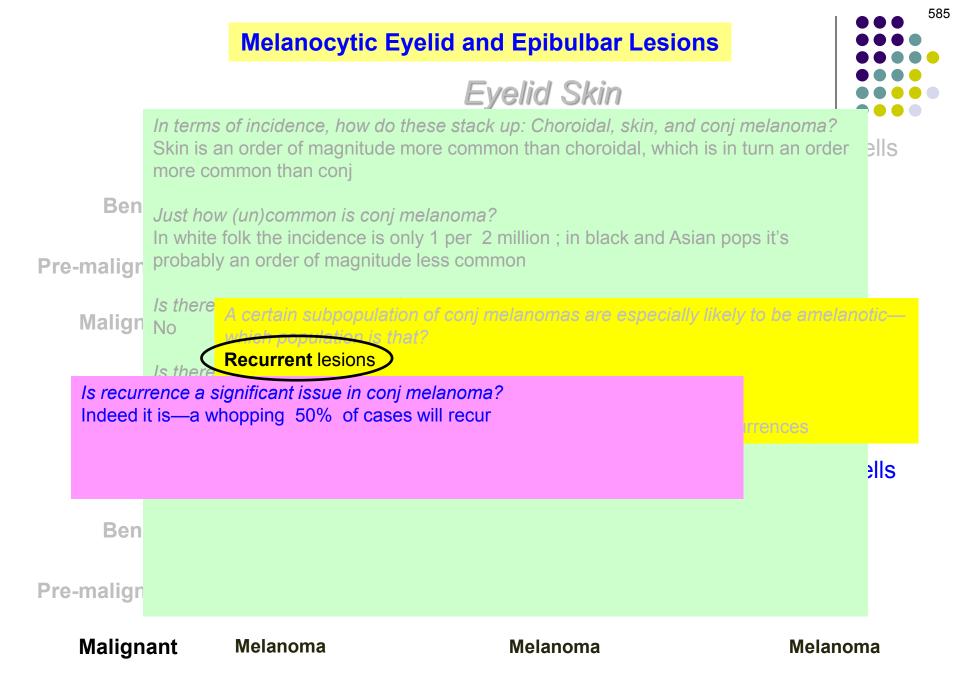


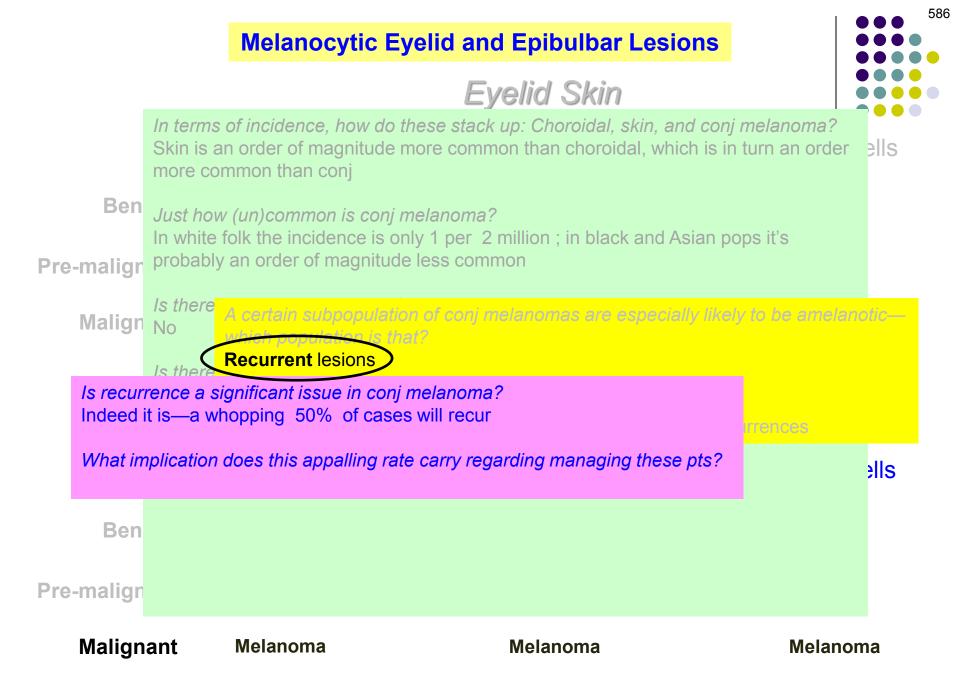


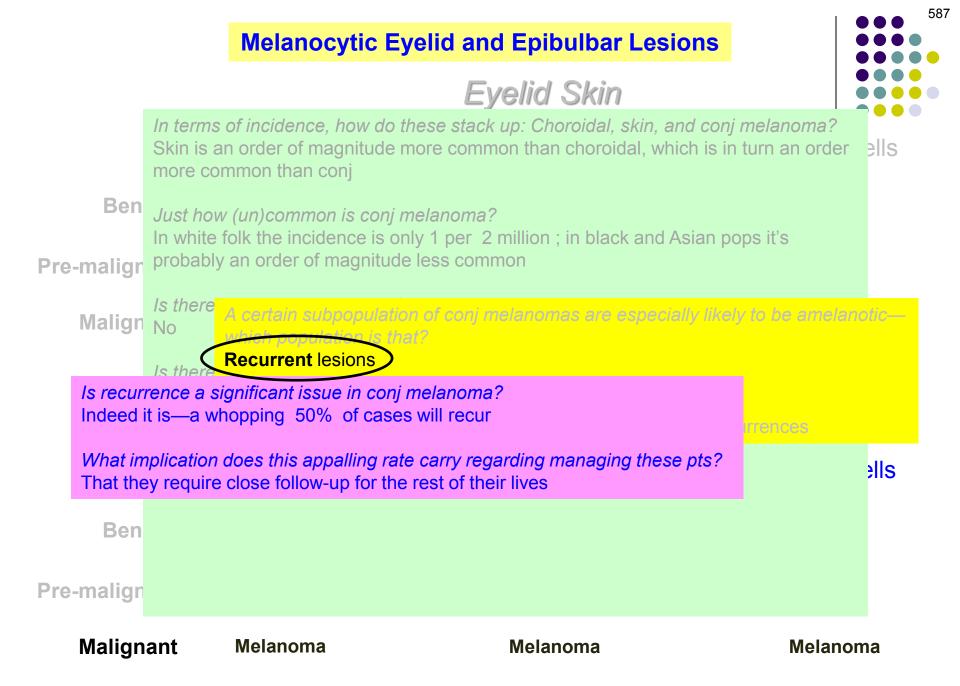


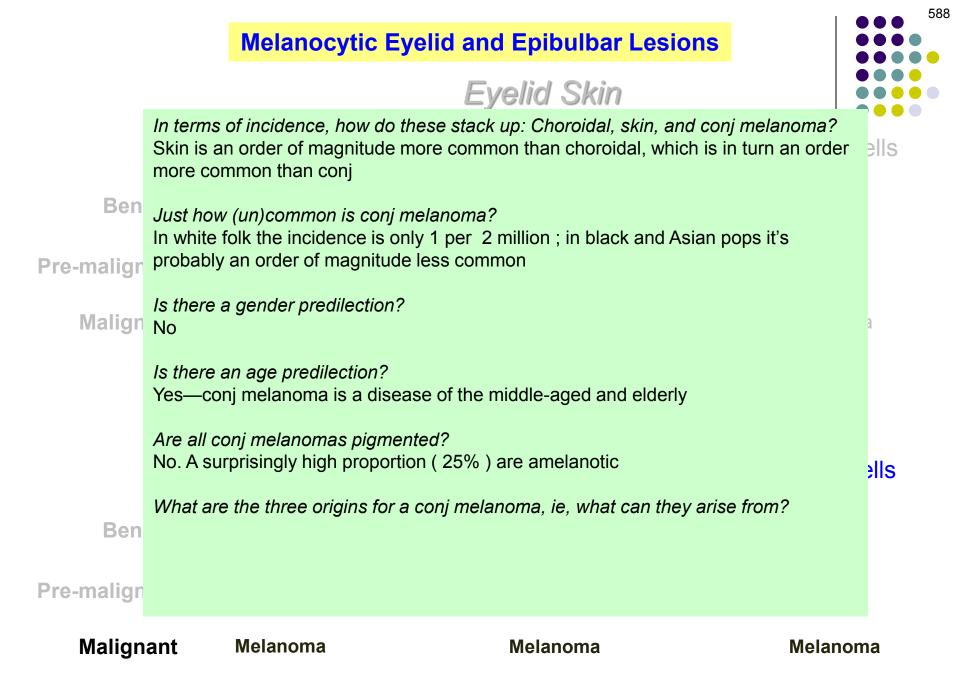


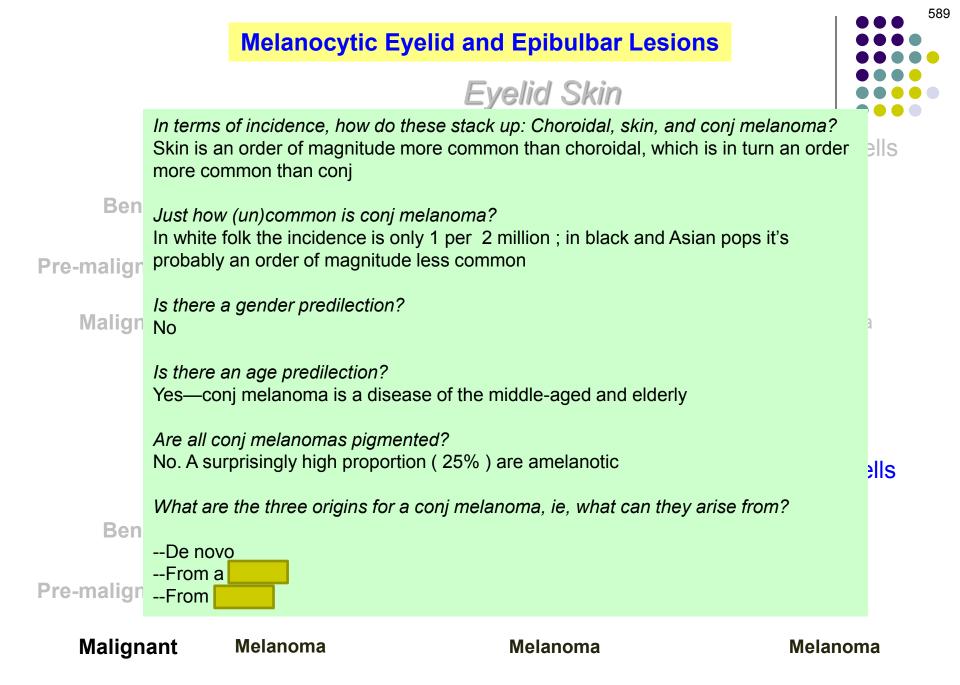


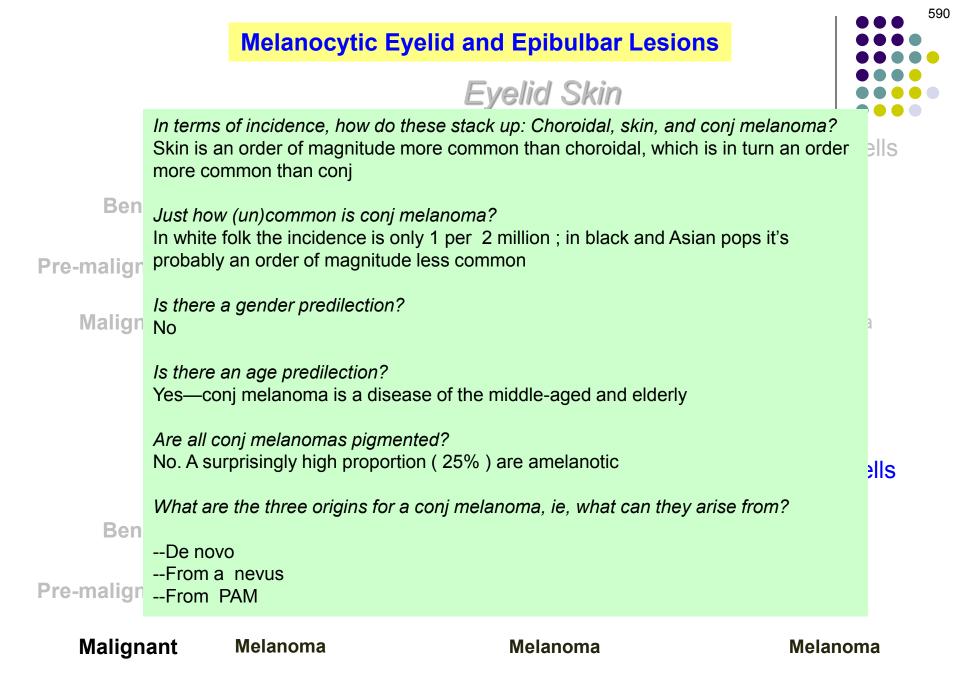


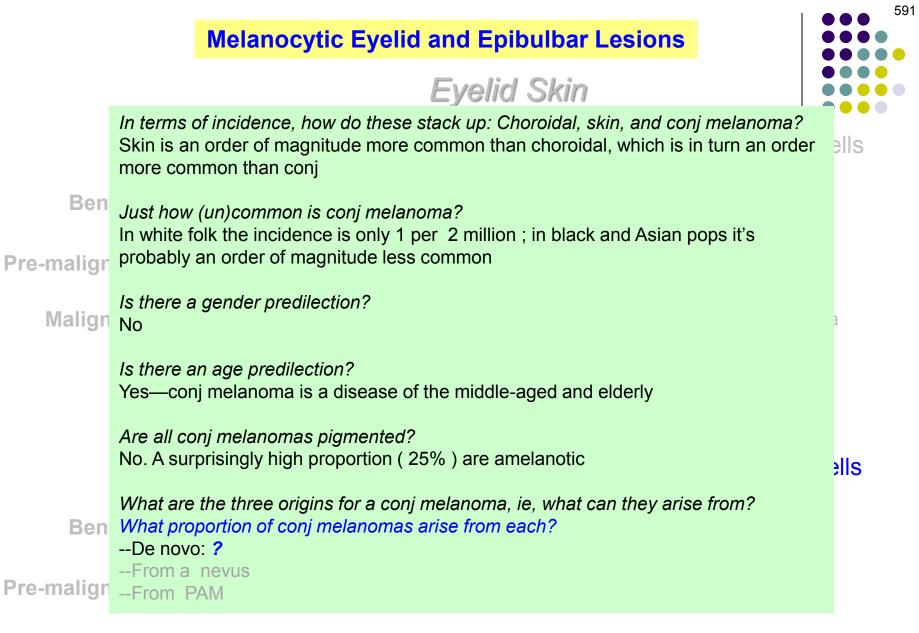








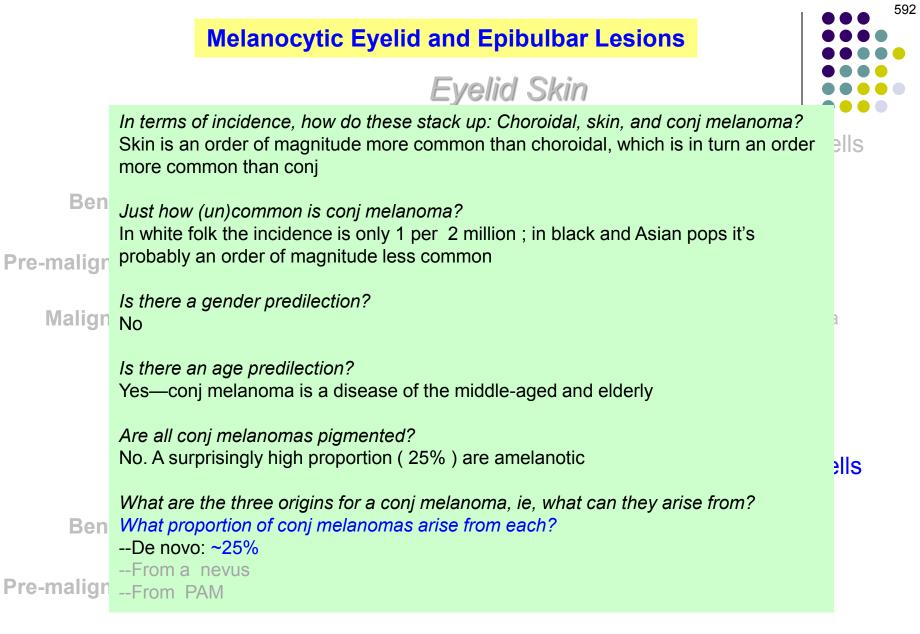




Malignant Melanoma

Melanoma

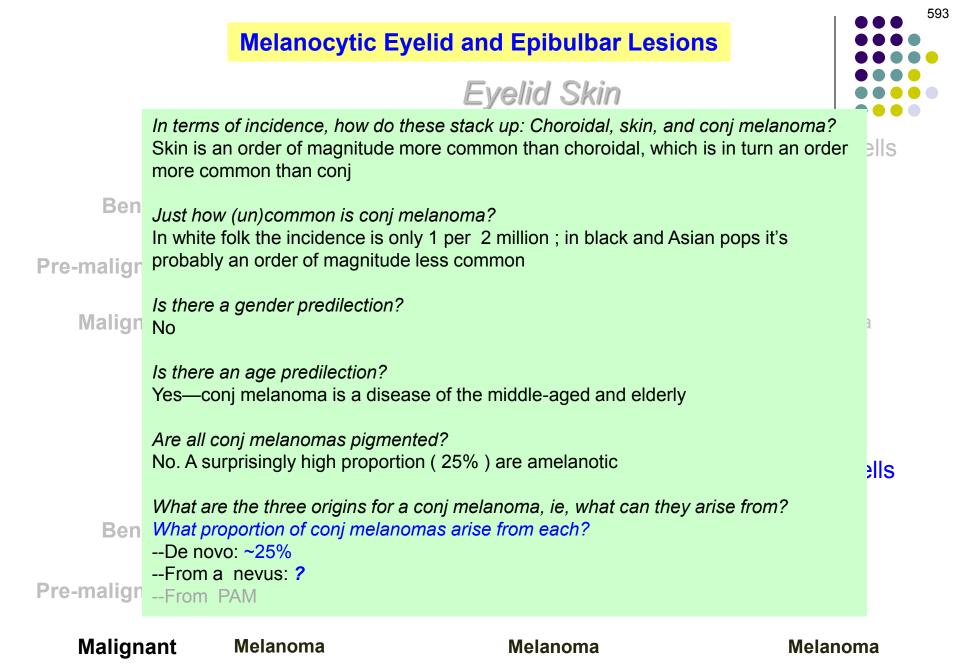
Melanoma

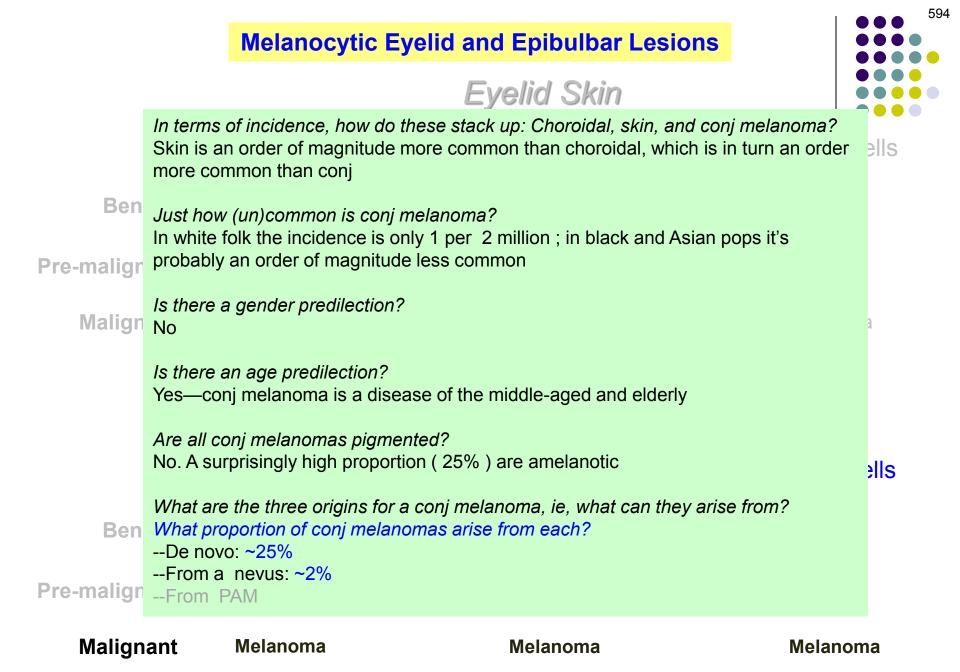


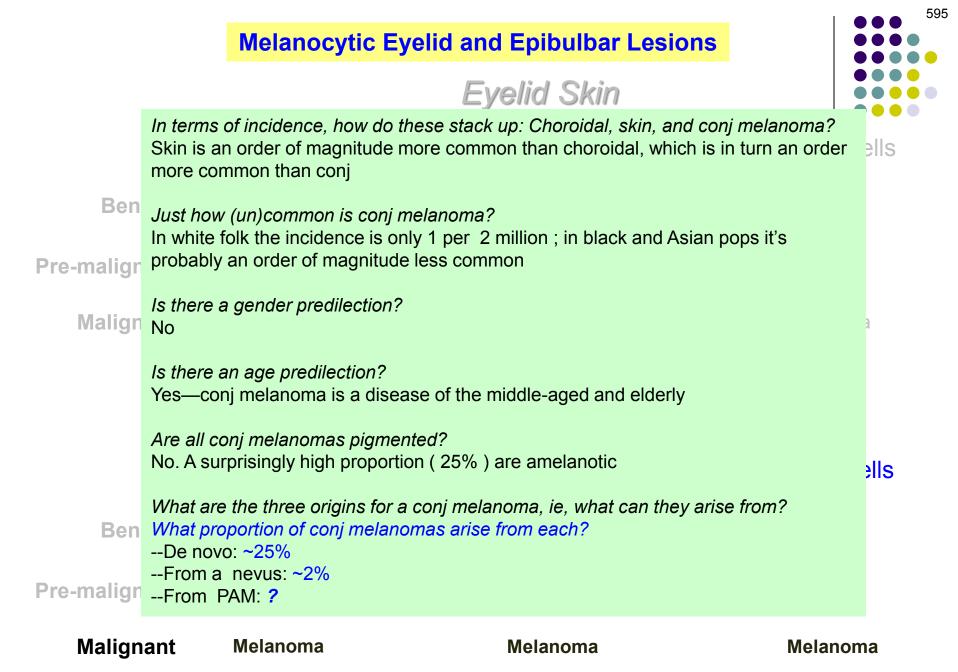
Malignant Melanoma

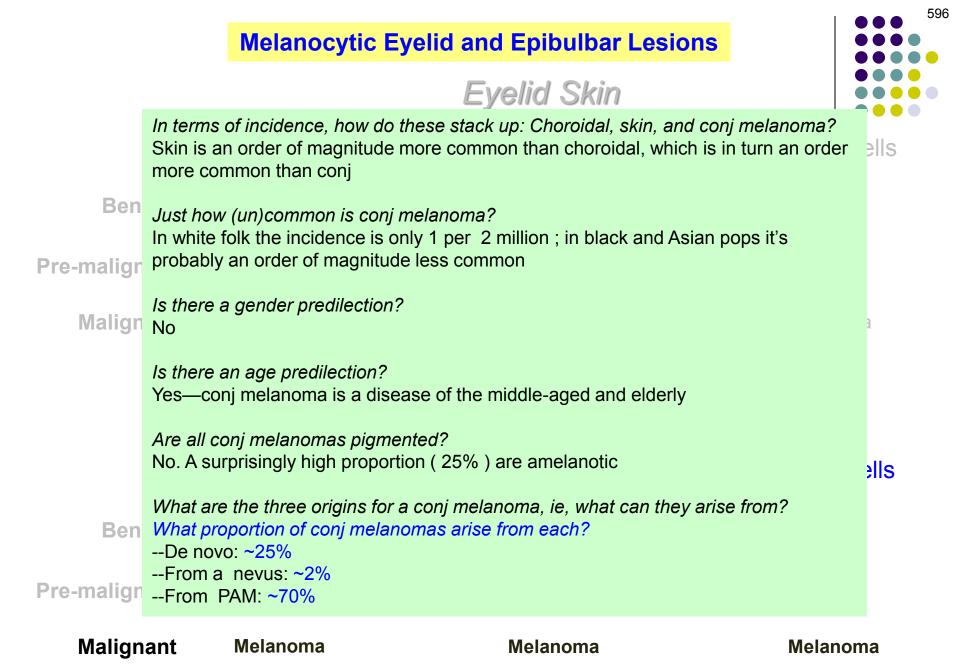
Melanoma

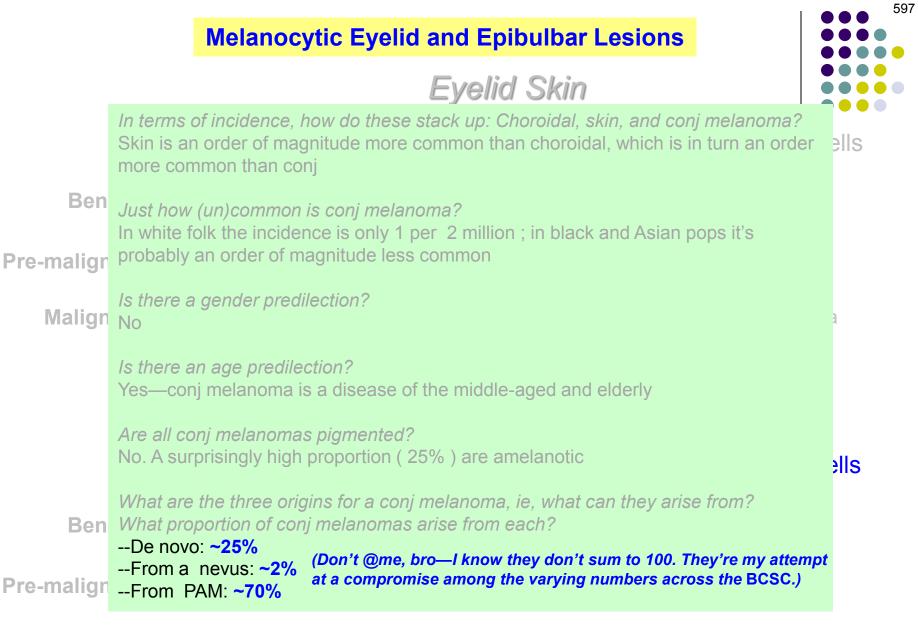
Melanoma







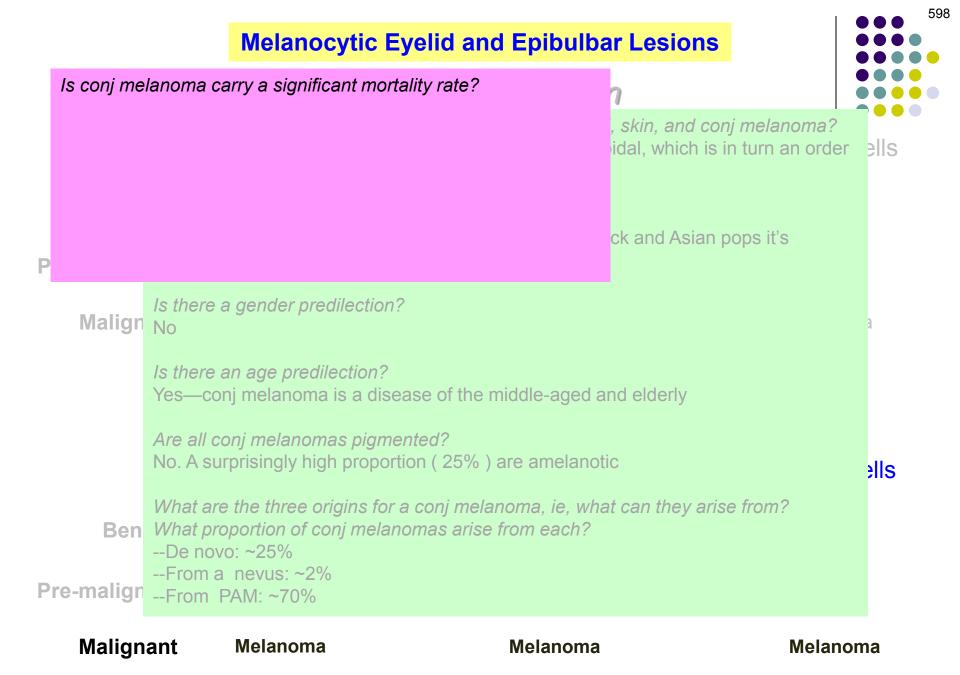


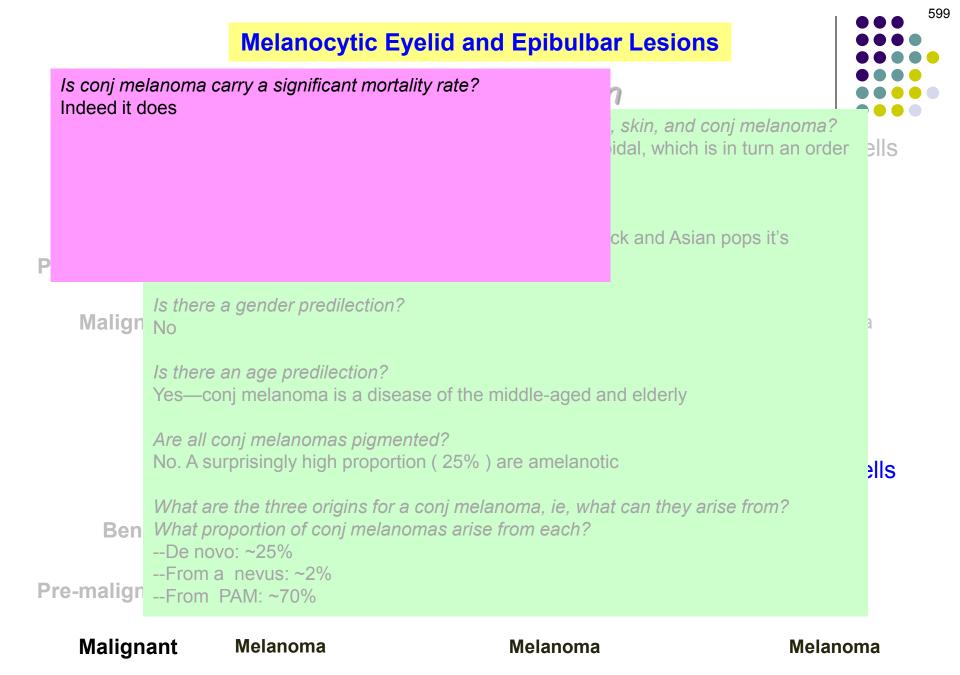


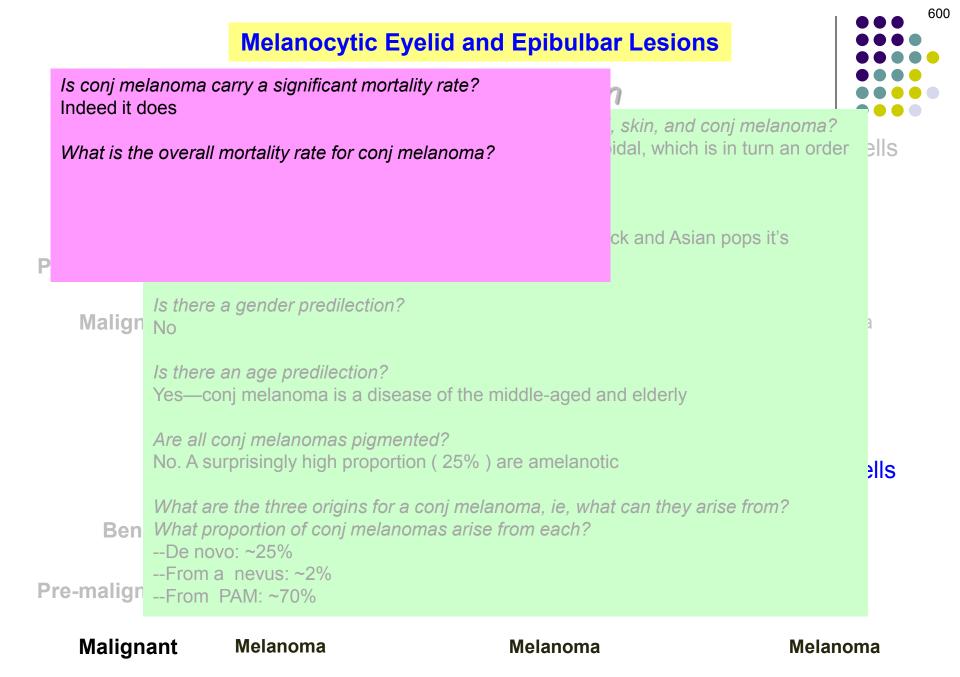
Malignant Melanoma

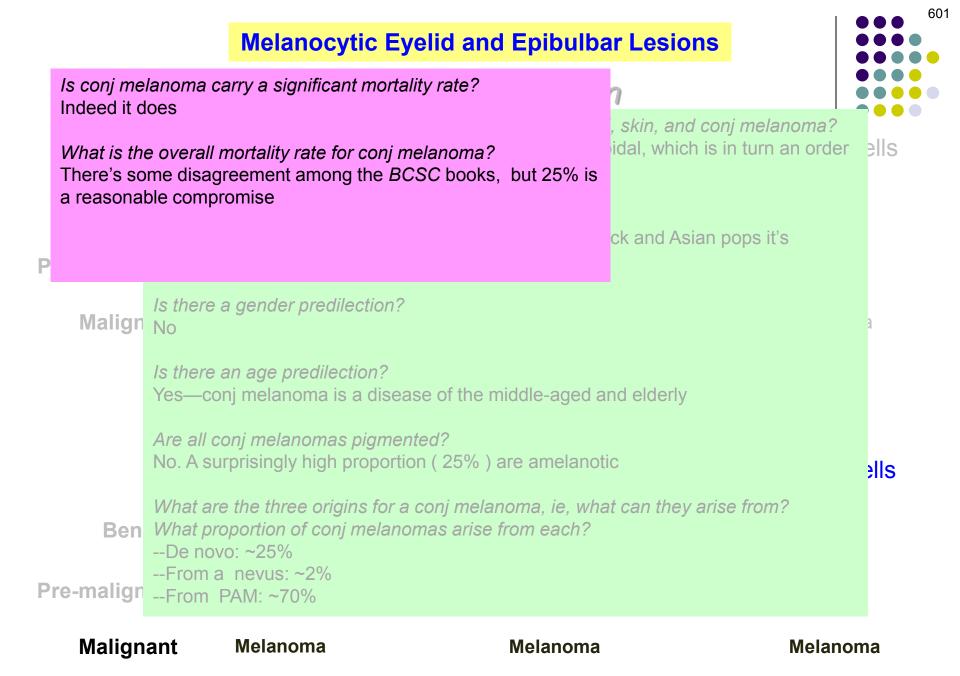
Melanoma

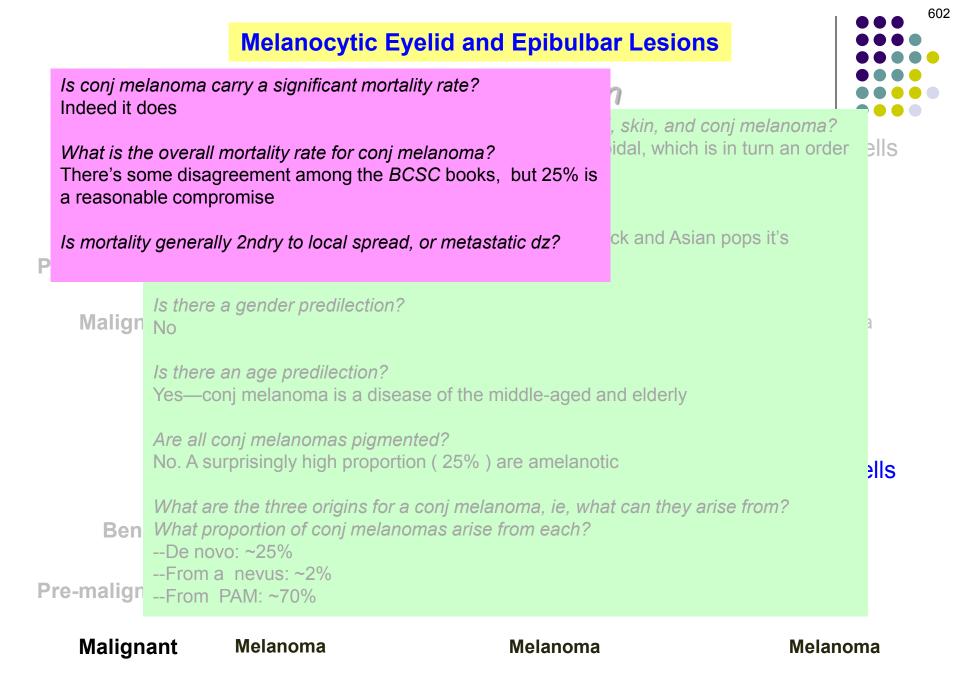
Melanoma

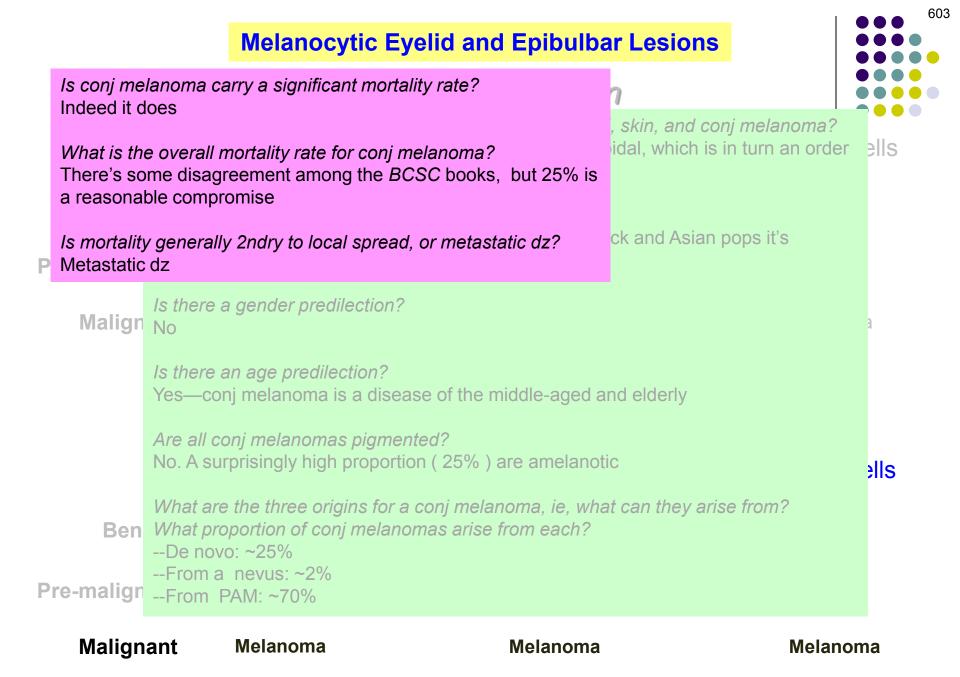


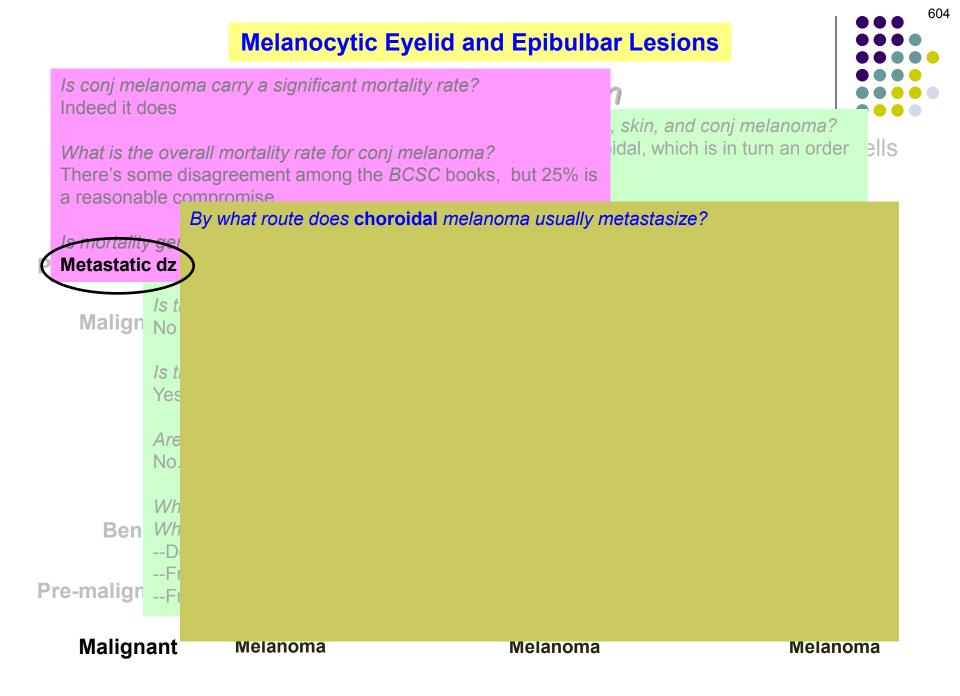


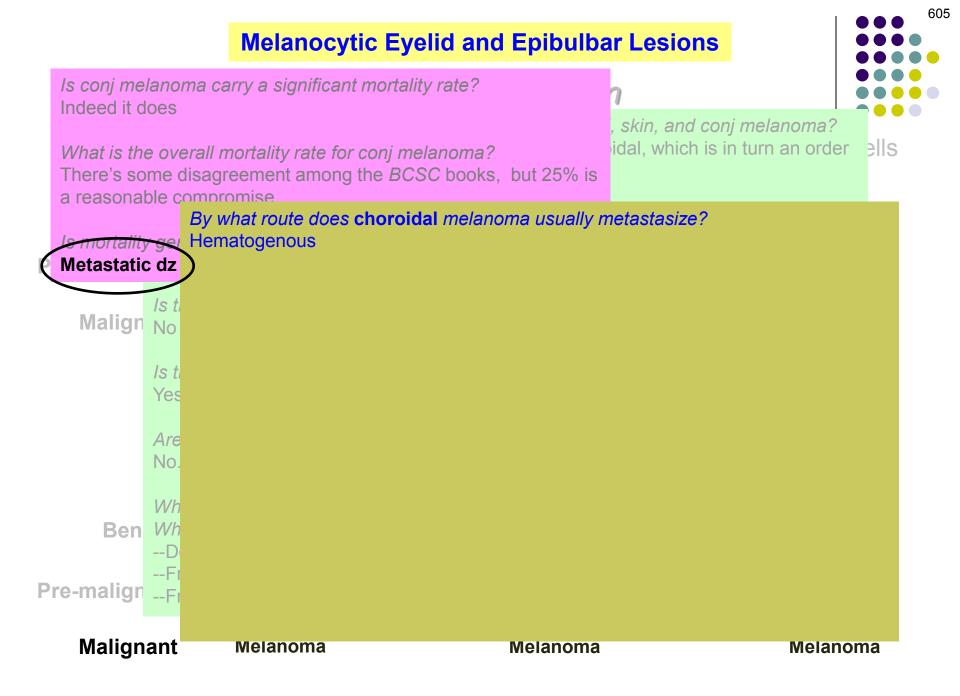


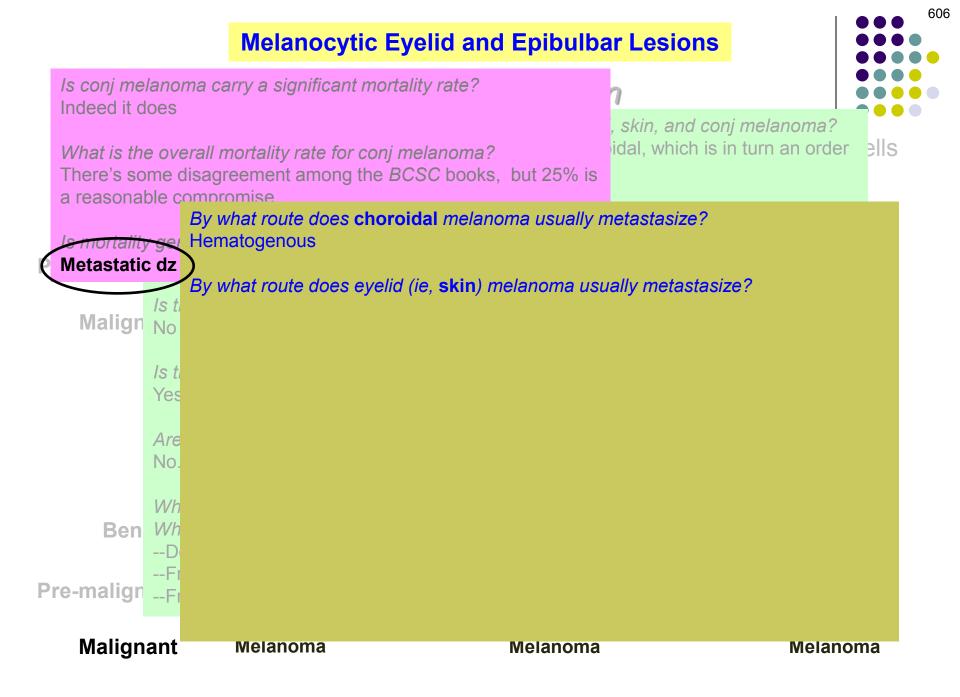


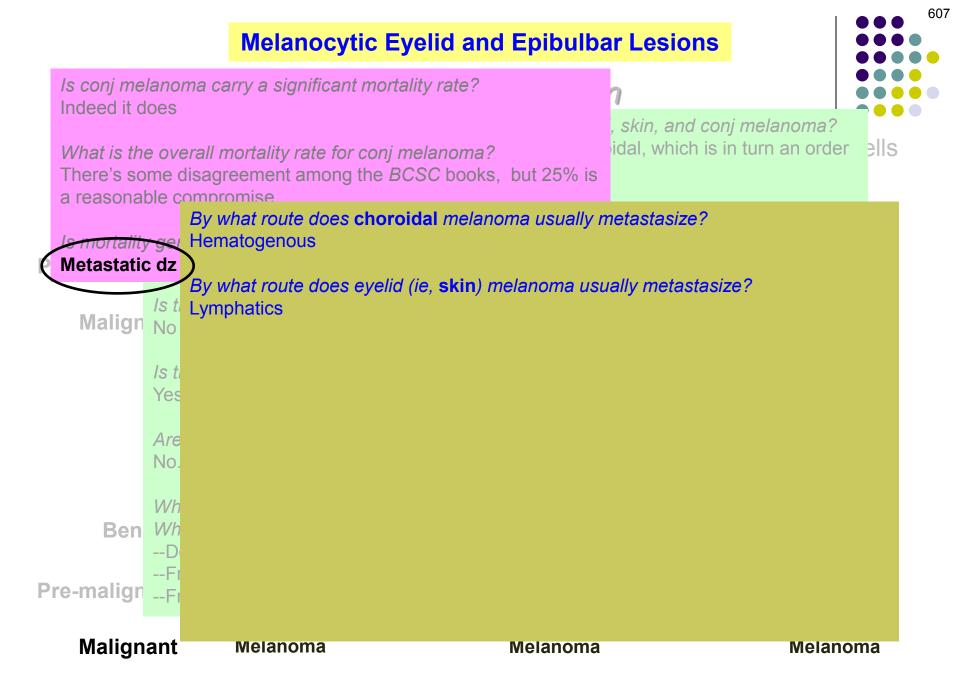


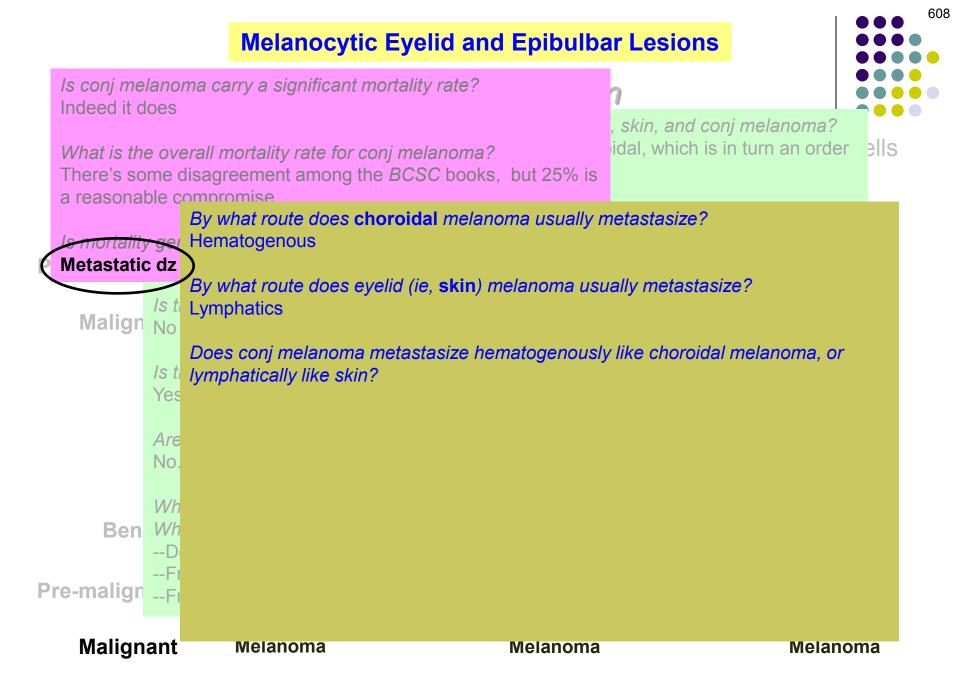


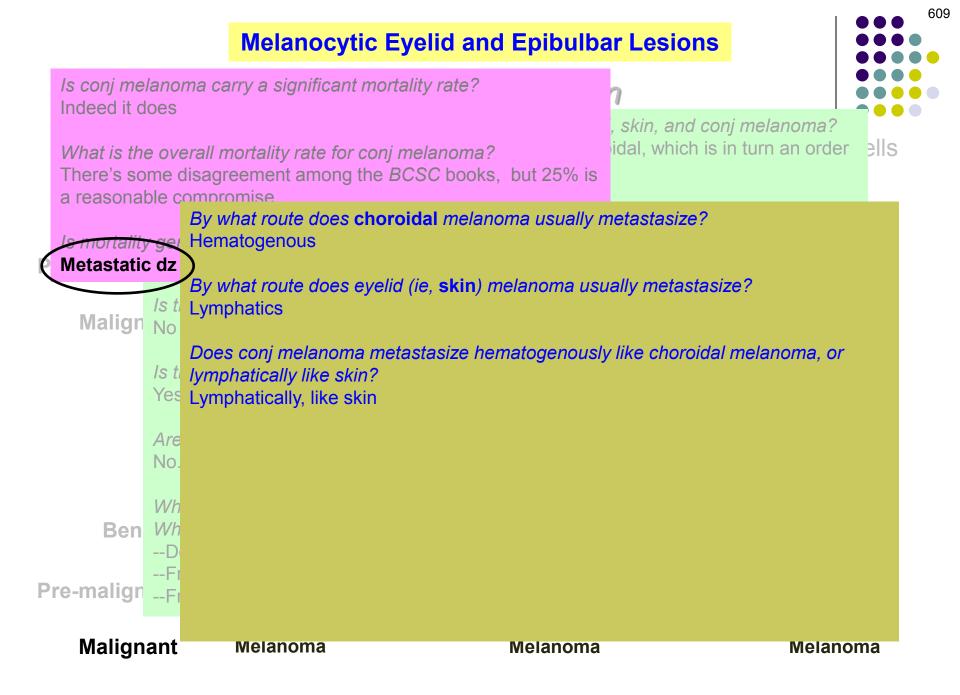


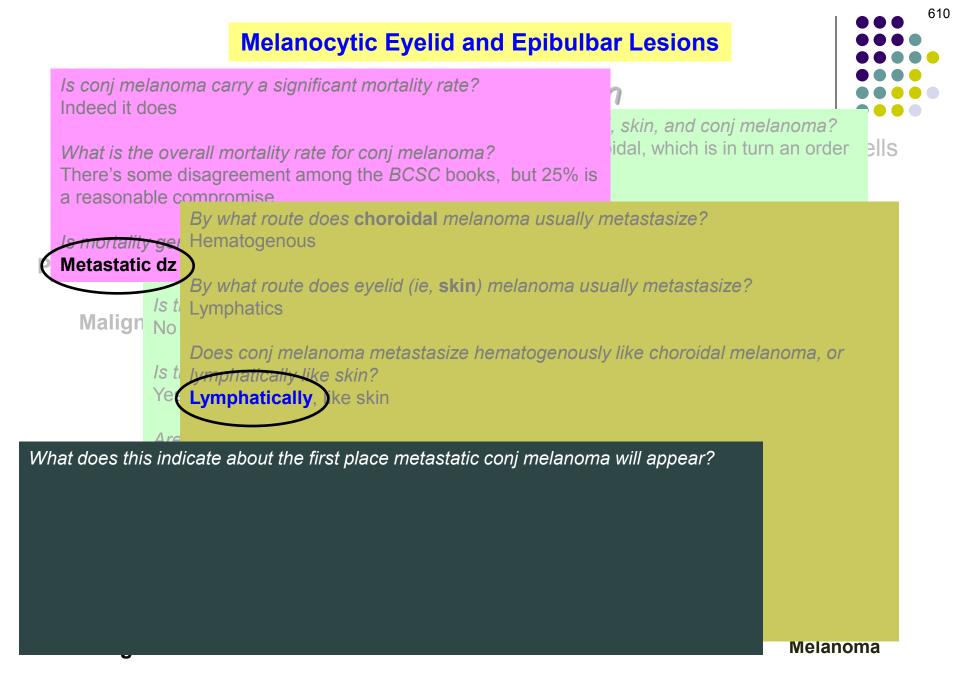


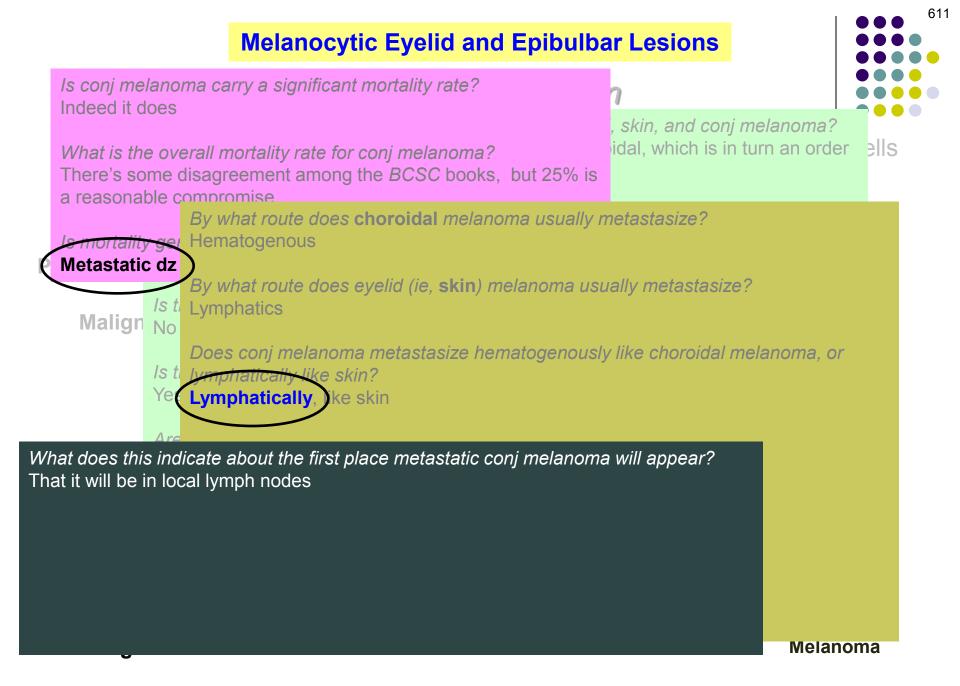


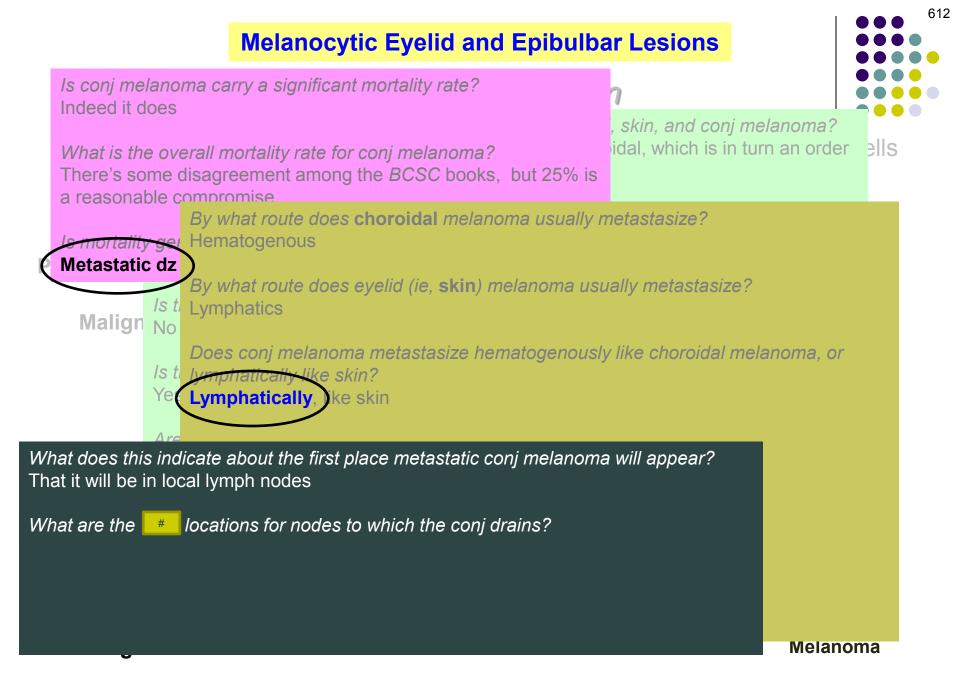


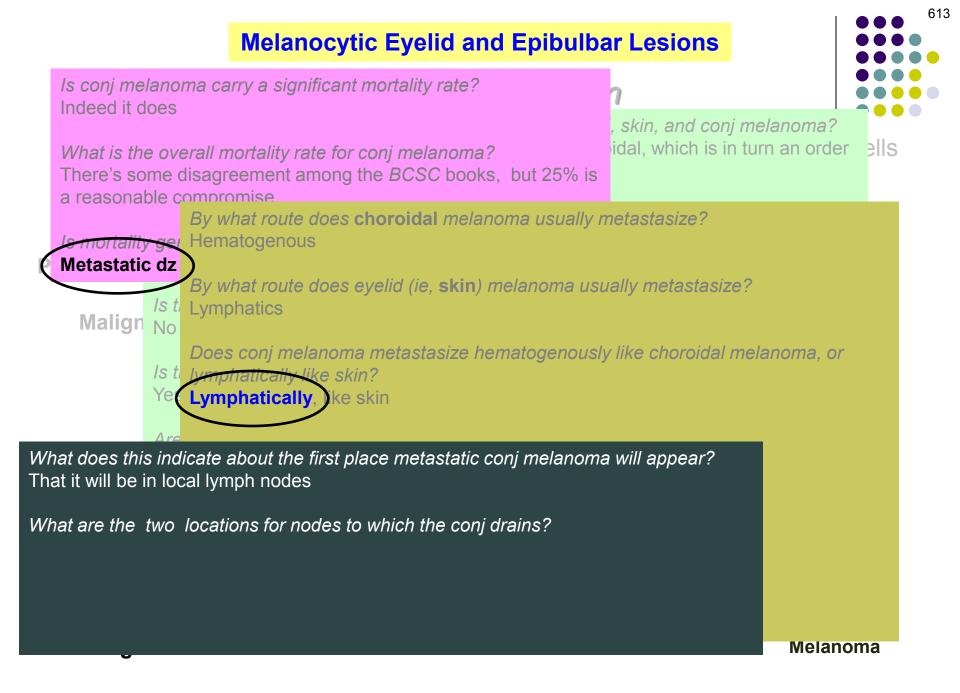


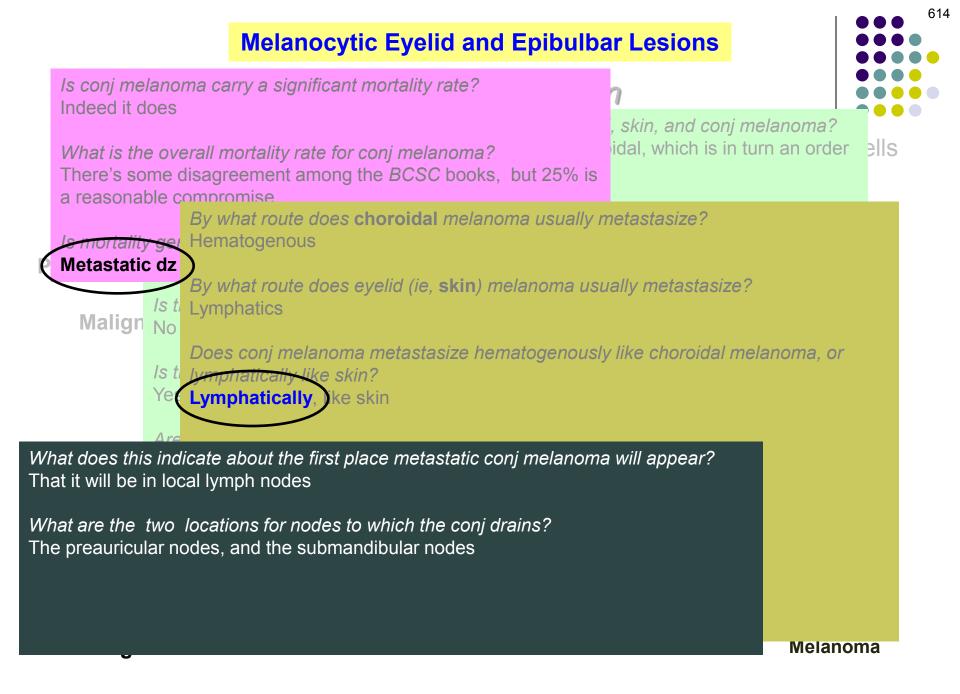


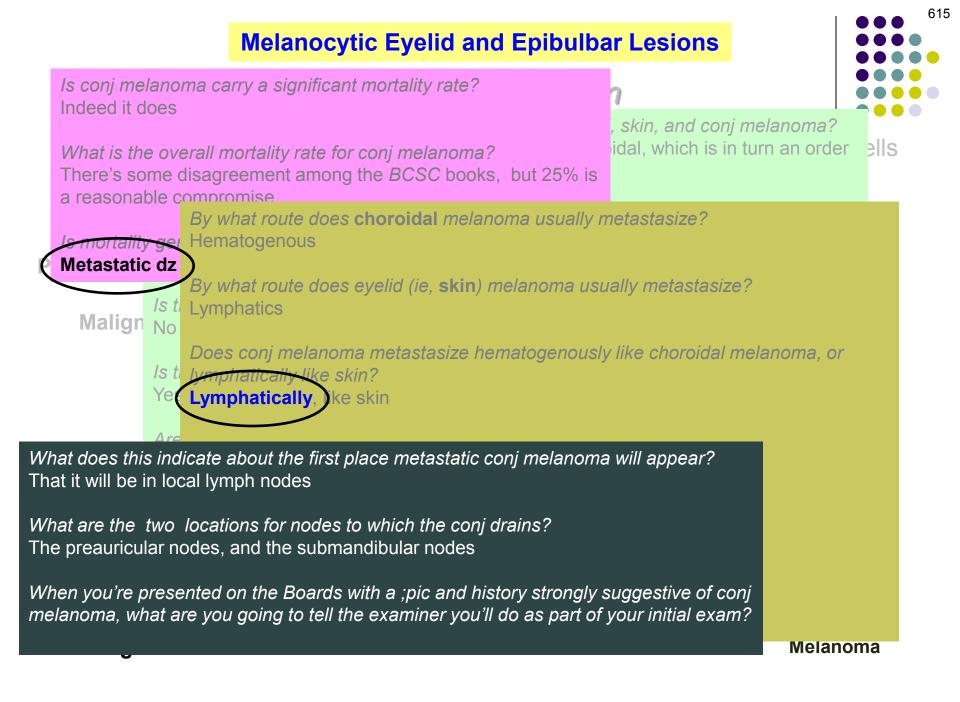


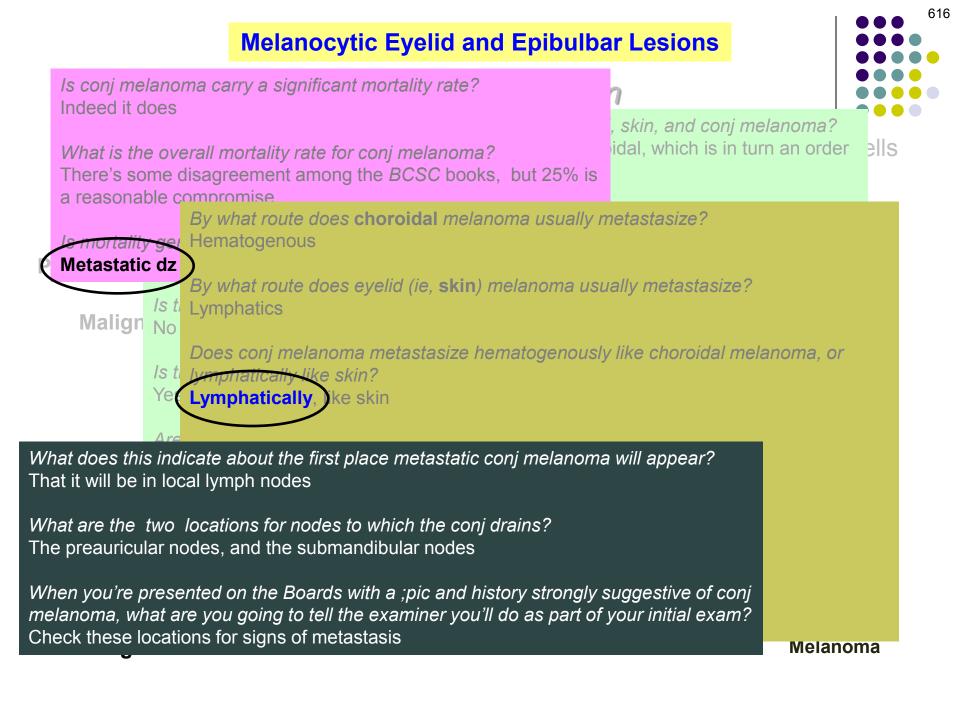


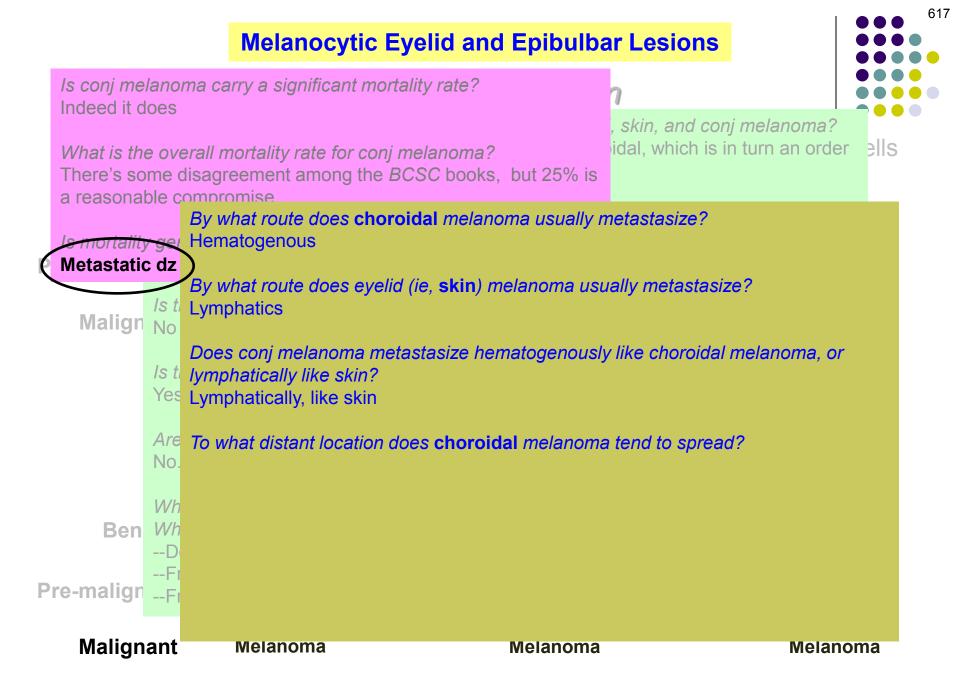


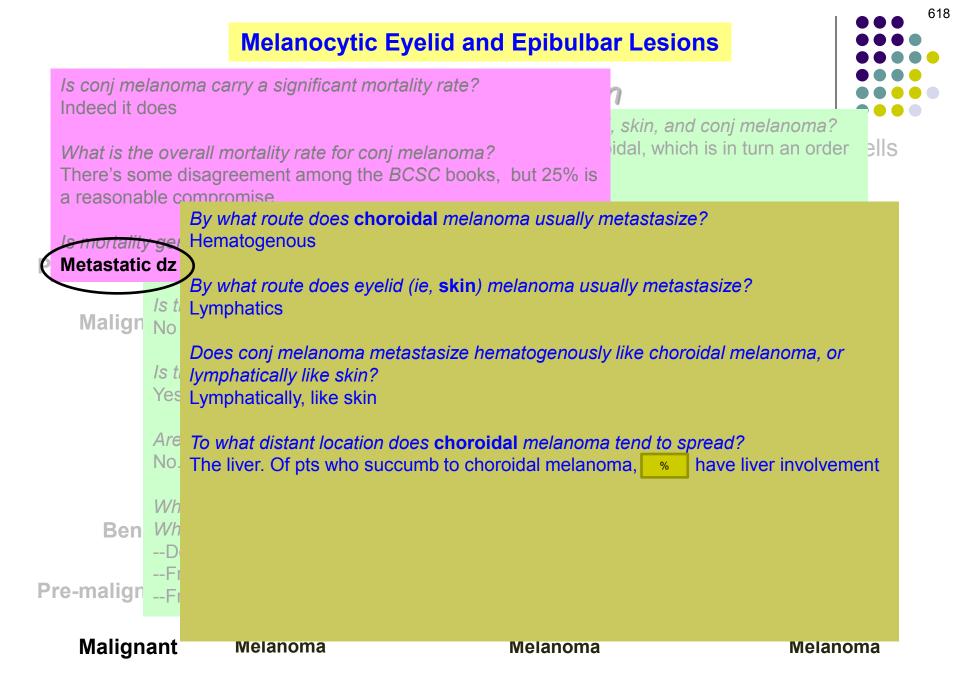


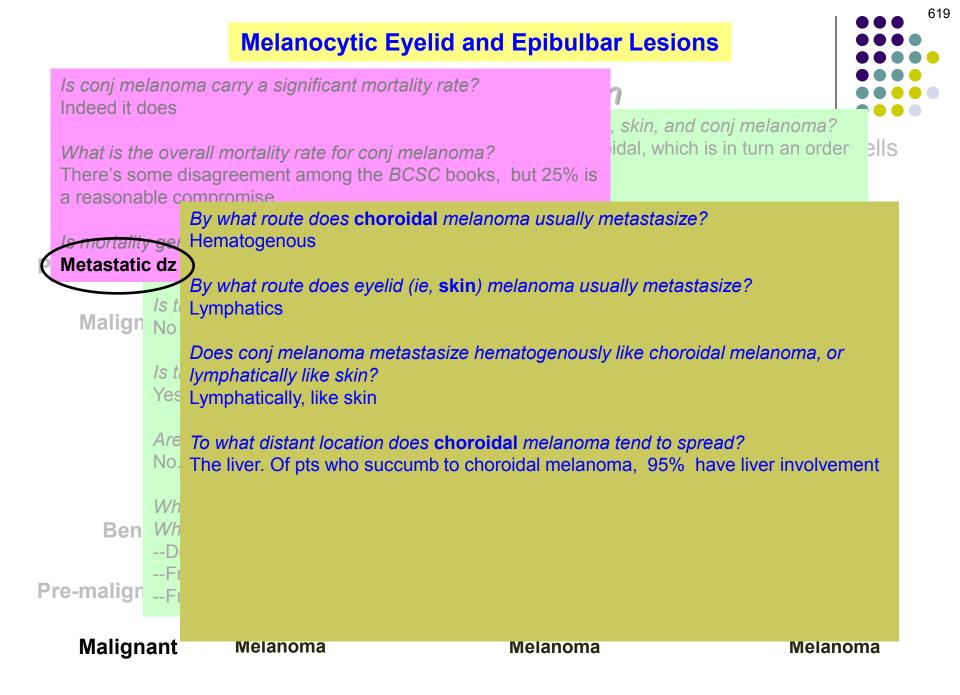


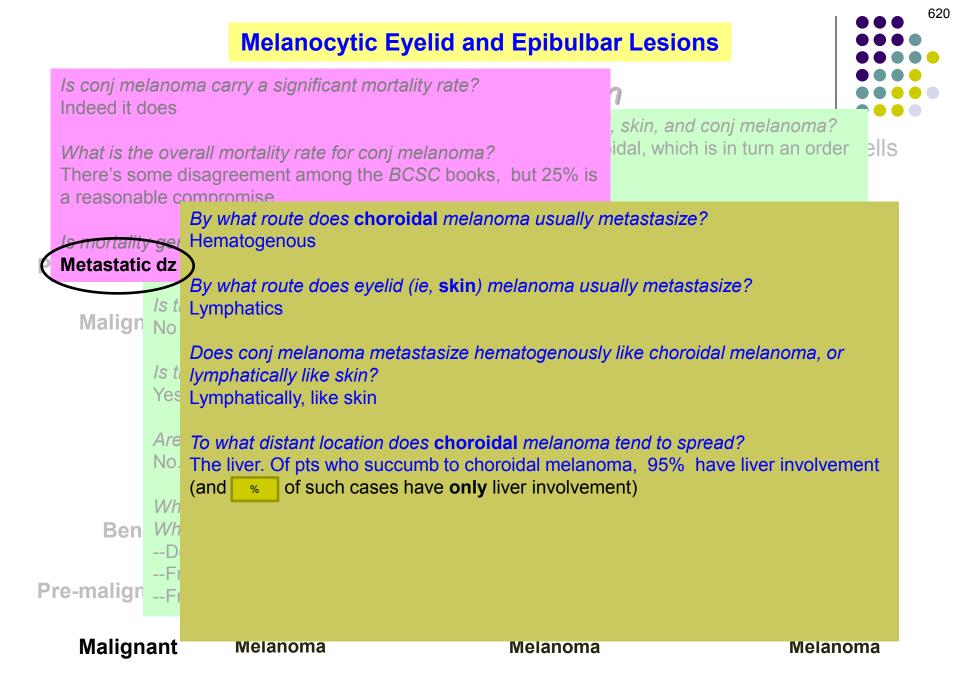


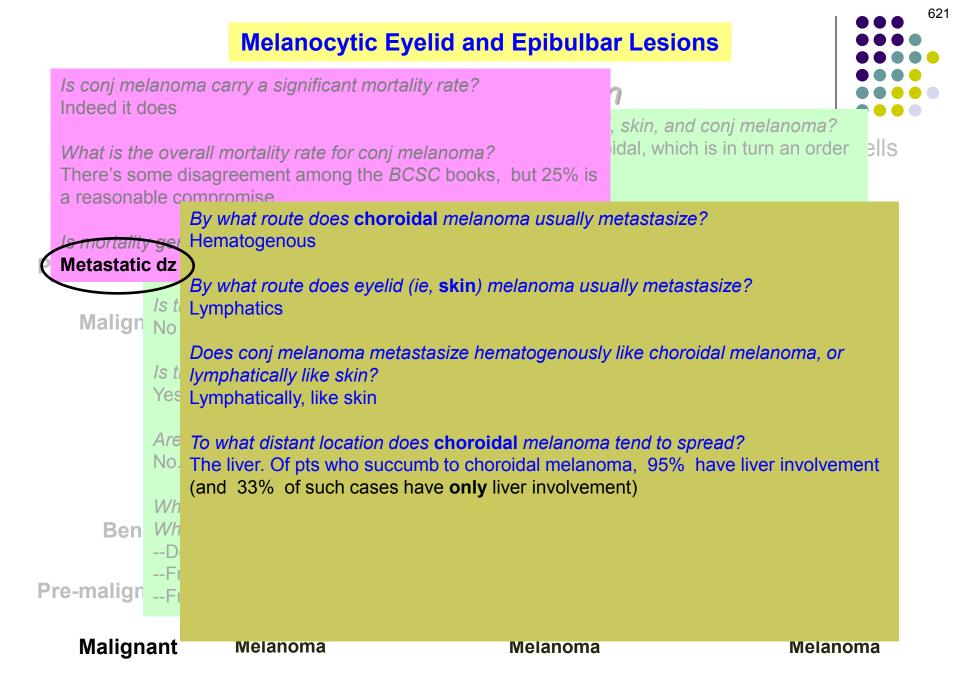


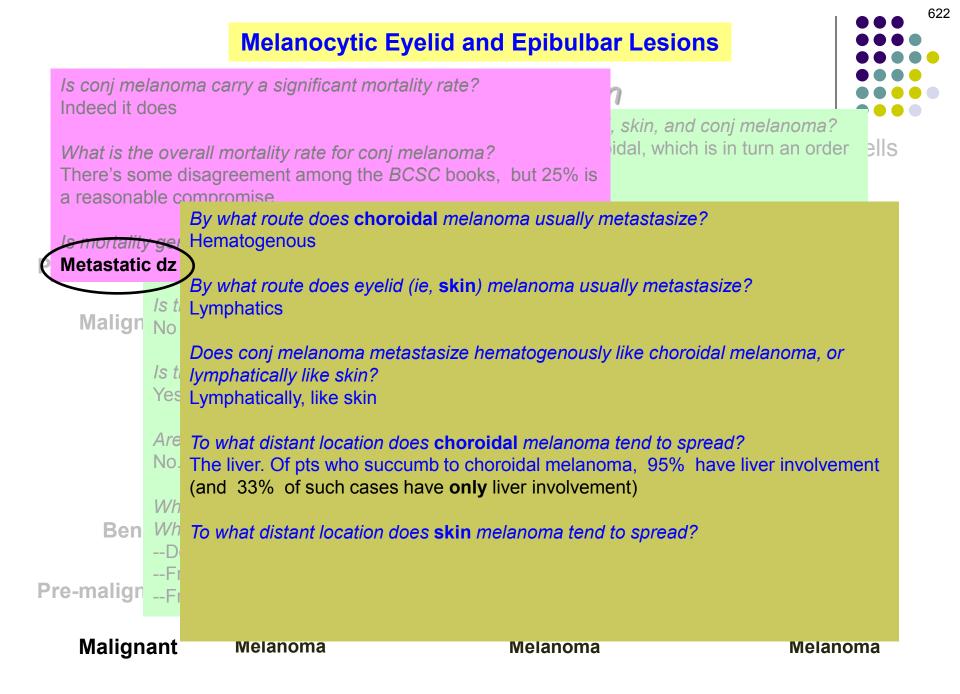


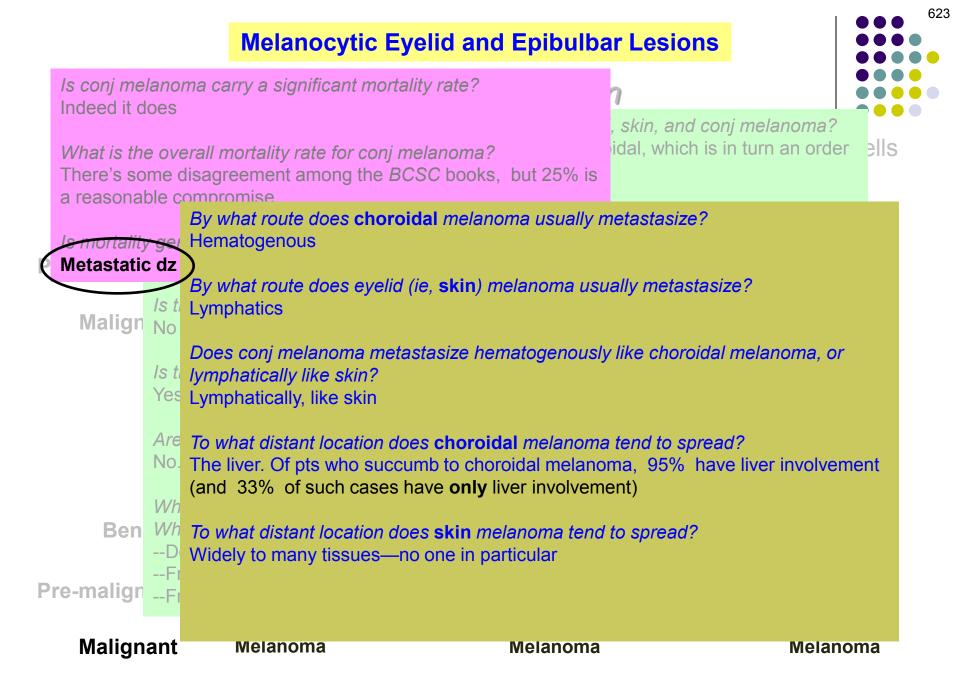


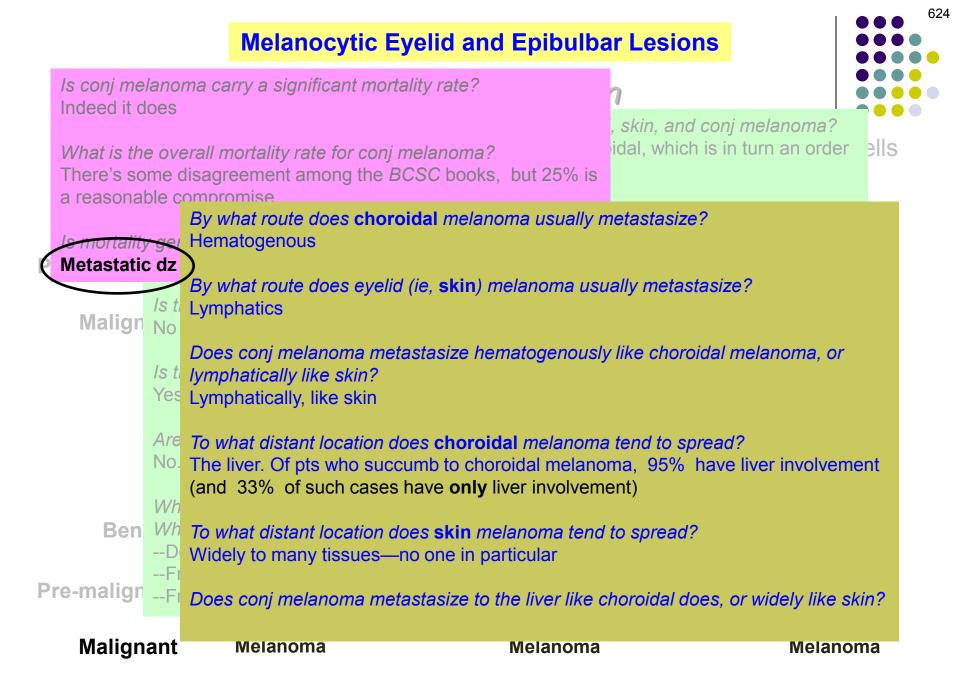


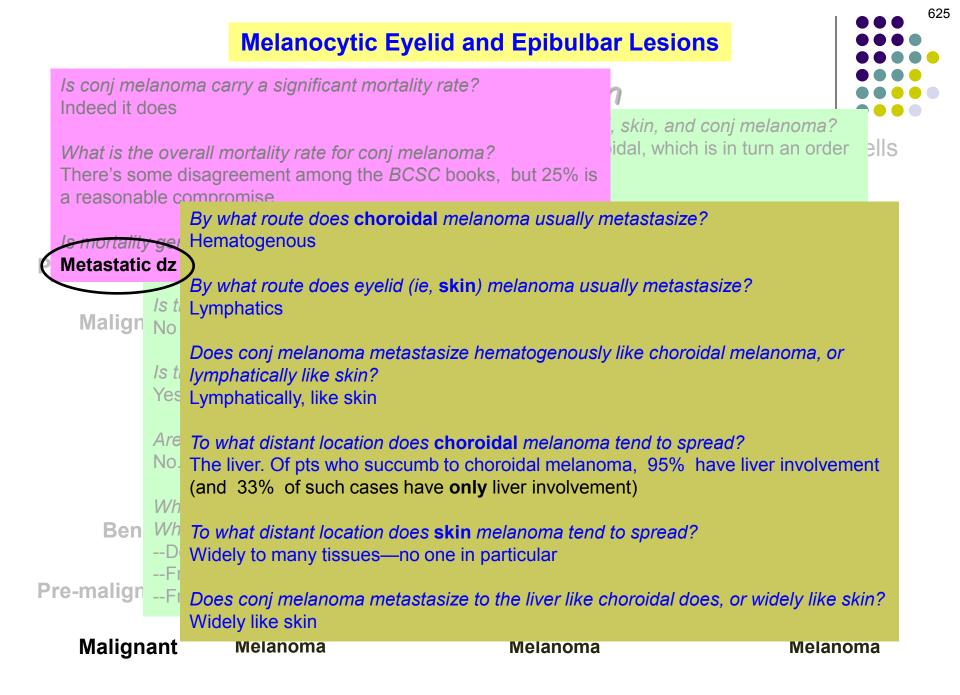


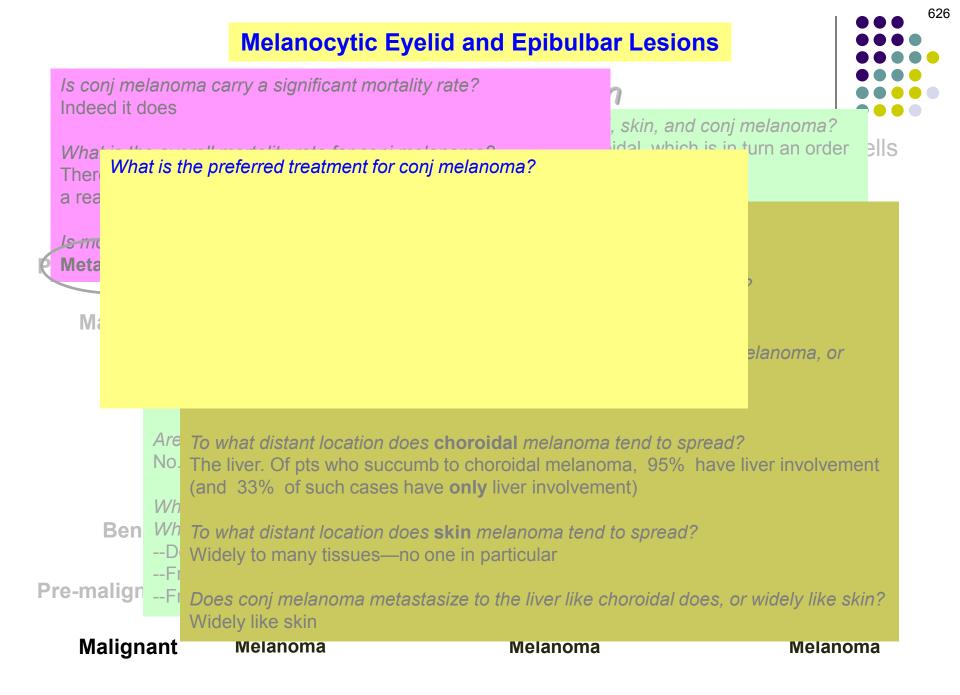


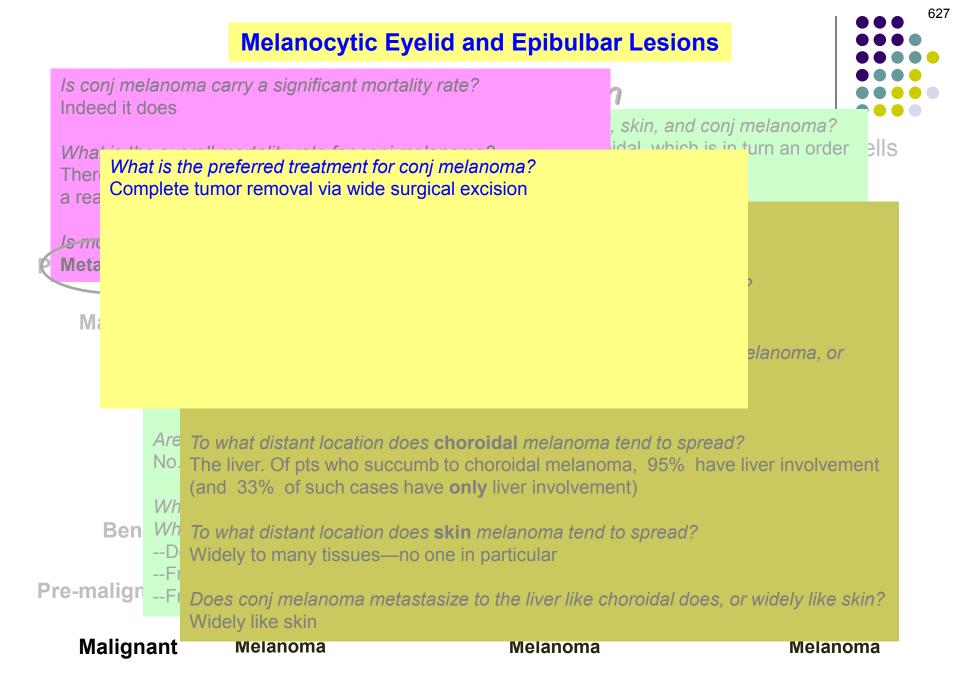


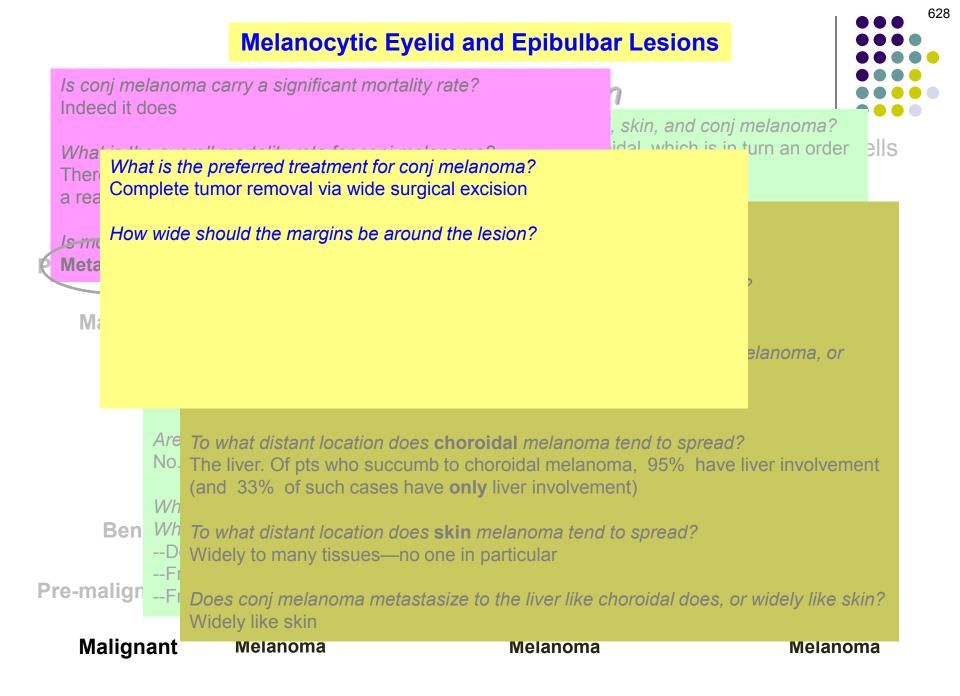


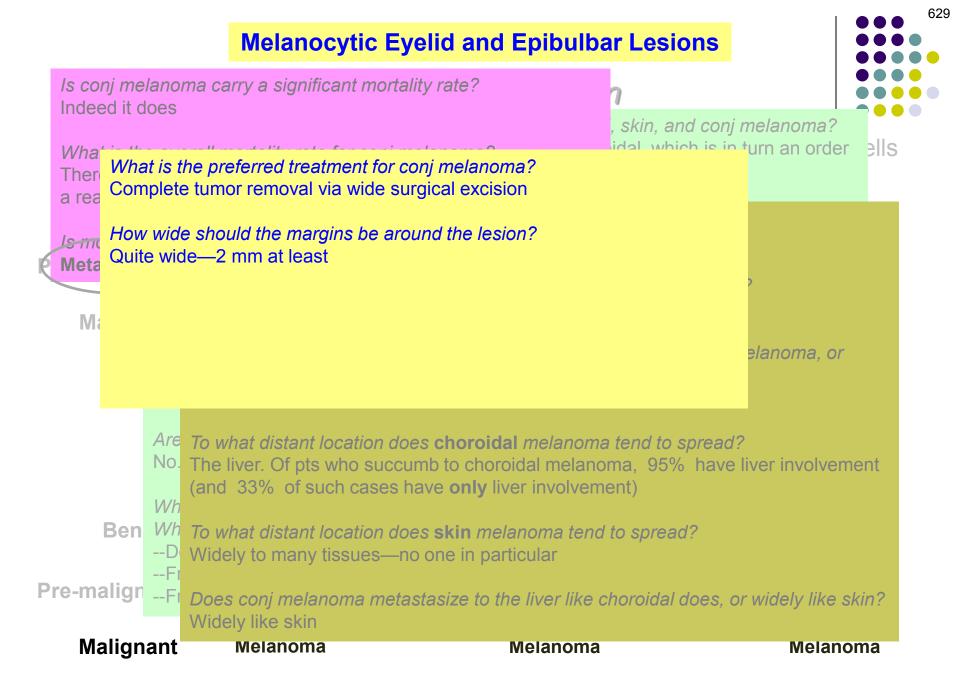


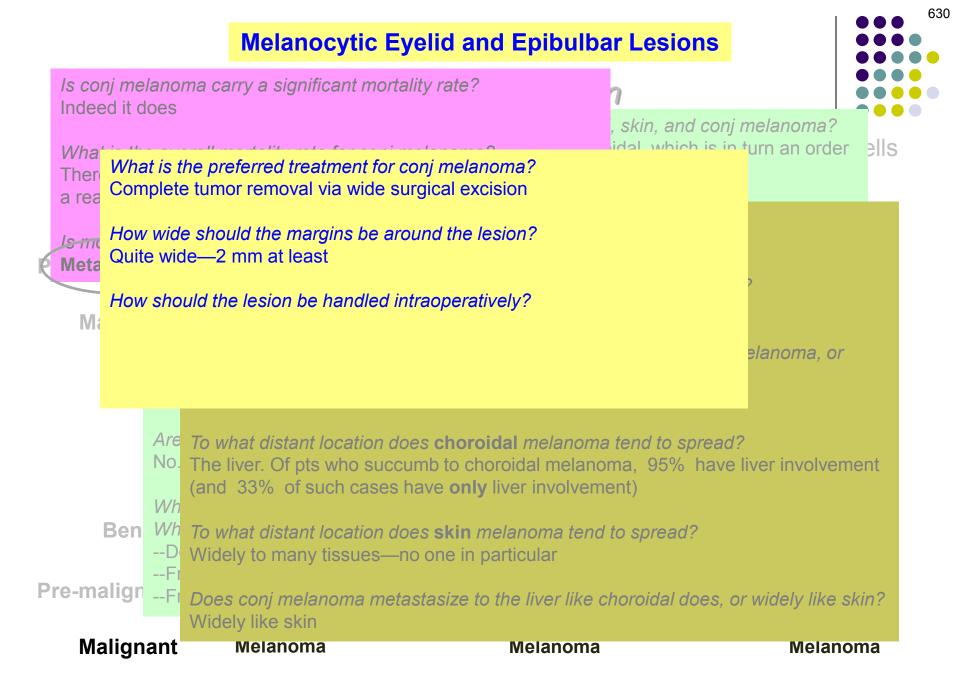


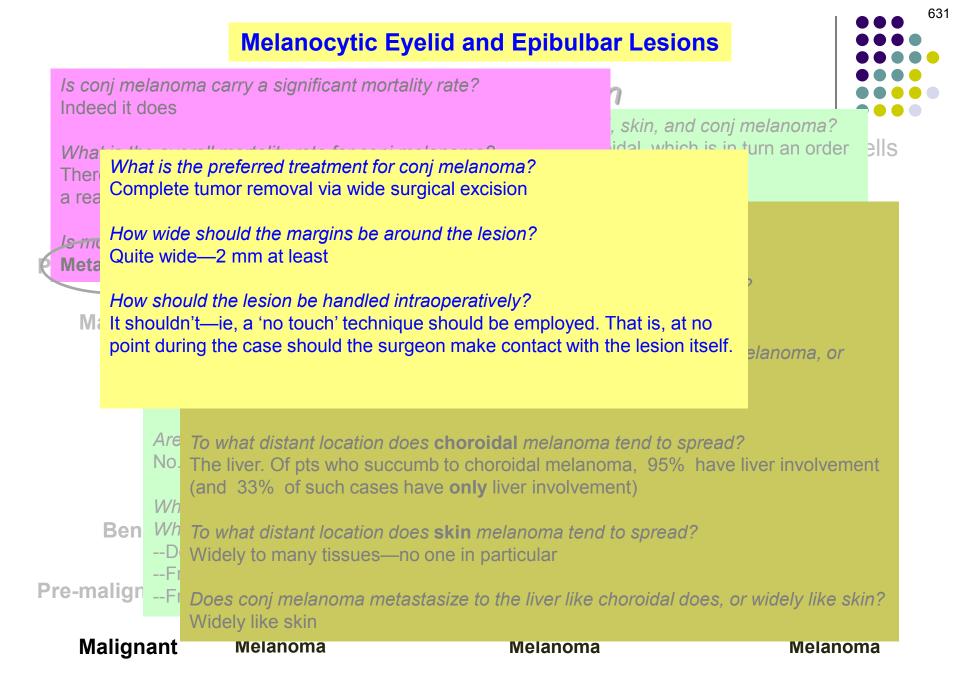


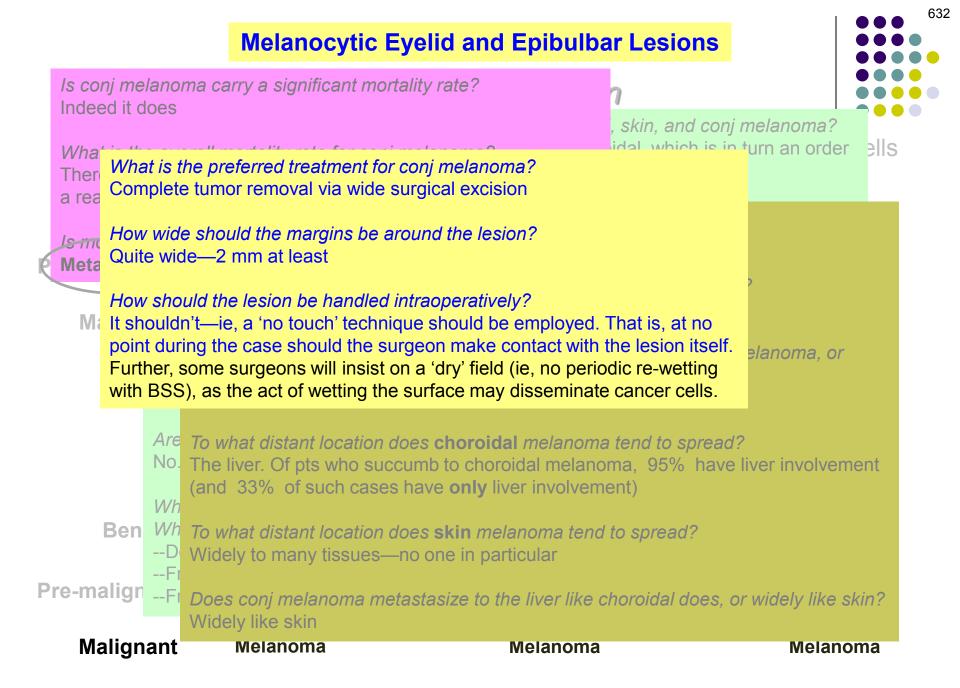


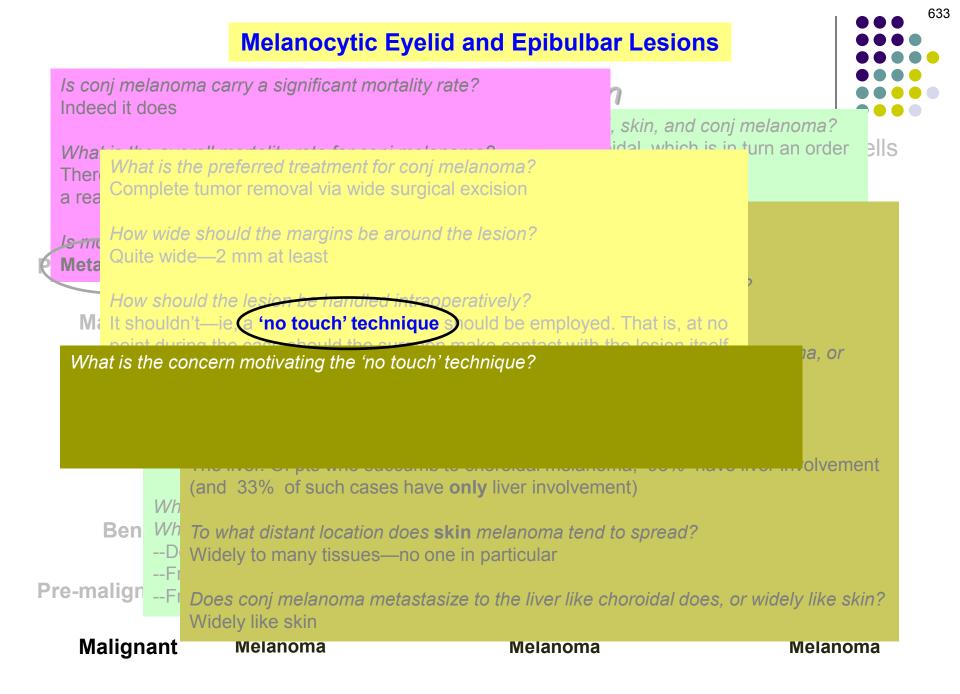


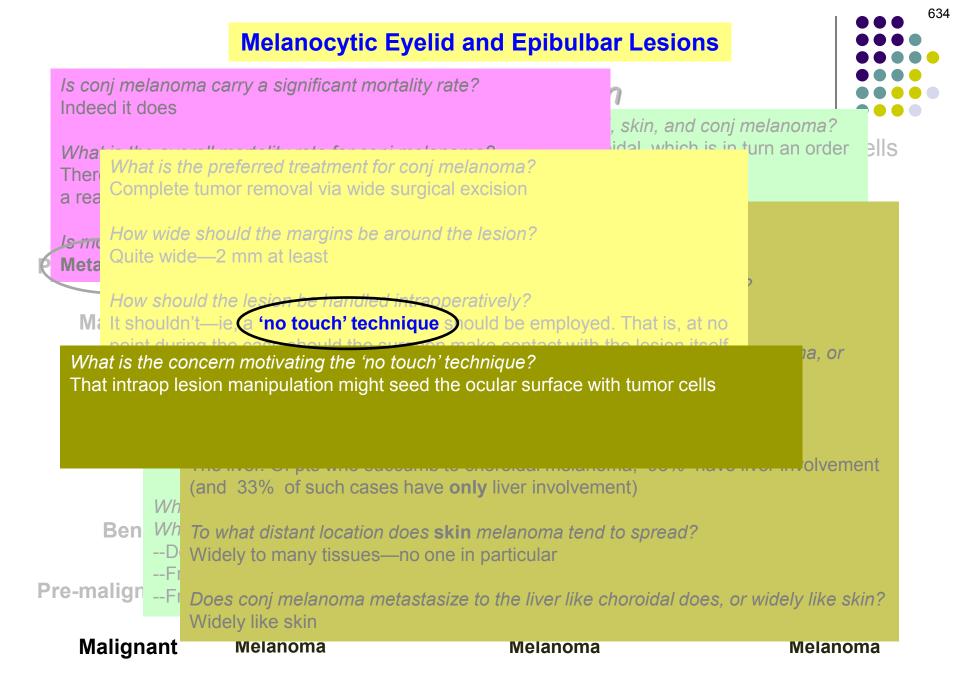


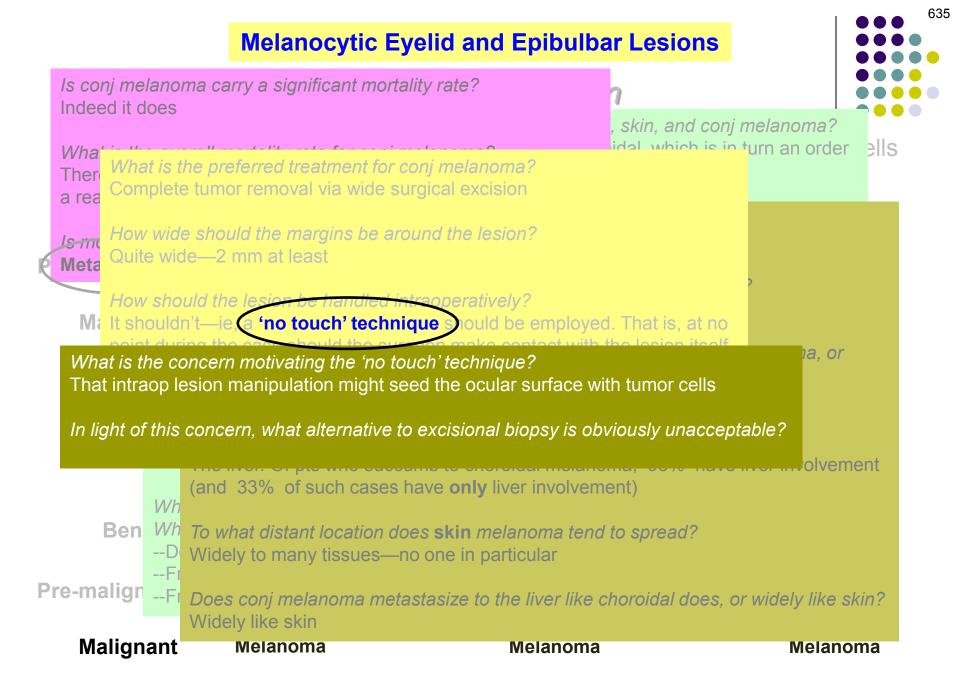


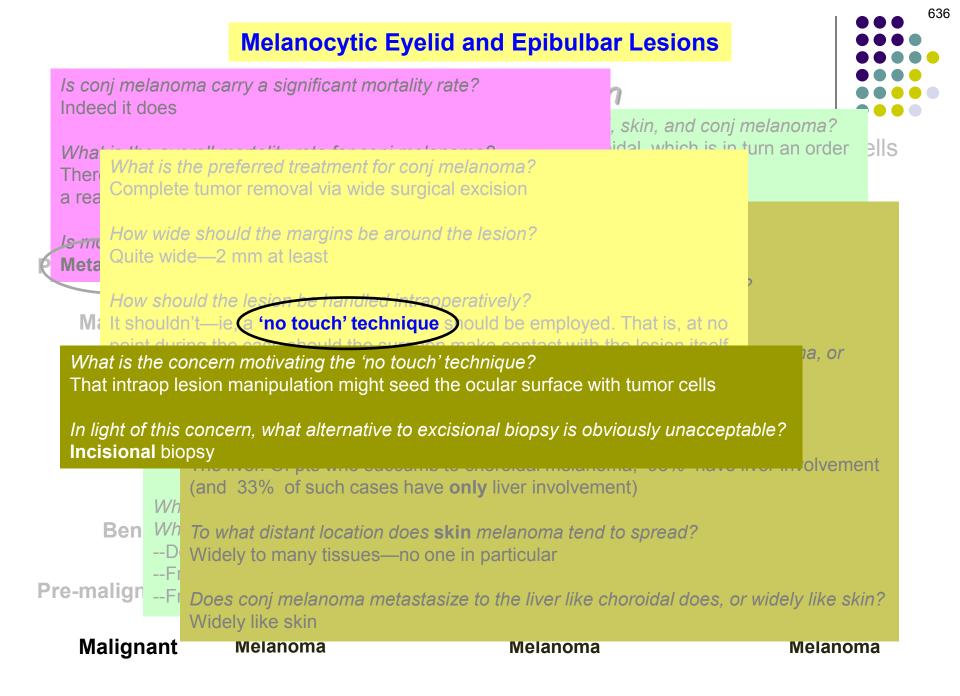




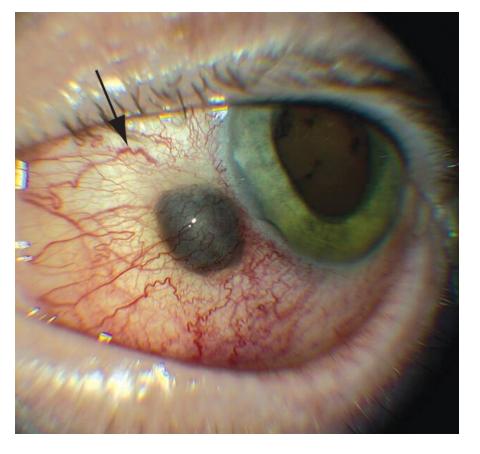








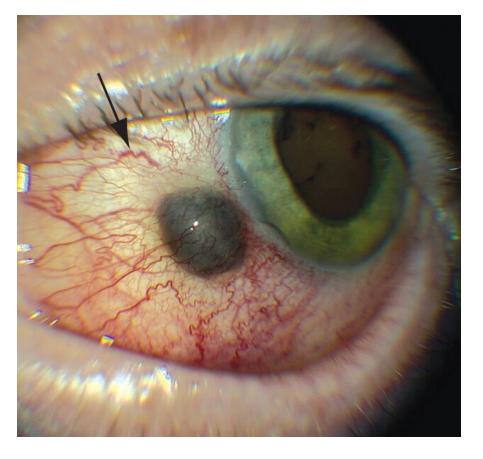
Melanocytic Eyelid and Epibulbar Lesions



You see the depicted lesion in clinic. Note that it seems to have all the hallmarks of a conj melanoma: It is juxtalimbal and pigmented. It is elevated. It has feeder vessels. It has no cysts. Despite all this, it definitively is **not** a conj melanoma. What is it?



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Melanoma of the ciliary body with extrascleral extension, presenting as an ocular surface mass. Note that there is no PAM surrounding the nodule, a clue that the lesion might have an intraocular origin. Also note that the lesion is associated with deep episcleral/scleral vessels (sentinel vessels, *arrow*) and does not obscure the overlying conjunctival vessels. This indicates that the lesion is deep to the conjunctiva.