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1	Hutchinson's Melanotic Freckle/	765	
2	Hutchinson* melanotic*.mp.	806	
3	lentigo maligna melanoma*.mp.	589	
4	atypical melanocytic hyperplasia.mp.	47	
5	melanocytic proliferation*.mp.	604	
6	Atypical intraepidermal melanocytic proliferation*.mp.	16	
7	atypical junctional melanocytic proliferation*.mp.	5	
8	pagetoid melanocytic proliferation*.mp.	2	
9	borderline melanocytic tumo?r*.mp.	21	
10	minimal deviation melanoma*.mp.	29	
11	intraepidermal melanocytic dysplasia.mp.	2	
12	melanoma in situ.mp.	1004	
13	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12	2636	
14	Microscopy, Confocal/	57263	
15	Confocal microscop*.mp.	46547	
16	reflectance confocal microscop*.mp.	1406	
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18	13 and 17	109	

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1. Lentigo maligna melanoma mapping using reflectance confocal microscopy correlates with staged excision: A prospective study.
Navarrete-Dechent C, Cordova M, Aleissa S, Liopyris K, Dusza SW, Kose K, Busam KJ, Hollman T, Lezcano C, Pulitzer M, Chen CJ, Lee EH, Rossi AM, Nehal KS
Journal of the American Academy of Dermatology. 2019 Dec 05.
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BACKGROUND: Lentigo maligna/lentigo maligna melanoma (LM/LMM) can present with subclinical extension that may be difficult to define preoperatively and lead to incomplete excision and potential recurrence. Preliminarily studies have used reflectance confocal microscopy (RCM) to assess LM/LMM margins.

OBJECTIVE: To evaluate the correlation of LM/LMM subclinical extension defined by RCM compared to the gold standard histopathology.

METHODS: Prospective study of LM/LMM patients referred for dermatologic surgery. RCM was performed at the clinically-defined initial surgical margin followed by margin-controlled staged excision with paraffin-embedded tissue and histopathology was correlated with RCM results.

RESULTS: Seventy-two patients were included. Mean age was 66.8 years (SD 11.1; 38 - 89 years); 69.4% were males. 70/72 (97.2%) lesions were located on the head neck with mean largest clinical diameter of 1.3cm (0.3 - 5 cm). Diagnostic accuracy for detection of residual melanoma in the tumor debulk (after biopsy) had a sensitivity of 96.7% and a specificity of 66.7% when compared to the histopathology. RCM margin assessment revealed an overall agreement with final histopathology of 85.9% (kappa 0.71; p<0.001).

LIMITATIONS: No RCM imaging beyond initial planned margins was performed.

CONCLUSION: RCM showed moderate to excellent overall agreement between RCM imaging of LM/LMM and histopathology of staged excision margins.

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Navarrete-Dechent, Cristian, Cordova, Miguel, Aleissa, Saud, Liopyris, Konstantinos, Dusza, Stephen W, Kose, Kivanc, Busam, Klaus J, Hollman, Travis, Lezcano, Cecilia, Pulitzer, Melissa, Chen, Chih-Shan J, Lee, Erica H, Rossi, Anthony M, Nehal, Kishwer S

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2. Langerhans Cells as Morphologic Mimickers of Atypical Melanocytes on Reflectance Confocal Microscopy: A Case Report and Review of the Literature. [Review]
 Chuchvara N, Berger L, Reilly C, Maghari A, Rao BK
 Dermatology Practical & Conceptual. 11(3):e2021078, 2021 May.
 [Journal Article. Review] [2021/06/14 09:47]
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Pagetoid spread of melanocytes in the epidermis is a common indicator of melanocytic atypia, both histopathologically and with reflectance confocal microscopy (RCM). Specifically on RCM, large, bright, atypical dendritic and/or roundish cells are characteristic of melanoma. However, intraepidermal Langerhans cells (ILC) create the potential for diagnostic ambiguity on RCM. We describe one case of a pigmented facial lesion that was initially diagnosed as lentigo maligna (LM) due to numerous atypical perifollicular dendritic cells on RCM. Additionally, we present the findings of a literature review for similar reported cases conducted by searching the following terms on PubMed: reflectance confocal microscopy, RCM, lentigo maligna, melanoma, Langerhans cells, dendritic cells, and atypical cells. In our case, the lesion was determined to be a solar lentigo on histopathology. Immunohistochemistry (IHC) with CD1a identified the atypical-appearing cells as ILC, as it did in 54 reported cases of benign lesions (benign melanocytic nevus, Sutton/halo nevus, labial melanotic macule, and solar lentigo) misdiagnosed as malignant on RCM (melanoma, lip melanoma, lentigo maligna, and LM melanoma). According to our case and the literature, both ILC and atypical melanocytes can present with atypical-appearing dendritic and/or roundish cells under RCM. Currently, there is no method to distinguish the two without IHC. Therefore, the presence of pagetoid cells should continue to alert the confocalist of a potential neoplastic process, prompting biopsy, histopathologic diagnosis, and IHC differentiation.

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3. Lentigo Maligna: Clinical Presentation and Appropriate Management. [Review]

Iznardo H, Garcia-Melendo C, Yelamos O

Clinical, Cosmetic and Investigational Dermatology CCID. 13:837-855, 2020.

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Lentigo maligna (LM) is a type of melanoma in situ that has distinctive characteristics regarding epidemiology, risk factors and clinical features. In addition, LM has a potential to progress to an invasive tumor with potentially aggressive behavior: lentigo maligna melanoma (LMM). Overall, LM has a very good prognosis, whereas LMM has the same prognosis as other invasive melanomas with similar Breslow thickness. LM/LMM represents a challenging entity not only regarding the diagnosis but also regarding the management. Diagnostic criteria are not well established, and there is an overlap of clinical, dermoscopic and pathological features with other benign pigmented skin lesions such as lentigines, pigmented actinic keratoses or macular seborrheic keratoses. LM/LMM's common appearance within photodamaged skin makes lesion border identification difficult. Wide excisions are often required, but since LM/LMM typically appears on cosmetically sensitive areas such as the face, sometimes large excisions are not possible nor desirable. In this sense, specialized approaches have been developed such as margin-controlled surgery or image-guided treatment using reflectance confocal microscopy. Other treatments for LM such as cryosurgery, imiquimod, radiotherapy or photodynamic therapy have been proposed, although recurrence/persistence is common. The current manuscript reviews extensively the published data regarding the diagnosis, treatment and management of both complex entities LM and LMM.

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4. Change in lentigo maligna score assessed by in vivo reflectance confocal microscopy after 1 month of imiquimod treatment for lentigo maligna management.

Soenen A, Vourc'h M, Khammari A, Nguyen JM, Bossard C, Denis Musquer M, Vergier B, Dreno B

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BACKGROUND: Treatment of lentigo maligna (LM) is challenging because of the potential functional and esthetic surgical sequelae. Imiquimod has been proposed as a treatment for LM. Reflectance confocal microscopy (RCM) is a noninvasive method for the diagnosis of LM and margin assessment.

OBJECTIVES: To compare the overall LM score (LMS) assessed by RCM before and 1 month after the start of imiquimod treatment compared to placebo and to define the immunohistochemical (IHC) profile of responders to imiquimod.

METHODS: A controlled randomized study was conducted. Forty patients underwent RCM examination with calculation of the LMS at baseline and after 1 month of treatment. An IHC analysis of excised tissues was performed.

RESULTS: The 1-month LMS was significantly lower in patients treated with imiquimod compared to those treated with placebo ($P < .001$). The criteria in the imiquimod-treated patients that demonstrated significant decrease were nonedged papillae; large, round pagetoid cells; atypical cells at the dermoepidermal junction; and follicular location of atypical cells. IHC analysis showed a higher level of interferon gamma in the resected specimens of patients responding to imiquimod ($P = .04$).

LIMITATIONS: Sample size was small.

CONCLUSION: Assessing the LMS by RCM was useful to monitor LM response to imiquimod accurately.

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Conflicts of interest None disclosed.

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5. Reflectance confocal microscopy detects residual or recurrent lentigo maligna after surgery.

Shim PJ, Dowd ML, Kang P, Samie FH, Zeitouni NC

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6. How can reflectance confocal microscopy help in the diagnosis of pigmented facial macules: A series of 3 cases. De Carvalho N, Fagundes Sortino AM, Martinez Zugaib Abdalla B, Martinez Zugaib Abdalla C

Australasian Journal of Dermatology. 62(2):e244-e248, 2021 May.

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 Khan S, Chuchvara N, Cucalon J, Haroon A, Rao B
 Skin Research & Technology. 27(5):985-987, 2021 Sep.
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9. In vivo optical imaging-guided targeted sampling for precise diagnosis and molecular pathology.
Sahu A, Oh Y, Peterson G, Cordova M, Navarrete-Dechent C, Gill M, Alessi-Fox C, Gonzalez S, Phillips W, Wilson S, Afzalneia R, Rose R, Mohsen AA, Bello D, Marghoob A, Rossi A, Wolchok JD, Merghoub T, Rotemberg V, Jason Chen CS, Rajadhyaksha M
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Conventional tissue sampling can lead to misdiagnoses and repeated biopsies. Additionally, tissue processed for histopathology suffers from poor nucleic acid quality and/or quantity for downstream molecular profiling. Targeted micro-sampling of tissue can ensure accurate diagnosis and molecular profiling in the presence of spatial heterogeneity, especially in tumors, and facilitate acquisition of fresh tissue for molecular analysis. In this study, we explored the feasibility of performing 1-2 mm precision biopsies guided by high-resolution reflectance confocal microscopy (RCM) and optical coherence tomography (OCT), and reflective metallic grids for accurate spatial targeting. Accurate sampling was confirmed with either histopathology or molecular profiling through next generation sequencing (NGS) in 9 skin cancers in 7 patients. Imaging-guided 1-2 mm biopsies enabled spatial targeting for in vivo diagnosis, feature correlation and depth assessment, which were confirmed with histopathology. In vivo 1-mm targeted biopsies achieved adequate quantity and high quality of DNA for next-generation sequencing. Subsequent mutational profiling was confirmed on 1 melanoma in situ and 2 invasive melanomas, using a 505-gene mutational panel called Memorial Sloan Kettering-Integrated mutational profiling of actionable cancer targets (MSK-IMPACT). Differential mutational landscapes, in terms of number and types of mutations, were found between invasive and in situ melanomas in a single patient. Our findings demonstrate feasibility of accurate sampling of regions of interest for downstream histopathological diagnoses and molecular pathology in both in vivo and ex vivo settings with broad diagnostic, therapeutic and research potential in cutaneous diseases accessible by RCM-OCT imaging.

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10. Confocal microscopy, dermoscopy, and histopathology features of atypical intraepidermal melanocytic proliferations associated with evolution to melanoma in situ.

Rocha LKFL, Vilain RE, Scolyer RA, Lo SN, Drummond M, Star P, Fogarty GB, Hong AM, Guitera P

International Journal of Dermatology. 61(2):167-174, 2022 Feb.

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BACKGROUND: Atypical intraepidermal melanocytic proliferations (AIMP) is a descriptive term sometimes applied to biopsies that do not fulfill diagnostic criteria of melanoma. They are common on sun-damaged skin, but their definition and management are controversial.

OBJECTIVE: To describe dermoscopic (DS), reflectance confocal microscopic (RCM) and histopathological features of AIMP and identify features associated with subsequent melanoma in situ (MIS).

METHODS: A retrospective analysis of AIMP lesions correlated with patient outcome at two melanoma tertiary centers between 2005 and 2015.

RESULTS: Thirty-four patients were included. Nine (26%) patients had MIS in subsequent biopsies. Predictors of later MIS were target-like pattern (**OR**:12.0 [**CI**: 1.23, 117.41]; $P = 0.032$) and high-density vascular network (**OR**:12 [**CI**: 1.23-117.41], **P**: 0.032) on DS, and presence of dendritic cells touching each other (**OR**:9.1 [**CI**: 1.54, 54.59], $P = 0.014$) on RCM. Clinical predictors of worse outcome included a previous history of MIS at the same site. Radiotherapy for AIMP had a high failure rate (all patients presented with recurrent disease, three as AIMP and two as MIS).

CONCLUSIONS: Considering that most cases in this series received non-surgical treatment at baseline, we recommend close monitoring for lesions with target-like pattern and density vascular network on DS and treatment for lesions with progression of atypia and/or with "confluent" dendritic cells on RCM. Although the number of patients in this series is very low, early surgery is recommended for MIS cases that recur as AIMP.

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11. Case report of a challenging medium-sized congenital melanocytic nevus (CMN): Highlighting a role for reflectance confocal microscopy (RCM) for evaluating changing CMN in children.
Haeffliger S, Guitera P, Melhoran Gouveia B, Colebatch AJ, Scolyer RA, Rtshiladze M, Martin LK
Pediatric Dermatology. 38(6):1549-1552, 2021 Nov.
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A 3.5-month-old boy presented with a changing medium-sized congenital melanocytic nevus on his leg. Due to atypical features on dermoscopy and reflectance confocal microscopy (RCM), an excision of the area of concern was performed. Histopathology showed many of the pathological features usually associated with a diagnosis of melanoma in situ in older patients, but due to the young age of the patient, absence of mitoses, and the degree of atypia, a diagnosis of a dysplastic compound nevus arising in a congenital compound (predominantly dermal) nevus was favored. In our case, RCM corresponded to histopathology helped target the area of concern and map the clinical and subclinical components to facilitate an optimal biopsy.

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12. Lentigo maligna: defining margins and predictors of recurrence utilizing clinical, dermoscopic, confocal microscopy and histopathology features.
Star P, Rawson RV, Drummond M, Lo S, Scolyer RA, Guitera P
Journal of the European Academy of Dermatology & Venereology. 35(9):1811-1820, 2021 Sep.
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BACKGROUND: Lentigo maligna (LM) is a subtype of melanoma in situ with poorly defined margins and a high recurrence rate. The biological behaviour of LM appears to differ widely between cases, from biologically indolent to biologically active variants, with some patients experiencing multiple recurrences. It is not known whether this is secondary to inadequate margins, field cancerization or the innate biology of the lesion itself.

OBJECTIVES: (a) Describe the margins of LM in detail by analysing LM in three zones, that is centre, edge and surround using reflectance confocal microscopy (RCM) and histopathology; (b) ascertain association of histological distance of LM and atypical melanocytic hyperplasia from the surgical margin with multi-recurrent (MR) disease and (c) identify features (clinical, dermoscopy, RCM and histopathology) associated with MR LM.

METHODS: (1) Descriptive observational study comparing the centre, edge and surround of LM on histopathology and RCM; (2) retrospective cohort study comparing parameters associated with MR and non-recurrent (NR) LM.

RESULTS: 30 patients (median follow-up time 6.2 years) were included. On histopathology, confluent or near confluent lentiginous proliferation, melanocyte density >15 per 0.5 mm and adnexal spread were best for distinguishing surround from edge of LM. On RCM, predominant melanocytes, lentiginous proliferation and pleomorphism distinguished surround from centre/edge. MR patients had a median histological distance of LM from the surgical margin of 2mm (versus NR patients with an average distance of 4mm). MR patients had a greater proportion of more florid features, compared with NR on histopathology at both the centre and the edge but were similar in the surround.

CONCLUSION: These data may help pathologists and confocalists better define margins of LM. More florid features in MR patients, despite a similar background of sun-damaged skin, suggest the innate biology of the lesion rather than the field of cancerization may explain MR LM.

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13. Effect of reflectance confocal microscopy compared to dermoscopy in the diagnostic accuracy of lentigo maligna: A meta-analysis.

Nie T, Jiang X, Zheng B, Zhang Y

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INTRODUCTION: Many concerns were raised about the sensitivity and specificity outcome of reflectance confocal microscopy compared to dermoscopy for the diagnosis of lentigo maligna. However, the reported relationships between their sensitivity and specificity were variable. Our meta-analysis was performed to clarify this relationship.

METHODS: A systematic literature search up to July 2020 was performed and six included studies had 479 subjects at the baseline with 294 undergoing lentigo maligna diagnoses. They were reporting relationships

between sensitivity and specificity outcome of reflectance confocal microscopy compared to dermoscopy for the diagnosis of lentigo maligna. Mean difference (MD) with 95% confidence intervals (CIs) was calculated to evaluate the prognostic role of the sensitivity and specificity of reflectance confocal microscopy compared to dermoscopy for the diagnosis of lentigo maligna using the continuous method with a random or fixed-effect model.

RESULTS: Reflectance confocal microscopy was significantly related to higher specificity (MD, 19.10; 95% CI, 0.93-37.28, $P = .04$) compared to dermoscopy in lentigo maligna diagnosis. However, reflectance confocal microscopy was only relatively but not significantly related to higher sensitivity (MD, 14.56; 95% CI, 0.29-28.83, $P = .05$) compared to dermoscopy in lentigo maligna diagnosis.

CONCLUSIONS: Based on this meta-analysis, the reflectance confocal microscopy compared to dermoscopy in lentigo maligna diagnosis had a significantly higher specificity and relatively higher sensitivity. This relationship forces us to recommend reflectance confocal microscopy in lentigo maligna diagnosis for better outcomes and to avoid any possible false-negative results. Further studies are required.

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14. Flat scalp melanoma dermoscopic and reflectance confocal microscopy features correspond to histopathologic type and lesion location.

Garbarino F, Pampena R, Lai M, Pereira AR, Piana S, Cesinaro AM, Cinotti E, Fiorani D, Ciardo S, Farnetani F, Chester J, Pellacani G, Guitera P, Longo C

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BACKGROUND: Dermoscopy and Reflectance Confocal Microscopy (RCM) features of scalp melanoma according to lesion location and histopathology have not been fully investigated.

OBJECTIVES: To reveal dermoscopic and RCM features of scalp melanoma according to lesion location and histopathology.

METHODS: We retrospectively retrieved images of suspicious, atypical excised, flat melanocytic lesions of the scalp, assessed on dermoscopy and RCM at five centres, from June 2007 to April 2020. Lesions were classified according to histopathological diagnoses of nevi, lentigo maligna melanoma (LM/LMM) or superficial spreading melanoma (SSM). Clinical, dermoscopic and RCM images were evaluated; LM/LMM and SSM subtypes were compared through multivariate analysis.

RESULTS: Two hundred forty-seven lesions were included. In situ melanomas were mostly LM (81.3%), while invasive melanomas were mostly SSM (75.8%). Male sex, baldness and chronic sun-damaged skin were associated with all types of melanomas and in particular with LM/LMM. LMs were mostly located in the vertex area and SSM in the frontal (**OR:** 8.8; $P < 0.05$, CI 95%) and temporal (**OR:** 16.7; $P < 0.005$, CI 95%) areas. The dermoscopy presence of pseudo-network, pigmented rhomboidal structures, obliterated hair follicles and annular-granular pattern were associated with LM diagnoses, whereas bluish-white veil was more typical of SSM. Observations on RCM of atypical roundish and dendritic cells in the epidermis were associated with SSM (42.4%) and dendritic cells with LM (62.5%) diagnoses. Folliculotropism on RCM was confirmed as a typical sign of LM.

CONCLUSIONS: Flat scalp melanomas reveal specific dermoscopic and RCM features according to histopathologic type and scalp location.

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15. Surgical Margin Mapping of Melanoma In Situ Using In Vivo Reflectance Confocal Microscopy Mosaics.
Durkin JR, Tchanque-Fossuo CN, Rose AN, Elwood HR, Stepenaskie S, Barbosa NS
Dermatologic Surgery. 47(5):605-608, 2021 05 01.
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BACKGROUND: Melanoma in situ (MIS) can have poorly defined borders and subclinical extension that makes margin control challenging. Reflectance confocal microscopy (RCM) is a promising noninvasive technique that can be used to assess subclinical spread.

OBJECTIVE: To optimize surgical margins of histology-proven MIS using RCM mosaics.

MATERIALS AND METHODS: Prospective review of 22 patients with histology-proven MIS who underwent RCM margin mapping prior to staged excision, between August 1, 2018, and August 13, 2020, at the Department of Dermatology, University of New Mexico, School of Medicine.

RESULTS: Twenty patients (91%) had tumor clearance on the first stage using a 3-mm surgical margin after confocal margin mapping.

CONCLUSION: Reflectance confocal microscopy margin mapping using the mosaic device tends to clear MIS in one stage, and the use of the handheld device may improve the accuracy for difficult anatomic areas. Current Procedural Terminology codes for RCM do not reflect the time required and complexity of the procedure. Reflectance confocal microscopy margin mapping prior to excision has the potential to decrease the number of stages needed for melanoma removal, reduce treatment time, and cost.

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16. Planning slow Mohs excision margins for lentigo maligna: a retrospective nonrandomized cohort study comparing reflectance confocal microscopy margin mapping vs. visual inspection with dermoscopy.

Gao JM, Garioch JJ, Fadhil M, Tan E, Shah N, Moncrieff M

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17. Handheld reflectance confocal microscopy: Personalized and accurate presurgical delineation of lentigo maligna (melanoma).

Elshot YS, Zupan-Kajcovski B, Klop WMC, Bekkenk MW, Crijns MB, de Rie MA, Balm AJM

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BACKGROUND: The surgical treatment of lentigo maligna melanoma is associated with high rates of local recurrence. Handheld reflectance confocal microscopy (HH-RCM) allows for in vivo presurgical detection of subclinical lentigo maligna (melanoma) (LM/LMM).

METHODS: A single-center retrospective study from December 2015 to July 2017. Frequency and extent of negative surgical margins, and the diagnostic accuracy of presurgical mapping by HH-RCM was determined.

RESULTS: Twenty-six consecutive patients with LM/LMM were included. In 45.8%, HH-RCM detected subclinical LM with a sensitivity of 0.90 and specificity of 0.86. The management was changed in two (7.7%) patients. Of the 24 remaining lesions, 95.8% were excised with negative margins with a mean histological margin of 3.1 and 5.3 mm for LM and LMM, respectively. At a mean follow-up of 36.7 months, there was one (4.8%) confirmed recurrence.

CONCLUSIONS: Our method of presurgical delineation by HH-RCM appears to provide a reliable method for the surgical treatment of LM/LMM with a limited rate of overtreatment.

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18. Application of 3-dimensional reflectance confocal microscopy: Melanocytic proliferations as three-dimensional models.

Hanlon KL, Correa-Selm LM, Grichnik JM

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19. Utility of confocal microscopy in the management of lentigo maligna and lentigo maligna melanoma.

Shah P, Gulati N, Stein J, Polsky D, Lee N, Liebman TN

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20. Reflectance confocal microscopy and its role in the follow-up of a topical treatment for lentigo maligna.

Coco V, Perino F, Di Stefani A, Cappilli S, Peris K

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BACKGROUND: In recent years, there has been an ongoing interest in topical treatment for lentigo maligna (LM) as imiquimod 5% cream owing to the localization of this tumor and the advanced age of patients; however, the efficacy of imiquimod 5% cream is controversial, and the rate of local relapses is about 25-53%.

Reflectance confocal microscopy (RCM) is a noninvasive diagnostic tool useful not only for diagnostic purpose but also for monitoring the response to the local treatment of LM. Our aim was to demonstrate the role of RCM in the follow-up of a topical treatment with imiquimod 5% cream in clinical practice.

METHODS: We report three patients with histopathologically confirmed LM who were not candidates for surgery and were successfully treated with imiquimod 5% cream. In such patients, dermatoscopic images and reflectance confocal microscopy were useful to evaluate treatment response and to verify long-term clinical benefits during the follow-up visits.

RESULTS: No relapses were observed in our patients 18 months after the end of treatment; although, continuous follow-up visits are needed in these patients.

CONCLUSIONS: In the case series presented herein, we highlight the importance of RCM as a noninvasive tool to monitor the efficacy of imiquimod to treat LM during and after treatment. Detailed confocal images of two of our patients allowed us to establish the persistence of atypical cells and to continue treatment, although clinical and dermatoscopic examinations showed "apparent complete remission" after the first cycle of therapy.

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21. Spitz nevus and infliximab: association or coincidence?.

Queiros CS, Laureano-Oliveira A, Lopez-Presa D, Filipe P

Anais Brasileiros de Dermatologia. 95(5):615-618, 2020 Sep - Oct.

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Biological therapies, including anti-TNF agents, are important in the treatment of various chronic inflammatory diseases, including psoriasis, rheumatoid arthritis or inflammatory bowel disease. The increased use of these drugs translates into an increasing awareness of its adverse effects, which include malignancy. In this paper, we describe the case of a 28-year-old woman who developed a spitzoid melanocytic tumor after starting infliximab therapy for ulcerative colitis. The evidence for causality between anti-TNF and melanocytic proliferations is still sparse; nonetheless, treatment-associated immunosuppression seems to play a key role in this phenomenon. Therefore, a regular follow-up with a rigorous skin examination is essential in these patients. Noninvasive techniques such as dermoscopy or reflectance confocal microscopy are particularly useful diagnostic tools in these circumstances.

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22. In vivo and ex vivo confocal microscopy for the evaluation of surgical margins of melanoma.
Cinotti E, Belgrano V, Labeille B, Grivet D, Douchet C, Chauleur C, Cambazard F, Thomas A, Prade V, Tognetti L, Cartocci A, Rubegni P, Perrot JL
Journal of Biophotonics. 13(11):e202000179, 2020 11.
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We report the first series of melanomas (MMs) where the surgical margins were evaluated both by ex vivo confocal microscopy (EVCN) and in vivo reflectance confocal microscopy (RCM). We evaluated the surgical margins of 42 cutaneous MMs of lentigo maligna/lentigo maligna melanoma type and 2 mucosal MMs with EVCN. Cutaneous MMs also underwent RCM mapping. Imaging results were compared with histopathology. The rate of correct identification of the tumor margins (invaded or not invaded) was 97.6% for RCM (evaluations of cutaneous MMs) and 95.5% for EVCN (evaluations of both cutaneous and mucosal MMs). Our study showed that the MM extension is visible under EVCN and that the combination of in vivo RCM and EVCN can be a new strategy for the evaluation of surgical margins of MMs.

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063X&isbn=&volume=13&issue=11&spage=e202000179&pages=e202000179&date=2020&title=Journal+of+Biophotonics&atitle=In+vivo+and+ex+vivo+confocal+microscopy+for+the+evaluation+of+surgical+margins+of+melanoma.&aulast=Cinotti

23. The role of reflectance confocal microscopy in differentiating melanoma in situ from dysplastic nevi with severe atypia: A cross-sectional study.

Fraga-Braghiroli N, Grant-Kels JM, Oliviero M, Rabinovitz H, Ferenczi K, Scope A
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BACKGROUND: Melanoma in situ and dysplastic nevi with severe atypia present overlapping histopathologic features. Reflectance confocal microscopy findings can be integrated with the dermatopathology report to improve differentiation between melanoma and dysplastic nevi with severe atypia.

OBJECTIVE: To compare prevalence of reflectance confocal microscopy findings between melanoma in situ and dysplastic nevi with severe atypia.

METHODS: This retrospective observational study compared reflectance confocal microscopy findings in dermatopathologically diagnosed dysplastic nevi with severe atypia and melanoma in situ, collected between 2007 and 2017 at a private pigmented-lesion clinic. Concordant pathologic diagnosis was defined as unanimous agreement between 3 dermatopathologists who independently reviewed all cases; all other cases were classified as discordant.

RESULTS: The study included 112 lesions, 62 concordant melanomas in situ, 28 concordant dysplastic nevi with severe atypia, and 22 discordant lesions. In comparing reflectance confocal microscopy findings in concordant cases, melanoma in situ showed more frequently than dysplastic nevi with severe atypia the presence of epidermal atypical melanocytes as round cells (19/62 vs 0/28; $P < .001$) and dendritic cells (50/62 vs 6/28; $P < .001$), as well as a diffuse distribution of epidermal atypical melanocytes (50/54 vs 3/6; $P = .002$). In contrast, dysplastic nevi with severe atypia showed the presence of dense melanocytic nests more frequently than melanoma in situ did (15/28 vs 14/62; $P = .003$).

LIMITATIONS: The study was based on a limited number of lesions originating from a single clinic.

CONCLUSIONS: Reflectance confocal microscopy findings may help differentiate a subset of dysplastic nevi with severe atypia from melanoma in situ.

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24. Application and challenge of reflectance confocal microscopy in the diagnosis of pigmented nevus.

Tang Z, Huang J, Lu J, Chen J, Guo A, Ding S

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OBJECTIVE: To investigate the application and challenge of reflectance confocal microscopy (RCM) in the diagnosis of pigmented nevus.

METHOD: A total of 997 patients with clinical diagnosis of pigmented nevus were included in the study, and RCM imaging was performed on the lesion of each patient. A biopsy was performed in 78 of these patients for histological diagnosis. We retrospectively analyzed the results of RCM diagnosis and histological diagnosis and then found the RCM characteristics of the histologically confirmed lesion.

RESULTS: According to the RCM images, 823 of the 997 (82.55%) patients were diagnosed with pigmented nevus, while 113 (11.33%) were not diagnosed by dermatologists using RCM. Of the 78 biopsy lesions, 36 of the 46 (78.26%) cases diagnosed with pigmented nevus were consistent with histological diagnosis, while three were rediagnosed with dermatofibromas, four were seborrheic keratosis, one was malignant melanoma in situ, and two were lentigo.

CONCLUSION: RCM exhibits a high diagnostic accuracy for patients with clinical diagnosis of pigmented nevus. However, due to the limitation of RCM scanning depth and the commonality of the microscopic characteristics of related diseases, RCM still faces certain challenges in the diagnosis of pigmented nevus.

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25. Reflectance confocal microscopy in atypical intraepidermal melanocytic proliferation: Two cases with dermoscopic and histologic correlation.

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