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### Neck Melanoma: Clinical, Dermoscopic and Confocal Features.

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#### ABSTRACT

**BACKGROUND:**The head and neck are considered one single anatomical unit. No data on clinical, dermoscopic and confocal aspects of neck melanoma are currently available. **OBJECTIVES:**To identify clinical, dermoscopic and confocal diagnostic features of neck melanomas. **METHODS:**Consecutive malignant (cases) and benign (controls) melanocytic skin lesions located on the neck, excised as suspected of being melanoma from March 2011 to February 2018, were retrospectively retrieved. Dermoscopic criteria of the 7-point checklist, integrated by other melanoma features (such as grey colour and irregular hyperpigmented areas) were assessed. Reflectance confocal microscopy (RCM) images were examined when available. **RESULTS:**282 lesions located to the head and neck area were biopsied to rule out melanoma. Thirty-one out of 282 (11%) lesions were located on the neck: 21 melanomas and 10 naevi. Melanoma patients were older than patients with naevi (mean age: 60.4 vs. 37.9 years,  $p < 0.001$ ). Neck melanomas were more frequently located on sun-damaged skin compared to naevi (76.2 vs. 30%,  $p = 0.02$ ). Dermoscopically, neck melanomas were characterized by irregular dots/globules, grey colour and regression (76.2, 81 and 46.7% of cases) and showed criteria of lentigo maligna melanoma (LMM) in 52.4% of cases. Regression, grey colour, irregular hyperpigmented areas and criteria of LMM typified melanomas on sun-damaged skin, whereas tumours located on non-sun-damaged areas were often characterized by irregular pigmentation (blotches). RCM, implemented to dermoscopy, correctly diagnosed 10/12 melanomas and 3/5 naevi. **CONCLUSION:**Neck melanoma has peculiar clinical and dermoscopic aspects that could help clinicians to distinguish it from naevi and to diagnose melanoma earlier. ©2019 S. Karger AG, Basel. **KEYWORDS:**Dermoscopy; Melanoma; Naevi; Reflectance confocal microscopy; Skin cancer  
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