Biopsy of the Pigmented Lesion

What NOT to Do!
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What NOT to Do!

- Take the whole lesion if you can
- Use something sharp to do so
- Don’t be too greedy
- Know your pathologist, treat him/her well

Pearls

Benign vs. Malignant

- Size
- Symmetry
- Circumscription

Benign vs. Malignant

Benign
- Small (<6mm)
- Symmetrical
- Well circumscribed

Malignant
- Large
- Asymmetrical
- Poorly circumscribed

Evaluation of Pigmented Lesion

- ABCDE’s
- “Ugly Duckling” sign
- All signs shown to be significant

Benign
Malignant

Excisional biopsy with 1-3 mm margins preferred
Full thickness incisional or punch biopsy
Special size and anatomic considerations (palm/sole, digit, face, ear)
Shave biopsy may compromise diagnosis and further treatment

NCCN Biopsy Guidelines

Too Little Tissue May Lead to…
Confusing pathological interpretation
Inaccurate diagnosis
False positive
False negative
Inadequate treatment

“Excessive “ Biopsy

May alter subsequent lymphatic mapping
Leads to spuriously large clinical margins and re-excisions
“Saucerization”

Your Pathologist Will Love You if You…

- Lasers
- Loop cautery
- Bovie/Hyfrecator
- Leatherman, chainsaw, pliers, etc.

Do NOT use…

Conclusion

- Take the whole lesion if you can
- Use something sharp to do so
- Saucerization is an excellent option
- Don’t be too greedy
- Know your pathologist, treat him/her well