

## Blackberry-like lesion of the back: One Step melanoma surgery (OSMS) as possible treatment approach even when melanoma only suspected!?

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A 42 year old male patient visited the dermatological department with a complaint for suddenly appeared and curious looking lesion in the area of the back (fig. 1a-b). Respectively, the lesion was painless, but caused some cosmetic concerns. According to the anamnestic data several days before the clinical examination the formation has been treated by a surgeon with electrocautery, resulting in a partial remission of the lesion. A tissue sample has not been collected and no histopathological data was available at the time. During the dermatological examination the presence of blackberry like, around 5mm, elevated, lobulated

lesion was established in the area of the back (fig. 1a-b). Additionally, circular redness was visualized around the lesion (fig. 1a-b). Based on clinic and dermatoscopy, the possibility of cutaneous hemangioma or melanoma was considered. Surgical removal of the lesion was performed with a direct operational safety margin of 1 cm in all directions. Subsequent histological examination revealed the presence of capillary hemangioma with clear resection lines.

Surgical removal of subcutaneous angiofibrolipoma from another part of the back has been performed several years ago.



**Fig. 1a-b:** Clinical view of blackberry like capillary hemangioma in the area of the back

Lobular, capillary hemangiomas represent a rare acquired vascular formations, typically affecting the skin and mucous membranes [1]. However, it is extremely important to note that the diagnosis of such formations can therefore be challenging, especially as it may mimic more aggressive lesions, including malignancy [1]. In these cases, the possibility of melanoma should

be included in the differential diagnostic aspect [2]. Therefore, the therapeutic approach for such type of lesions should be unified and consistent with the differential diagnosis. In case of suspected nodular melanoma or melanoma below 1 mm thin (as a possible differential diagnosis in our patient also), it would be good to think with one step forward, namely, performance of

initial resection of the lesion with a surgical safety margin of 1 cm (within the one step melanoma surgery (OSMS) model), which in turn: 1) is adequate for the vascular lesion and 2) in the event of thin melanoma, this surgical safety margin is also adequate and does not require re-excision [3,4].

In practice, considering a differential diagnosis with OSMS melanoma treatment methodology, a case solution is provided within one surgical session [5].

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