



Figure 1

## CLINICAL PICTURE QUIZ



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A 70-year-old male in good health presents with a dark macule on the dorsum of his foot (Figure 1). The lesion has been present for many years and has remained unchanged. Dermoscopy reveals a homogenous dark grey lesion measuring approximately 4mm in diameter (Figure 2).

1. What is your diagnosis?
2. What effect causes the blue colouration seen within the lesion?
3. What are the differential diagnoses?
4. What is your management plan?



Figure 2

**ANSWERS**

**1. What is your diagnosis?**

Blue Naevus. This is a relatively common naevus, which presents as a blue-black lesion within the skin. It affects around 0.5% of adults, being particularly prevalent in Asian populations. Lesions can develop from childhood through into adulthood and are more common in females. Lesions are most frequently observed on the head (face and scalp), followed by the dorsum of the extremities and the buttocks.

**2. What effect causes the blue colouration seen within the lesion?**

This is due to the 'Tyndall effect' – light of a longer wavelength reaches deep into the dermis and is absorbed by the lesion, but blue light is scattered, giving rise to the blue colour.

**3. What are the differential diagnoses?**

Malignant melanoma. Generally, blue naevi are static in their form and structure. Larger lesions (greater than 1 cm) or those that show any change should be treated with suspicion and be referred for further assessment. Other differential diagnoses include tattoo pigment, dermatofibroma, venous lakes and Kaposi's sarcoma. Dermoscopy can be helpful in establishing a diagnosis.

**4. What is your management plan?**

Generally, no treatment is required for a blue naevus, unless there is diagnostic doubt, and then a biopsy can be performed to rule out a melanoma.

Further Reading: <https://www.dermnetz.org/topics/blue-naevus/>



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