





**Solar Lentigo Actinic Lentigo**

Solar lentigines commonly occur as multiple lesions in areas exposed to the sun, such as the face and e



Solar lentigines differ from ephelides in that they are more prevalent, increase in prevalence and number

the trunk, and occur more frequently in males than in females, unlike ephelides, which are more evenly

Solar lentigines and relatively flat seborrheic keratoses may resemble each other in clinical appearance,

A recent microarray analysis of solar lentigines demonstrated upregulation of genes related to inflammation

Prolonged treatment with psoralen and ultraviolet light A (PUVA) can induce formation of pigmented ma

*Histopathology* .



The rete ridges are subtly or more significantly elongated. They either appear club shaped or are tortuous



Solar lentigines differ histologically from ephelides by definition, in having an increased number of epide

In some lesions, the rete ridges are elongated to such an extent that strands of basaloid cells form anas

PUVA-induced pigmented macules represent actinic lentigines on the basis of irregular elongation of the

Large-cell acanthoma, which presents as a slightly scaly, tan macule on photodamaged skin, is identified



In the reticulated or "ink spot" lentigo, histologic evaluation, including electron microscopy and DOPA-inc

*Histogenesis.* By electron microscopy, the basal layer of keratinocytes contains increased mel

*Differential Diagnosis.* In lentigo simplex , the rete ridges are elongated, but, in contrast, the lesional melanocytes are more obviously increased in number and focally lie in contiguity with one another around the tips and sides of the rete but not between the rete. Lentigo maligna shows flattening or absence of the rete ridges together with contiguous and continuous proliferation and uniform atypia of its melanocytes; like lentigo simplex, however, it may be associated with a dermal lymphocytic infiltrate. In actinic lentigo, the rete are elongated and the lesional melanocytes do not lie in contiguity with one another, even though they may be increased in number. There is minimal cytologic atypia and no pagetoid spread of melanocytes above the basal layer. In contrast to a pigmented actinic keratosis, there is no keratinocytic atypia and usually no parakeratosis.



