Superficial Spreading Melanoma
Superficial spreading melanoma, also referred to as pagetoid melanoma, is the most frequent form of melanoma (about 70% of cases). It is characterized by a slow, superficial spread of malignant melanocytes, which are melanoma cells. This type of melanoma tends to be more aggressive and can metastasize if not treated aggressively. While imaging studies and laboratory tests may be used to aid in diagnosis, histologic examination remains the gold standard and is necessary for an accurate diagnosis.
Superficial spreading melanoma, microinvasive = ﻣﺠﻬرﻲ ﻏزﻮ ﻣﻊ  ﺳﻄﺤﻴﺎ اﻠﻤﻨﺘﺸﺮ اﻠﻤﻴﻠاﻨوﻢ
Histopathology
Architectural pattern features of importance in the diagnosis include the large diameter of the lesions, poor keratinization, and the presence of atypical melanocytes.
Cytologically, the lesional cells are rather uniform and have abundant cytoplasm containing varying amounts of melanin. The nuclei are oval to round with relatively uniform atypia, which is of considerable diagnostic importance and contrasts with the random cytologic atypia of dysplastic nevi.
When the lesion is \textit{in situ}, the basement membrane is intact and there are no lesion cells in the dermis.
On electron microscopic examination, melano-somes are present in great numbers in the large pagetoid tumor cells. Their distribution, both in the cytoplasm and extracellularly, was particularly prominent nesting and pagetoid scatter of melanocytes—criteria similar to those for superficial spreading melanoma.
Superficial spreading melanoma, microinvasive = ﻣﺠﻬرﻲ ﻏزﻮ ﻣﻊ ﺳﻄﺤﻴﺎ اﻠﻤﻨﺘﺸﺮ اﻠﻤﻴﻠاﻨوﻢ
more likely than other melanomas to be associated with BRAF or NRAS mutations. These evolving gen...
Differential Diagnosis

A junctional nevus differs from superficial spreading melanoma in radial growth phase by a lack of atypia in the tumor. Caution should be exercised when what at first appears as melanoma in situ is restricted to the epidermis that overlies a surgical or traumatic scar because this must be differentiated from the scar itself with atypical melanocytes at the basal cell layer. Problematic cases can be reported as malignant melanoma (in situ or microinvasive, etc.) without designation as to type.
Superficial spreading melanoma, microinvasive = ﻣﺠﻬرﻲ ﻏزﻮ ﻣﻊ ﺳﻄﺤﻴﺎ اﻠﻤﻨﺘﺸﺮ اﻠﻤﻴﻠاﻨوﻢ
Superficial spreading melanoma, microinvasive = ﻣﺠﻬرﻲ ﻏزﻮ ﻣﻊ  ﺳﻄﺤﻴﺎ اﻠﻤﻨﺘﺸﺮ اﻠﻤﻴﻠاﻨوﻢ
When tumorigenic vertical growth phase is present, it does not differ appreciably from that in any other form of melanoma. Classification of such complex tumorigenic primary melanomas is based on the morphology of the radial growth phase.

Among the nonmelanocytic neoplasms that must be differentiated from a superficial spreading melanoma in situ are Paget's disease and pagetoid examples of Bowen's disease (squamous cell carcinoma in situ). Paget's disease (discussed in detail in Chapter 30) usually shows remnants of compressed basal cells beneath the tumor. The tumor cells infiltrate the dermis and extend to the epidermis, where they are shed. In Paget's disease, the tumor cells may stain positively for carcinoembryonic antigen.
antigen and keratin and are negative for HMB-45 and Melan-A. S100 reactivity, although unusual, may occasionally be present in these tumors.
A final pitfall in evaluating nonmelanocytic mimics of intraepidermal melanoma involves the variable tendency...
Superficial spreading melanoma, microinvasive
Superficial spreading melanoma, microinvasive = ﻣﺠﻬرﻲ ﻏزﻮ ﻣﻊ ﺳﻄﺤﻴﺎ اﻠﻤﻨﺘﺸﺮ اﻠﻤﻴﻠاﻨوﻢ
Superficial spreading melanoma, microinvasive = ﻣﺠﻬرﻲ ﻏزﻮ ﻣﻊ ﺳﻄﺤﻴﺎ اﻠﻤﻨﺘﺸﺮ اﻠﻤﻴﻠاﻨوﻢ