

# Structures Associated with melanoma

ADM O



**AMERICAN  
DERMOSCOPY  
MEETING**

June 30, 2022 - 4:00 – 4:30pm  
St George, Utah



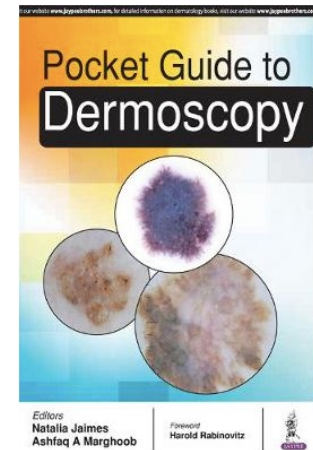
**DR. PHILLIP FROST  
DEPARTMENT OF  
DERMATOLOGY AND  
CUTANEOUS SURGERY**



***Natalia Jaimes, MD***  
*Assistant Professor  
University of Miami*

# Disclosures

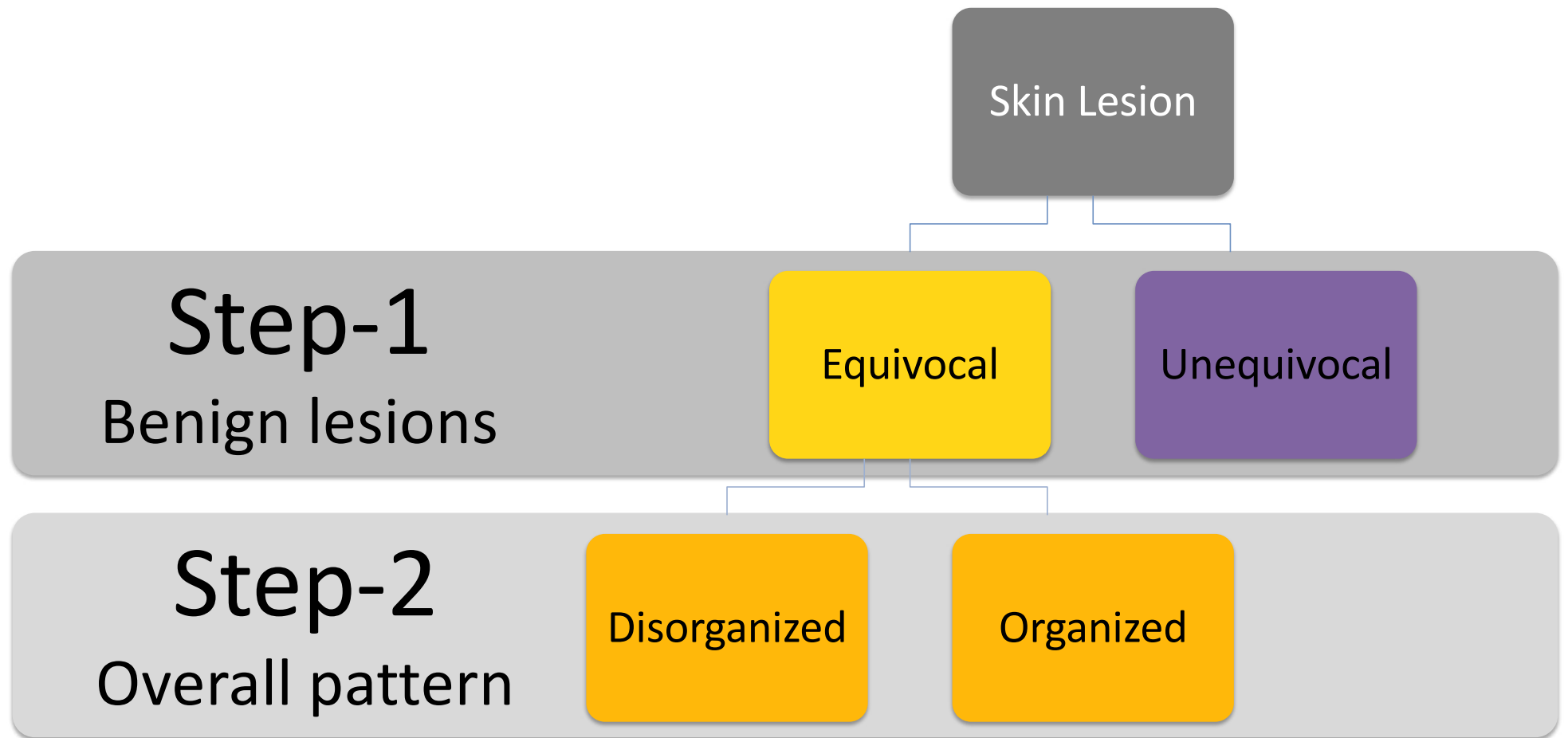
- Pocketguide to Dermoscopy
- UpToDate
- Lecturing/Honoraria

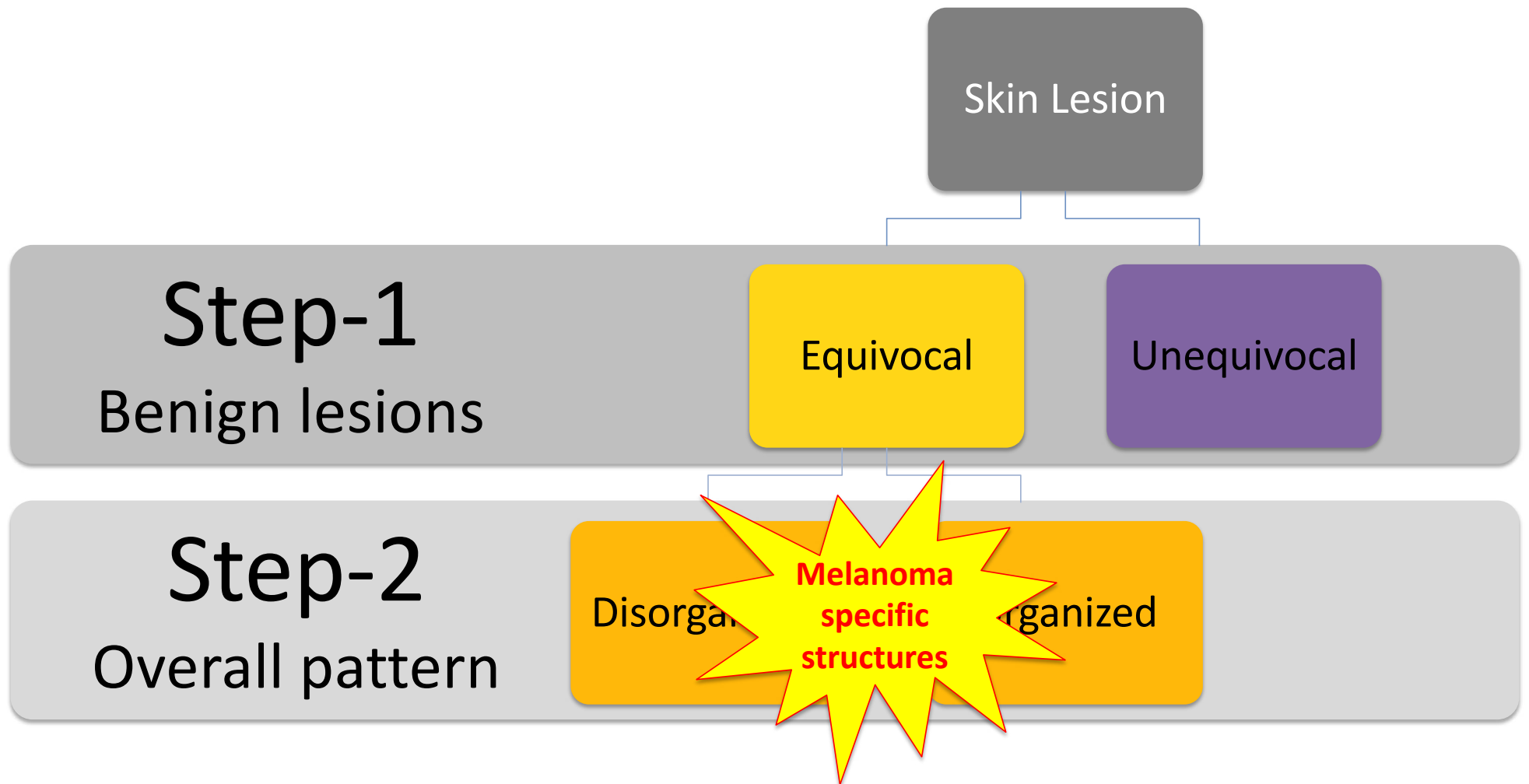




# Outline

- 2-step algorithm
- Melanoma specific structures







Research

JAMA Dermatology | Original Investigation

# Assessment of Diagnostic Accuracy of Dermoscopic Structures and Patterns Used in Melanoma Detection

## A Systematic Review and Meta-analysis

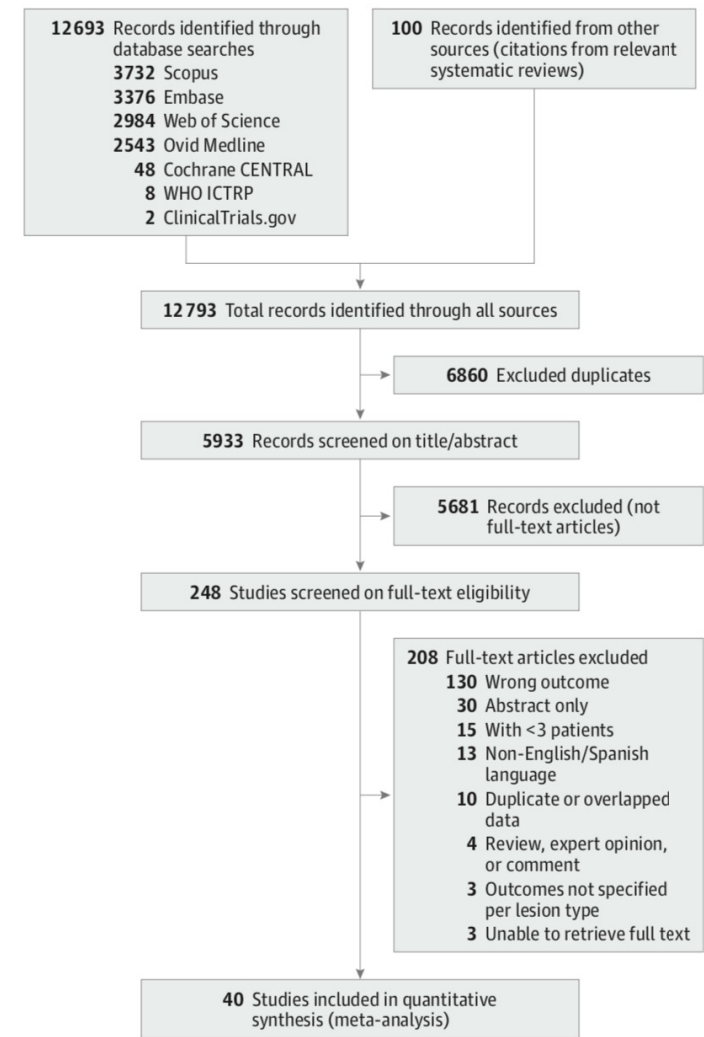
Natalie M. Williams, MD; Kristina D. Rojas, BS; John M. Reynolds, MLIS; Deukwoo Kwon, PhD;  
Jackie Shum-Tien, MD; Natalia Jaimes, MD

*JAMA Dermatol.* doi:[10.1001/jamadermatol.2021.2845](https://doi.org/10.1001/jamadermatol.2021.2845)  
Published online August 4, 2021.



- Dermoscopic structures associated with melanoma detection tended to have higher specificity compared with sensitivity, with each structure yielding a **specificity greater than 70%**.

Figure. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flow Diagram



# Structures and Patterns

## Highest OR for melanoma

- Shiny white structures
  - (OR, 6.7; 95% CI, 2.5-17.9)
- Pseudopods
  - (OR, 6.7; 95% CI, 2.7-16.1)
- Irregular pigmentation
  - (OR, 6.4; 95% CI, 2.0-20.5)
- blue-white veil
  - (OR, 6.3; 95% CI, 3.7-10.7),
- Peppering
  - (OR, 6.3; 95% CI, 2.4-16.1).

## Highest specificity

- **Pseudopods**
  - (97.3%; 95% CI, 94.3%-98.7%)
- Shiny white structures
  - (93.6%; 95% CI, 85.6%-97.3%),
- Peppering
  - (93.4%; 95% CI, 81.9%-97.8%)
- Streaks
  - (92.1%; 95% CI, 88.4%-94.7%)

## Highest sensitivity

- **irregular pigmentation**
  - (62.3%; 95% CI, 31.2%-85.8%),
- **blue-white veil**
  - (60.6%; 95% CI, 46.7%-72.9%),
- **atypical network**
  - (56.8%; 95% CI, 43.6%-69.2%),
- **multicomponent pattern**
  - (53.7%; 95% CI, 40.4%-66.1%),

Prespecified outcome measures: Diagnostic accuracy (sensitivity and specificity) and risk (odds) ratio [OR] of melanoma

JAMA Dermatology | Original Investigation

# Assessment of Diagnostic Accuracy of Dermoscopic Structures and Patterns Used in Melanoma Detection

## A Systematic Review and Meta-analysis

Natalie M. Williams, MD; Kristina D. Rojas, BS; John M. Reynolds, MLIS; Deukwoo Kwon, PhD;  
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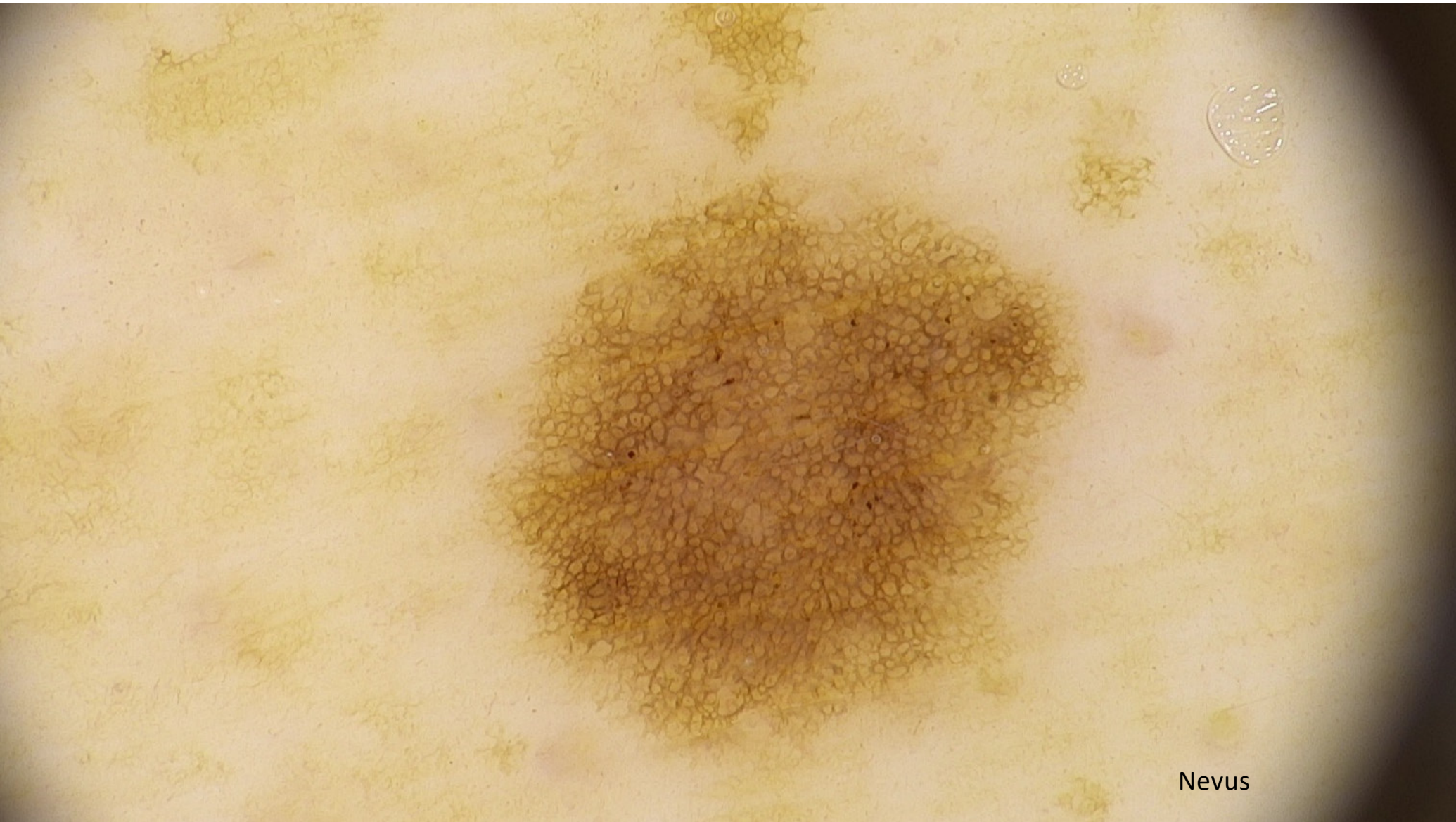
- Diagnostic importance of dermoscopic structures associated with melanoma detection (eg, shiny white structures, BWV)
- Corroborated the importance of the **overall pattern**
- May suggest a hierarchy in the significance of structures and patterns.

# Diagnosis of melanoma

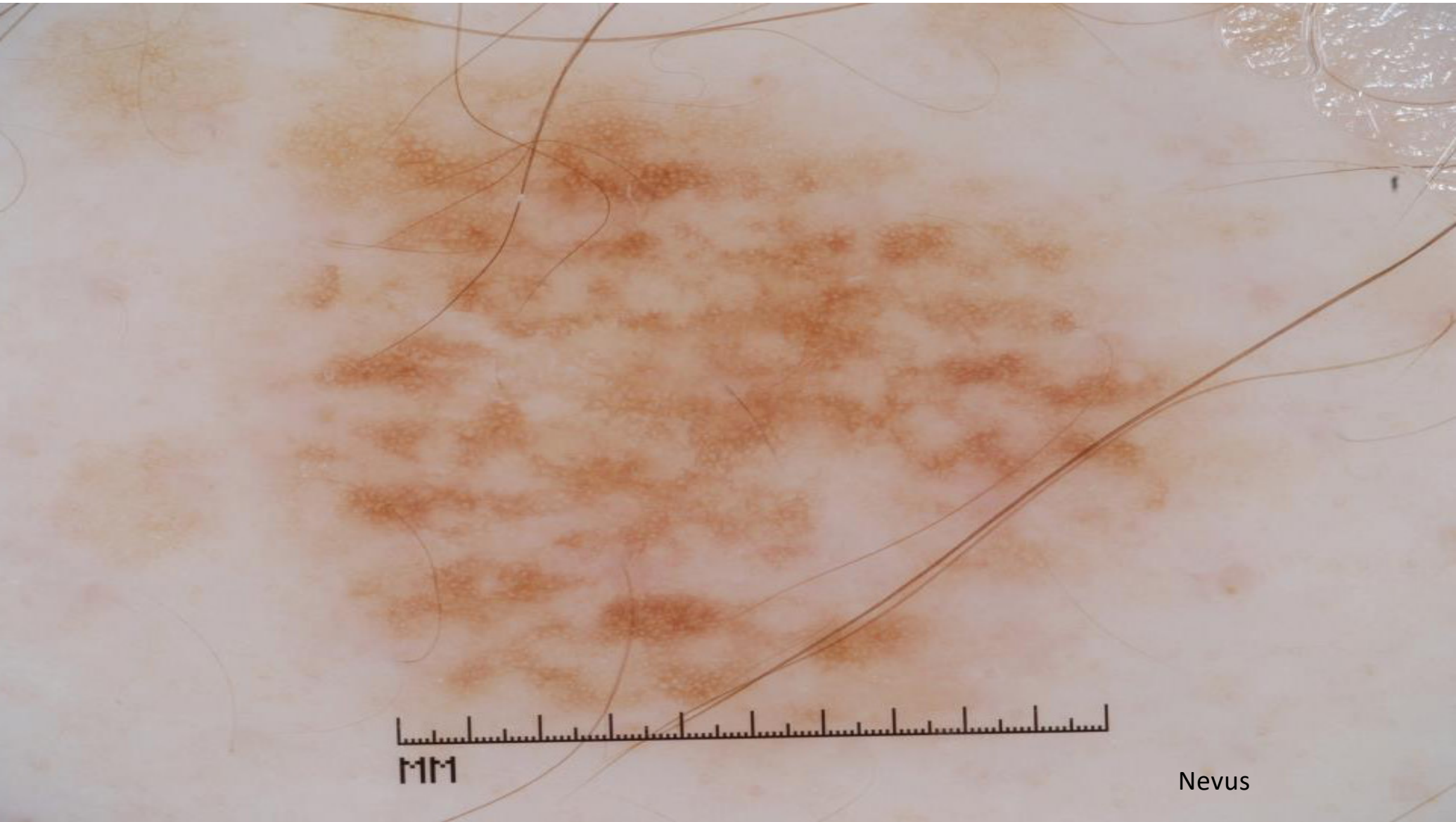
- Evaluate the lesion as a whole
- The more melanoma-specific structures that are present in a lesion, the higher the odds the lesion is melanoma



**Let's see some cases!**



Nevus







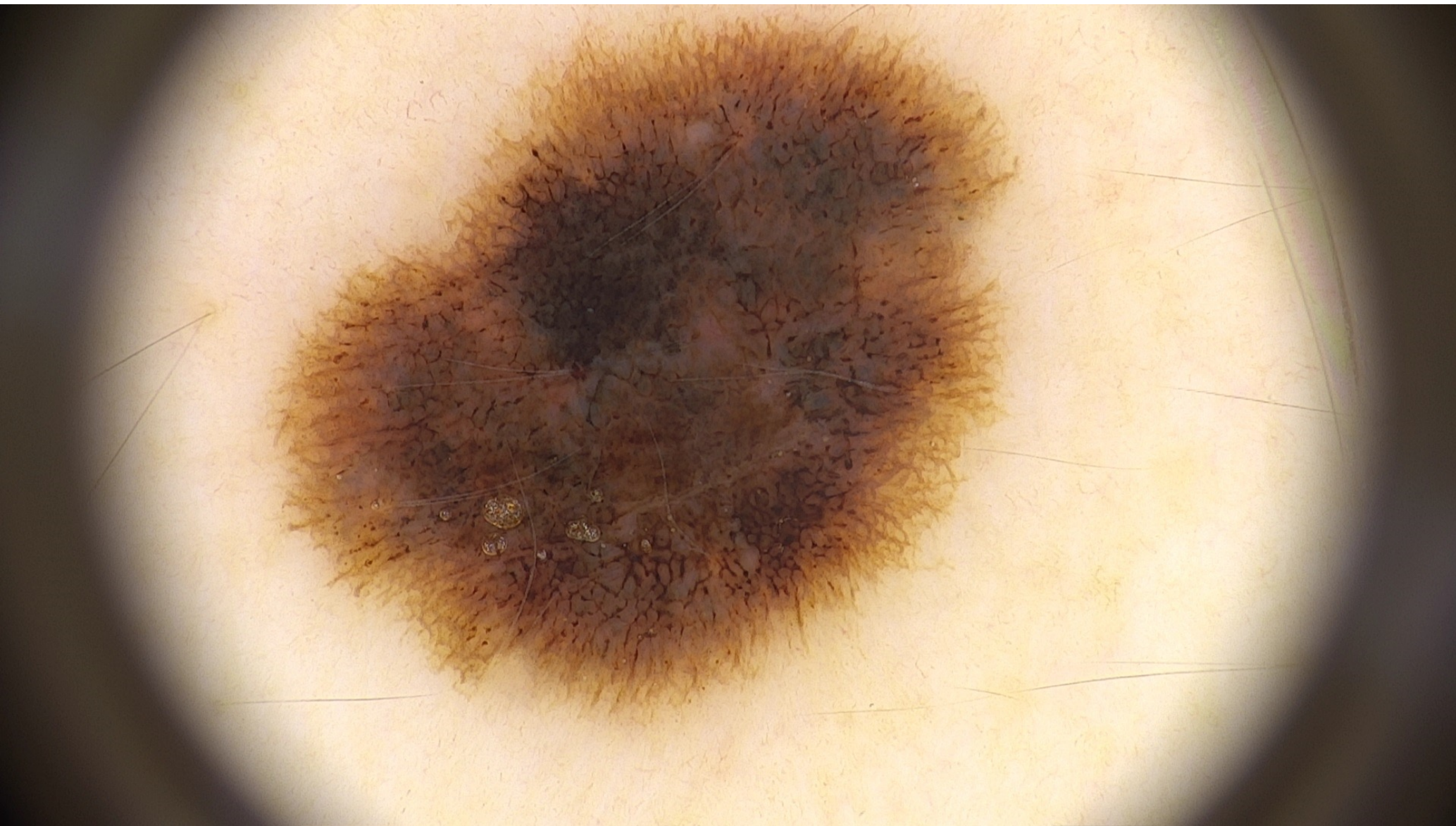


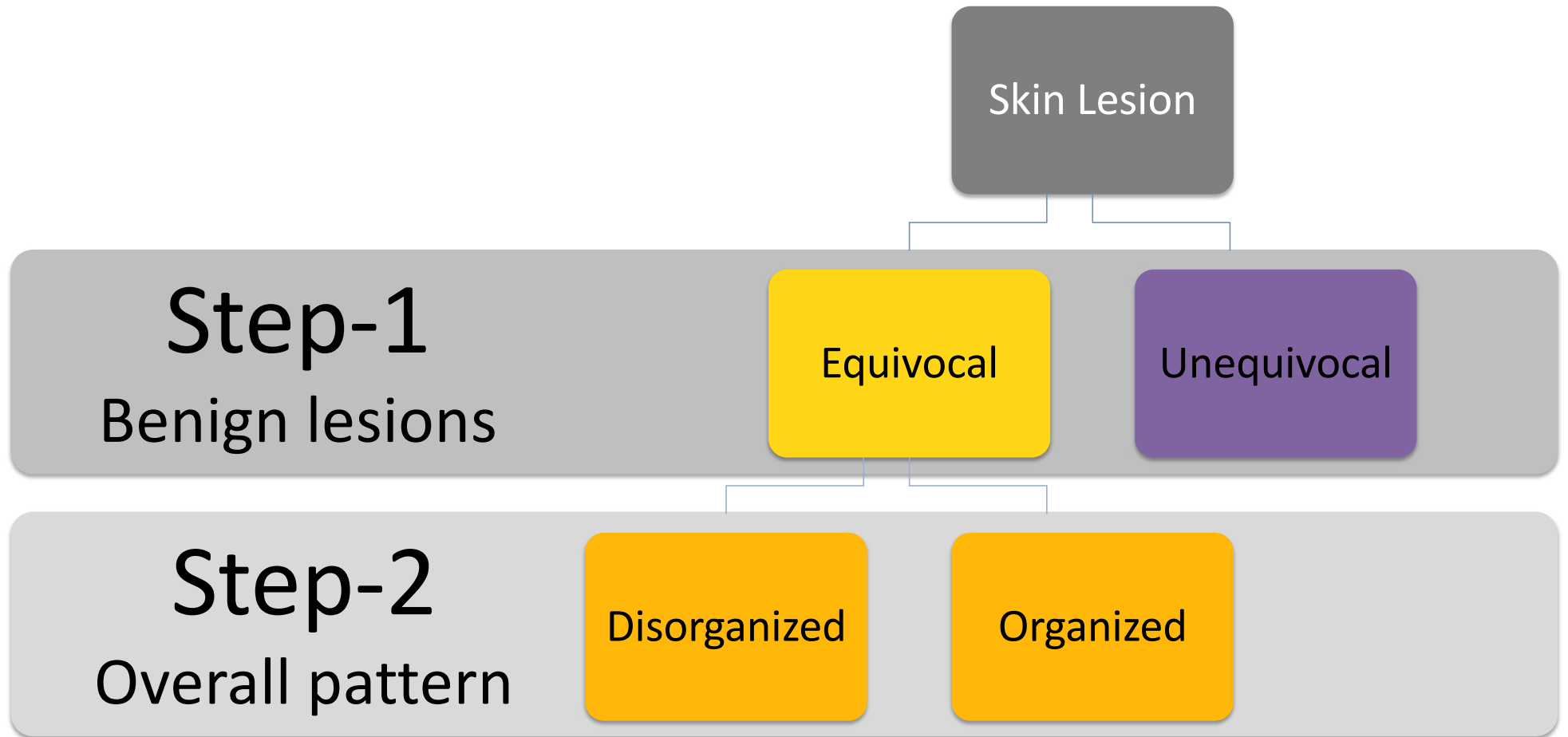
Congenital Melanocytic Nevus

Nevus



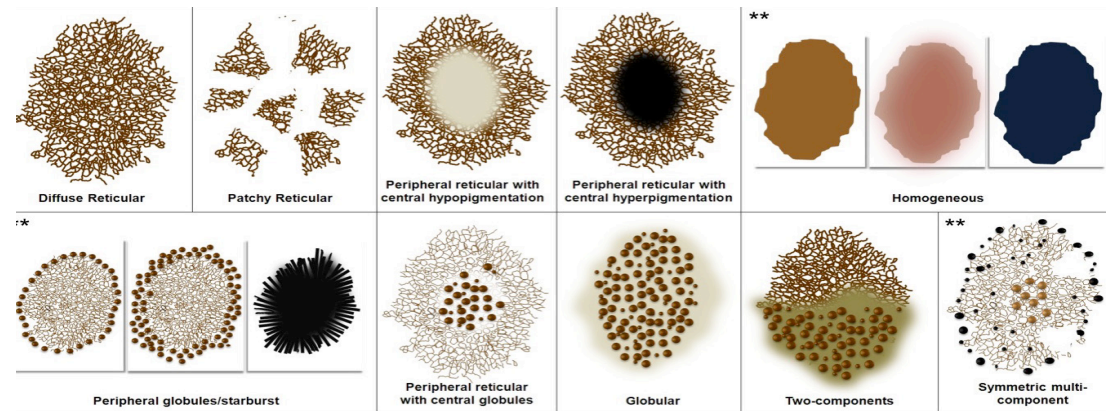






# Pattern Analysis

## Global Pattern



**organized vs disorganized**



# Pattern Analysis

Global  
Pattern



Details

**organized vs disorganized**

**Melanoma-Specific  
Structures**

# Melanoma Specific Structures

# Melanoma-Specific Structures

## Highest OR for melanoma

- Shiny white structures
  - (OR, 6.7; 95% CI, 2.5-17.9)
- Pseudopods
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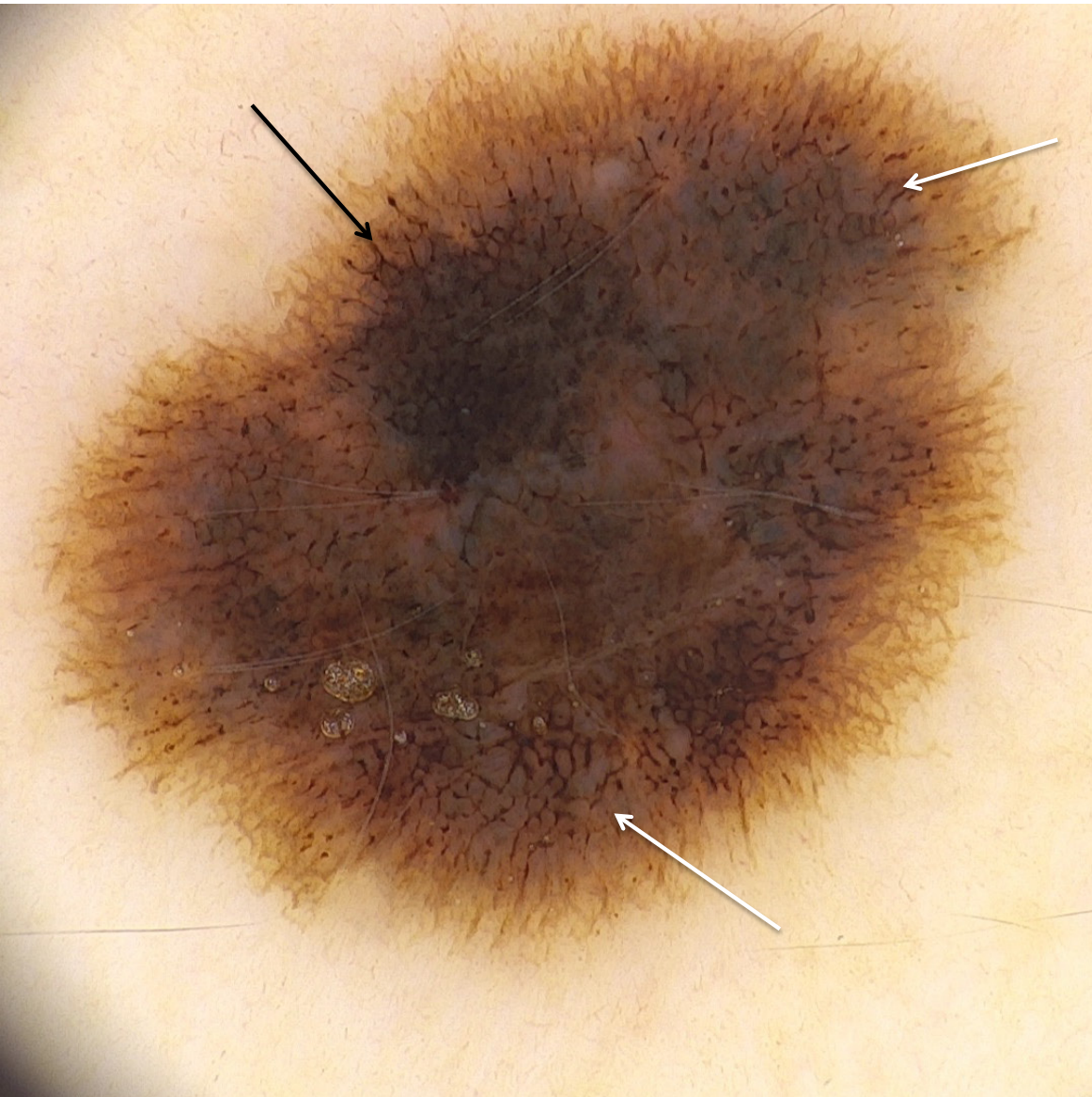
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## Melanoma Specific Structures



**Atypical network**



**Streaks** (pseudopods and radial stream)



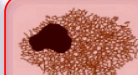
**Negative pigment network**



**Shiny white lines** (Crystalline structures)



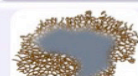
**Atypical dots and/or globules**



**Off-centered blotch**



**Peripheral tan structureless areas**



**Blue-white veil overlying raised areas**



**Regression structures**

• Blue-white veil overlying macular areas, scar-like areas



**Atypical vascular structures**

• Dotted vessels, serpentine vessels, polymorphous areas, red globules, corkscrew vessels

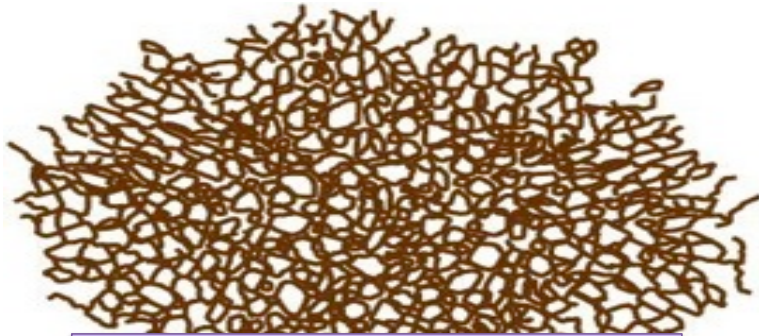


**Polygonal structures (zig-zag lines)**

# Network



# Network



Typical

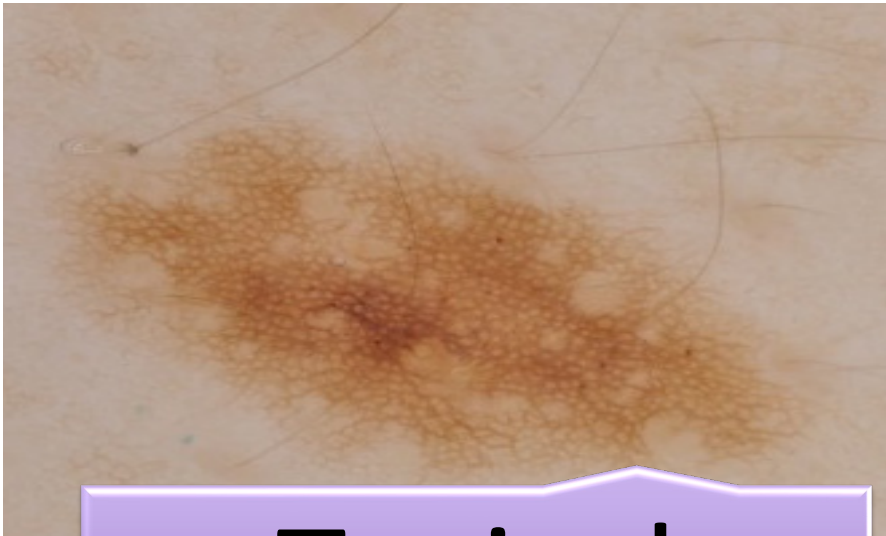
- Relatively uniform
- Regularly meshed
- Homogeneous in color
- Thinning out at the periphery



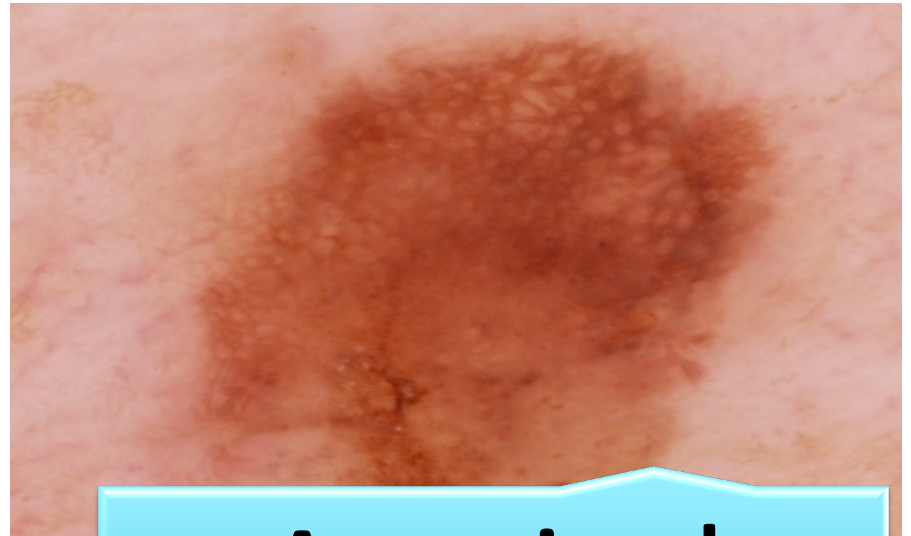
Atypical

- non-uniform.
- Darker and/or broadened lines
- “Holes” are heterogeneous
- Lines often hyperpigmented
- May end abruptly at the periphery

# Network



Typical

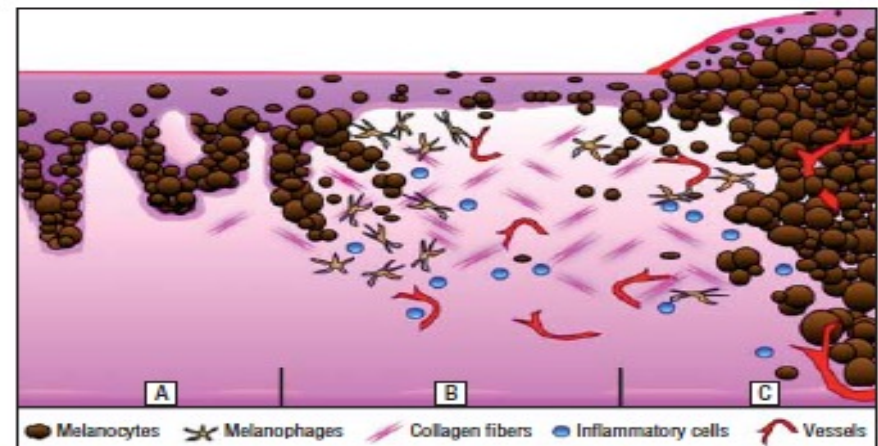


Atypical

# Remodeling of the Dermoepidermal Junction in Superficial Spreading Melanoma

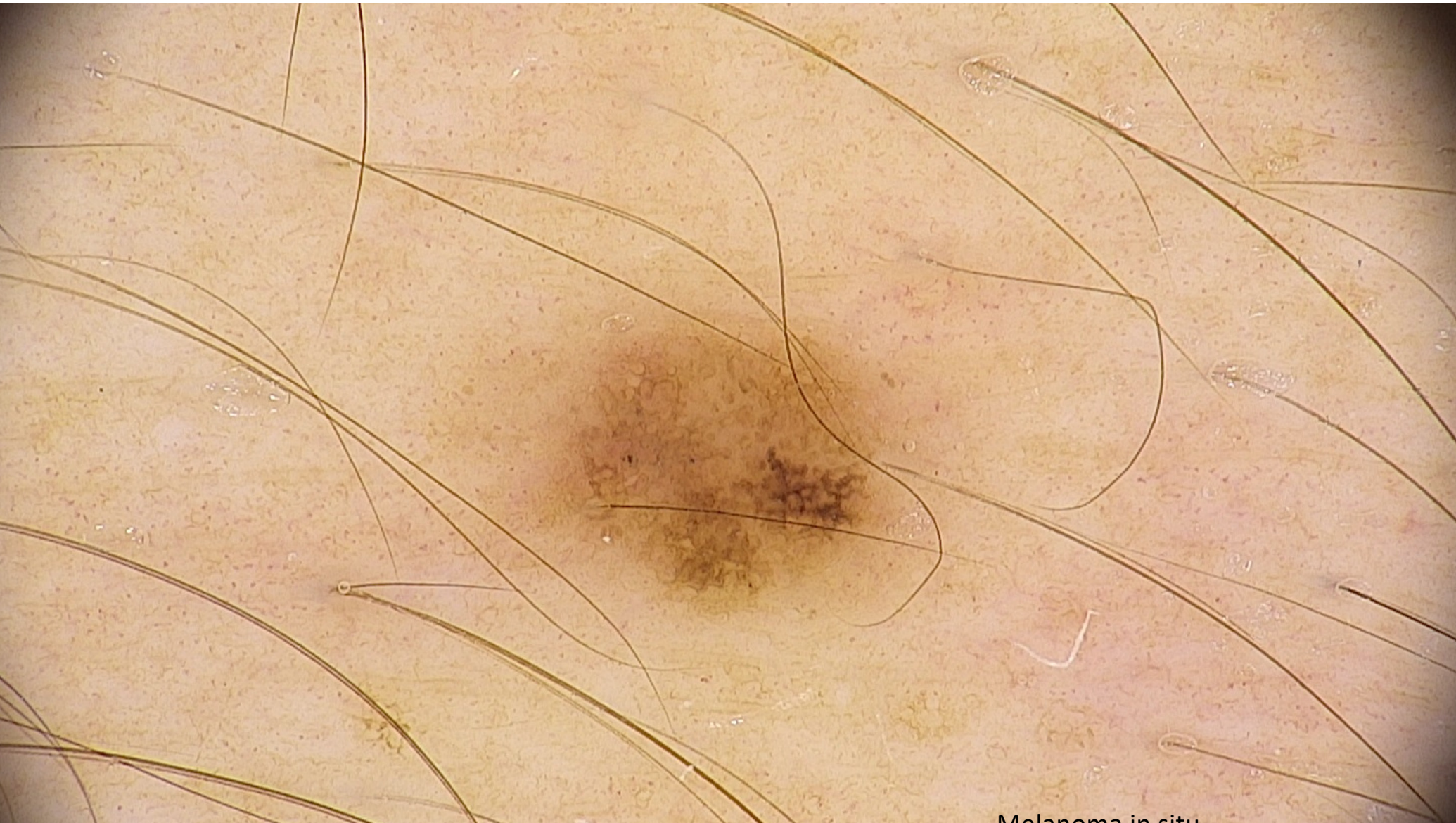
*Insights Gained From Correlation of Dermoscopy, Reflectance Confocal Microscopy, and Histopathologic Analysis*

**D**IAGNOSIS IN DERMATOLOGY, WHETHER RENDERED clinically or histopathologically, relies on the analytical examination of the primary morphologic features of the lesion on the gross or microscopic level, respectively. During the past 2 decades, we have begun to appreciate a new dimension in primary morphologic analysis, namely, the *in vivo*, *en face* macroscopic and microscopic morphologic features as seen via dermoscopy and reflectance confocal microscopy (RCM). Like dermoscopy, RCM reveals morphologic details of architecture in the *en face* plane, but, in addition, it provides morphologic information on the cellular level.<sup>1</sup> The ability to visualize a lesion's primary morphologic features on multiple different levels has fueled new insights into the biological evolution of lesions. This month's *Archives of Dermatology* features an important article by Pellacani et al<sup>2</sup> that correlates dermoscopic structures of melanocytic lesions with RCM and histopathologic analysis. This editorial, which is based on the findings reported by Pellacani et al<sup>2</sup> and other correlation studies on dermoscopy, RCM, and histopathology,<sup>3,4</sup> offers mathematical models



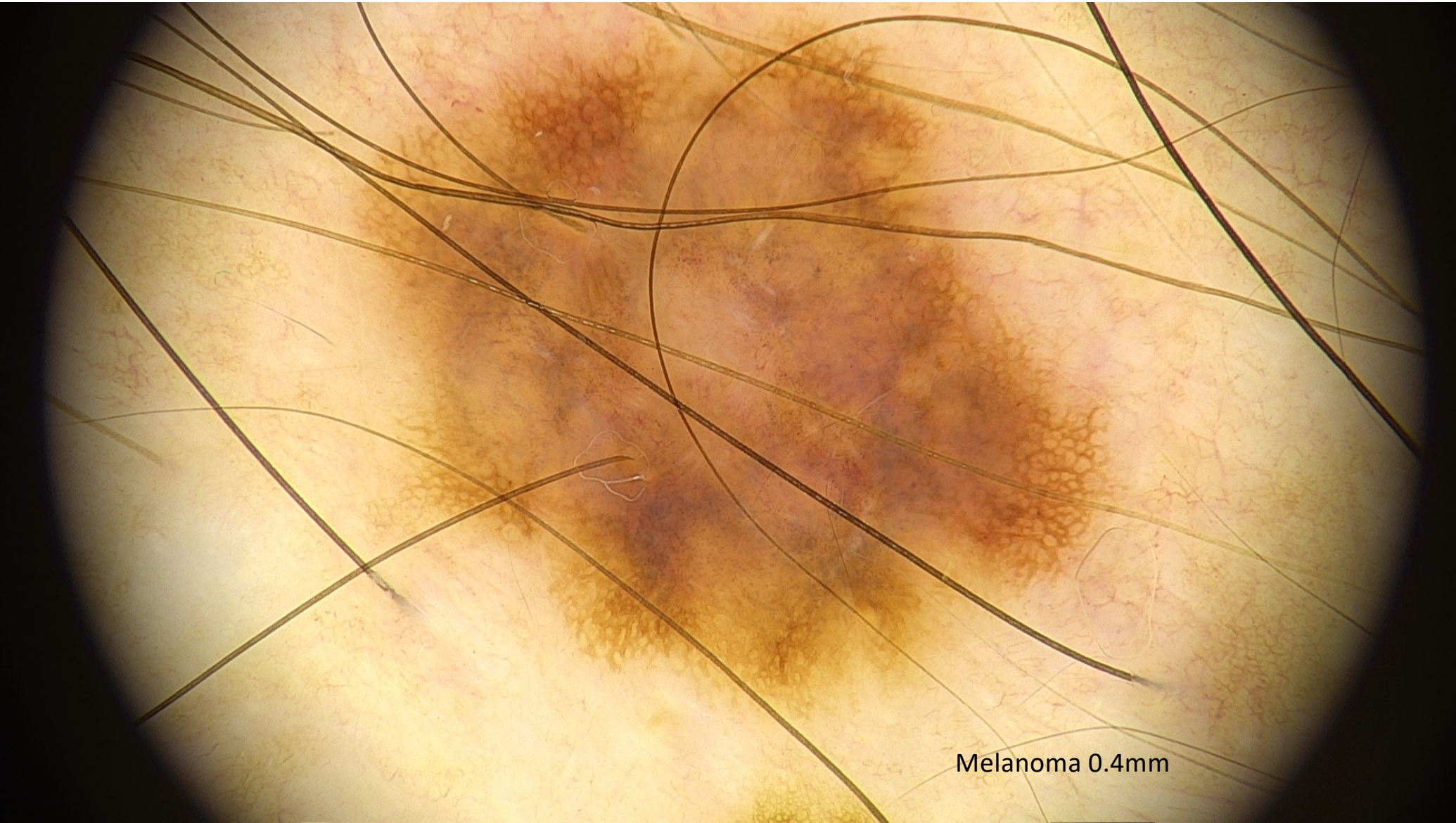
**Figure 1.** Progression model of superficial spreading melanoma. A, Step 1 showing undulating dermoepidermal junction (DEJ) with preserved rete ridges that are infiltrated by confluent aggregates of melanoma cells. B, Step 2 showing a focus undergoing remodeling with flattening of the DEJ, associated with inflammation, angiogenesis, and fibroplasia. C, Step 3 showing an invasive tumor nodule arising adjacent to the area of remodeling.





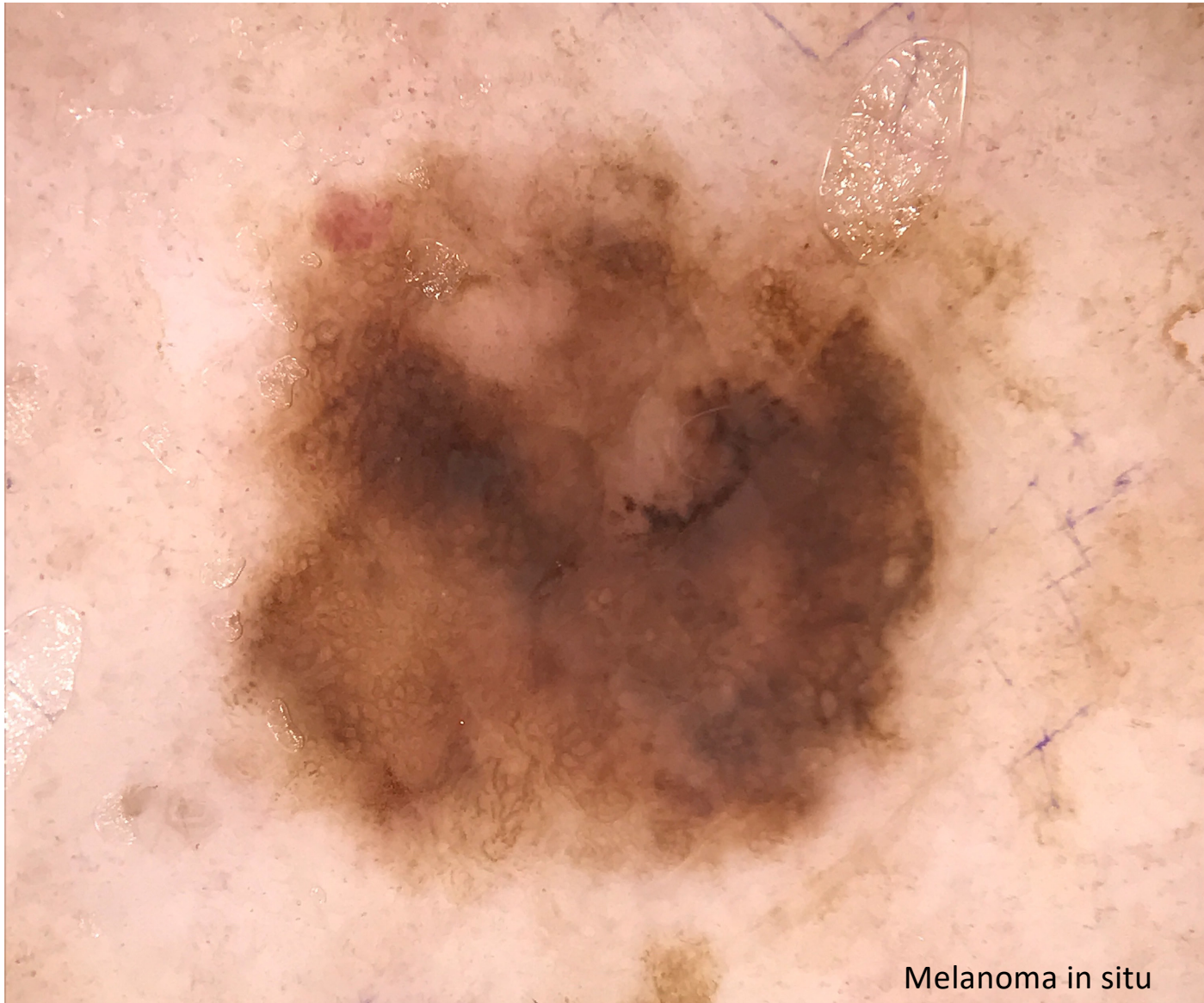
Melanoma in situ



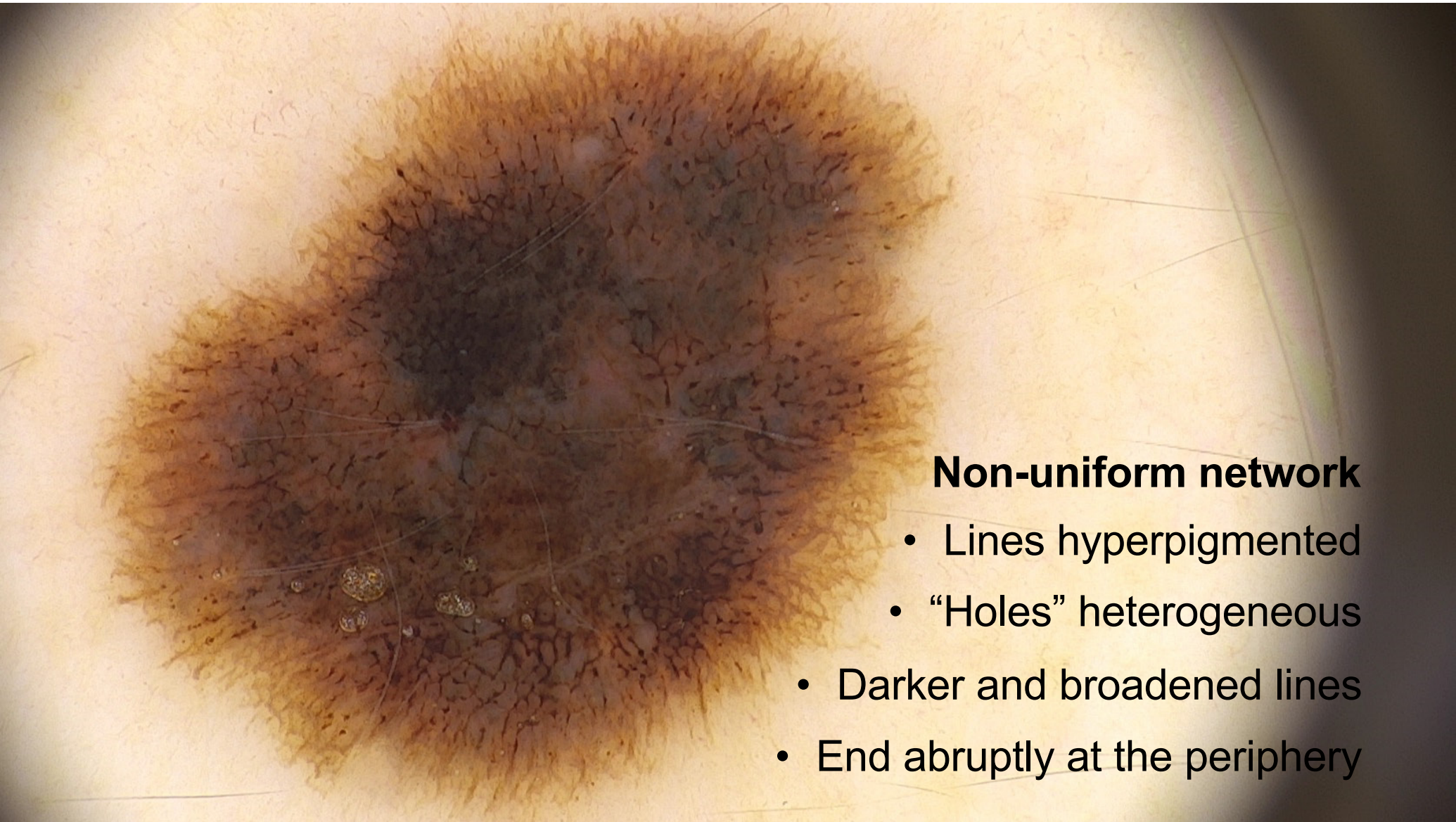


Melanoma 0.4mm





Melanoma in situ



### **Non-uniform network**

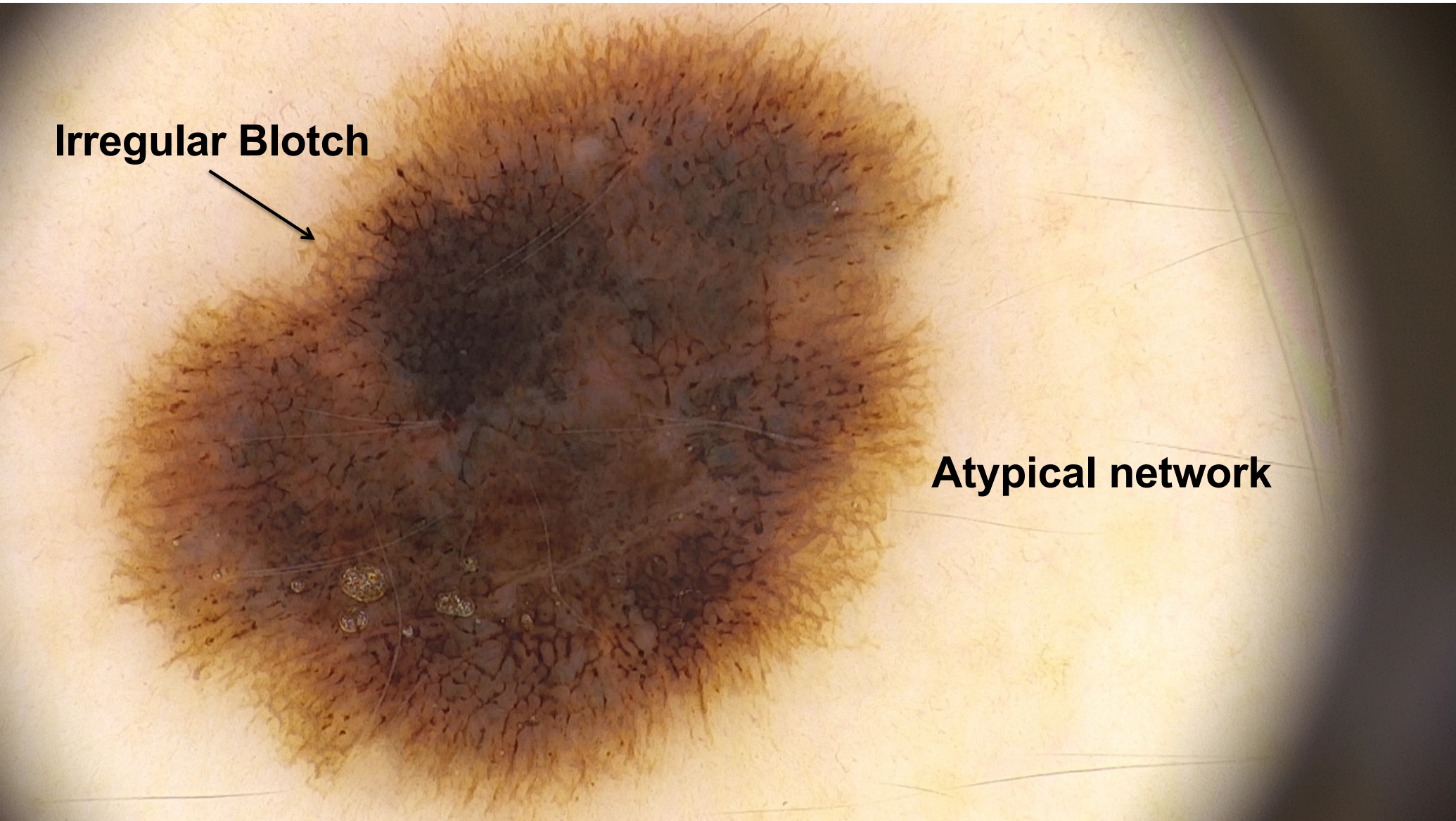
- Lines hyperpigmented
- “Holes” heterogeneous
- Darker and broadened lines
- End abruptly at the periphery



**Irregular Blotch**



**Atypical network**



# Atypical Network

Research Original Investigation

Diagnostic Accuracy of Dermoscopic Structures and Patterns Used in Melanoma Detection

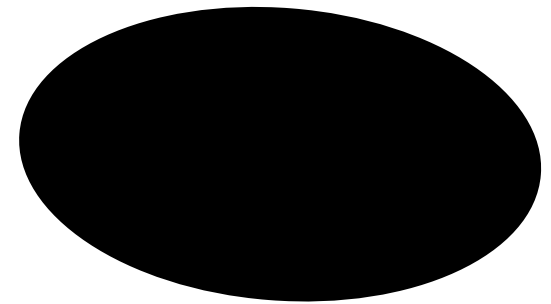
Table 3. Diagnostic Accuracy and Odds Ratio of Each Melanoma-Specific Dermoscopic Structure and/or Pattern From Highest to Lowest Sensitivity

Structure	No. of studies (lesions)	% (95% CI)		Odds ratio (95% CI)	$I^2$ , %
		Sensitivity	Specificity		
Irregular pigmentation	5 (1226)	62.3 (31.2-85.8)	78.6 (57.6-90.8)	6.4 (2.0-20.5)	87.9
Blue-white veil	17 (10 128)	60.6 (46.7-72.9)	79.7 (71.8-85.9)	6.3 (3.7-10.7)	89.0
Atypical network	19 (11 787)	56.8 (43.6-69.2)	71.8 (59.9-81.3)	3.3 (2.4-4.5)	83.8
Multicomponent pattern	9 (12 299)	53.7 (40.4-66.4)	82.4 (72.2-89.4)	5.6 (2.4-13.0)	96.6
Atypical dots and/or globules	17 (5497)	49.7 (37.8-61.8)	73.0 (61.8-81.9)	2.7 (1.8-4.1)	85.1

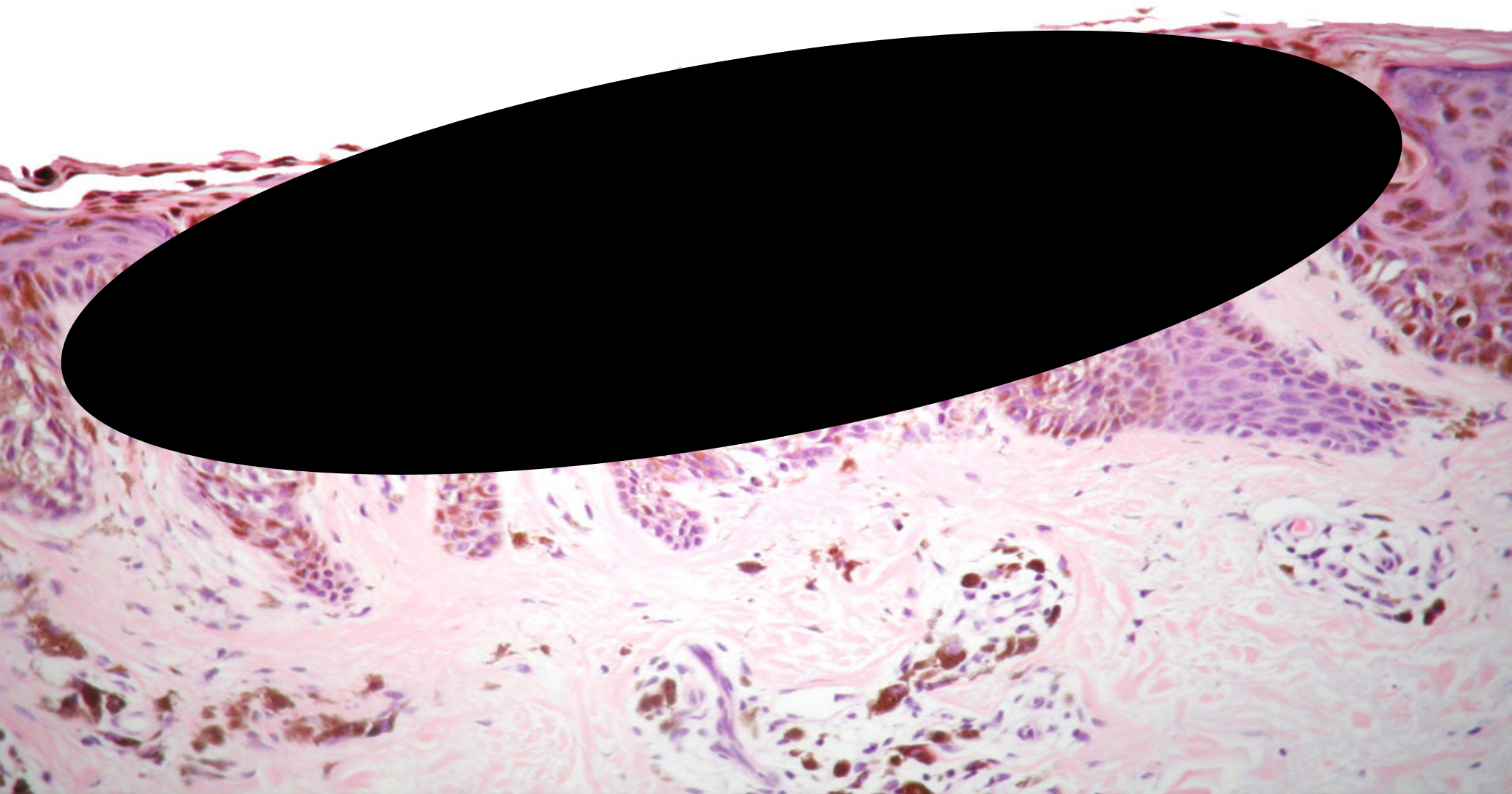
Williams N, Rojas KD, Reynolds JM, Kwon D, Shum-Tien J, Jaimes N. JAMA Dermatol, 2021

# Blotch

- large concentration of melanin pigment
- throughout epidermis and/or dermis
- visually obscuring the ability to discern any other structures

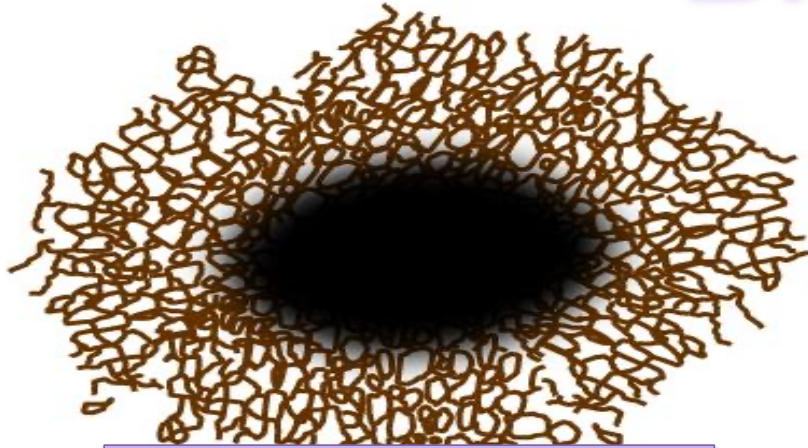






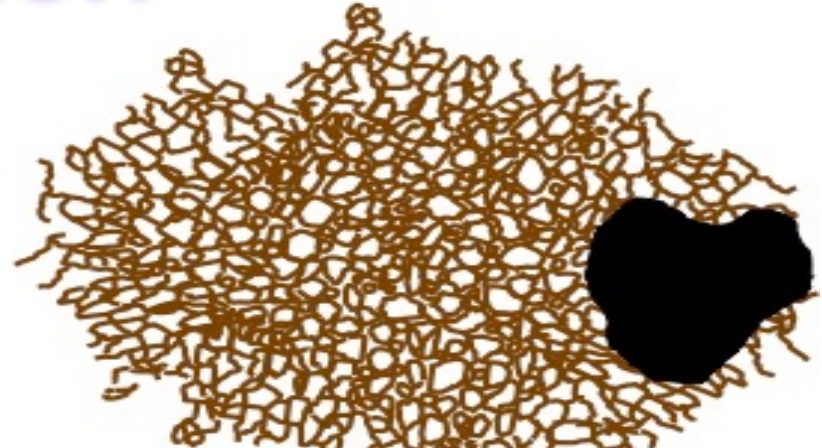


# Blotch



Regular

- **One** centrally located homogeneous, symmetric, hyperpigmented blotch (lamella).



Irregular

- More than one blotch
- Off center blotch
- Irregular outline

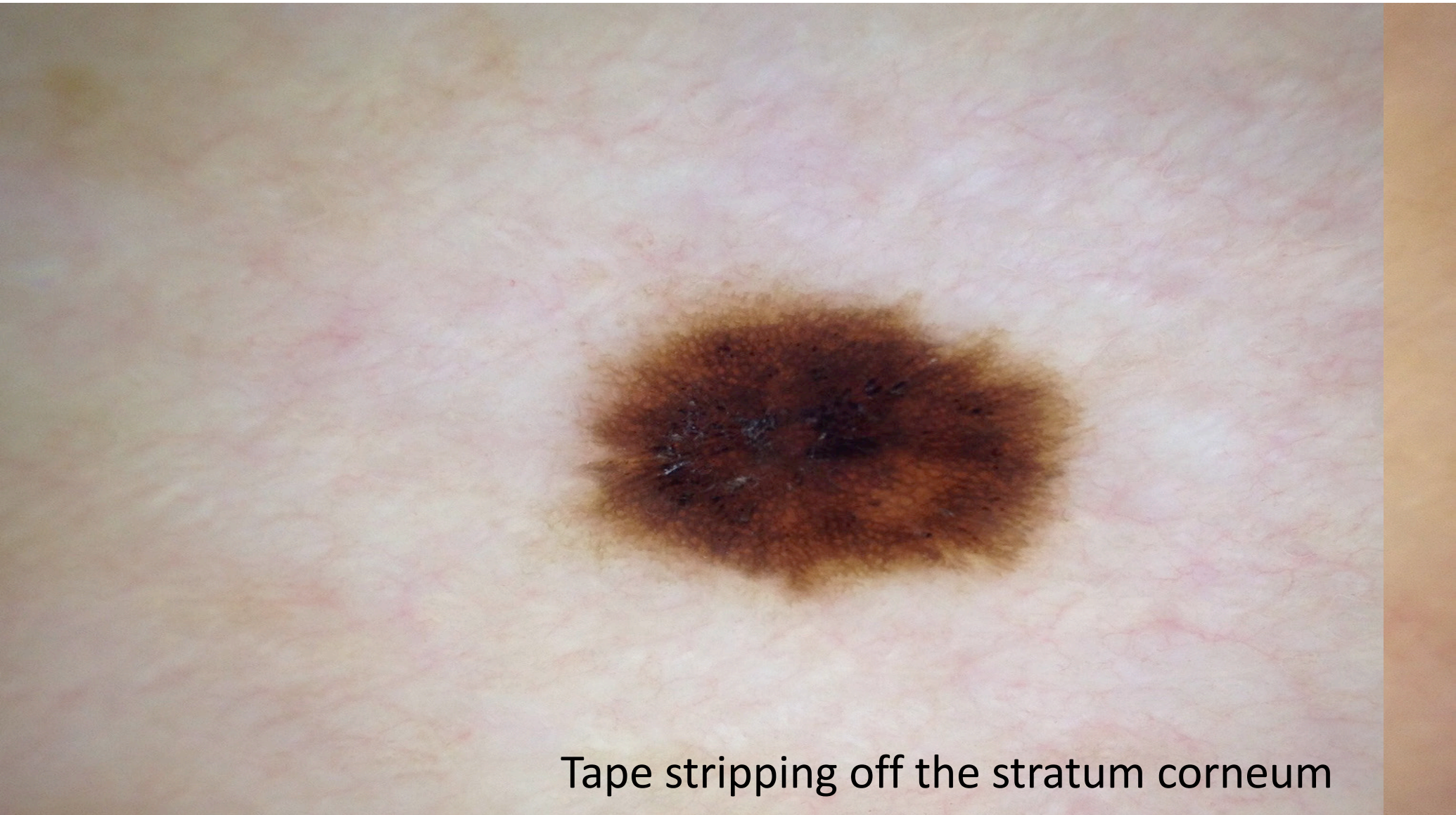


- **One** central blotch



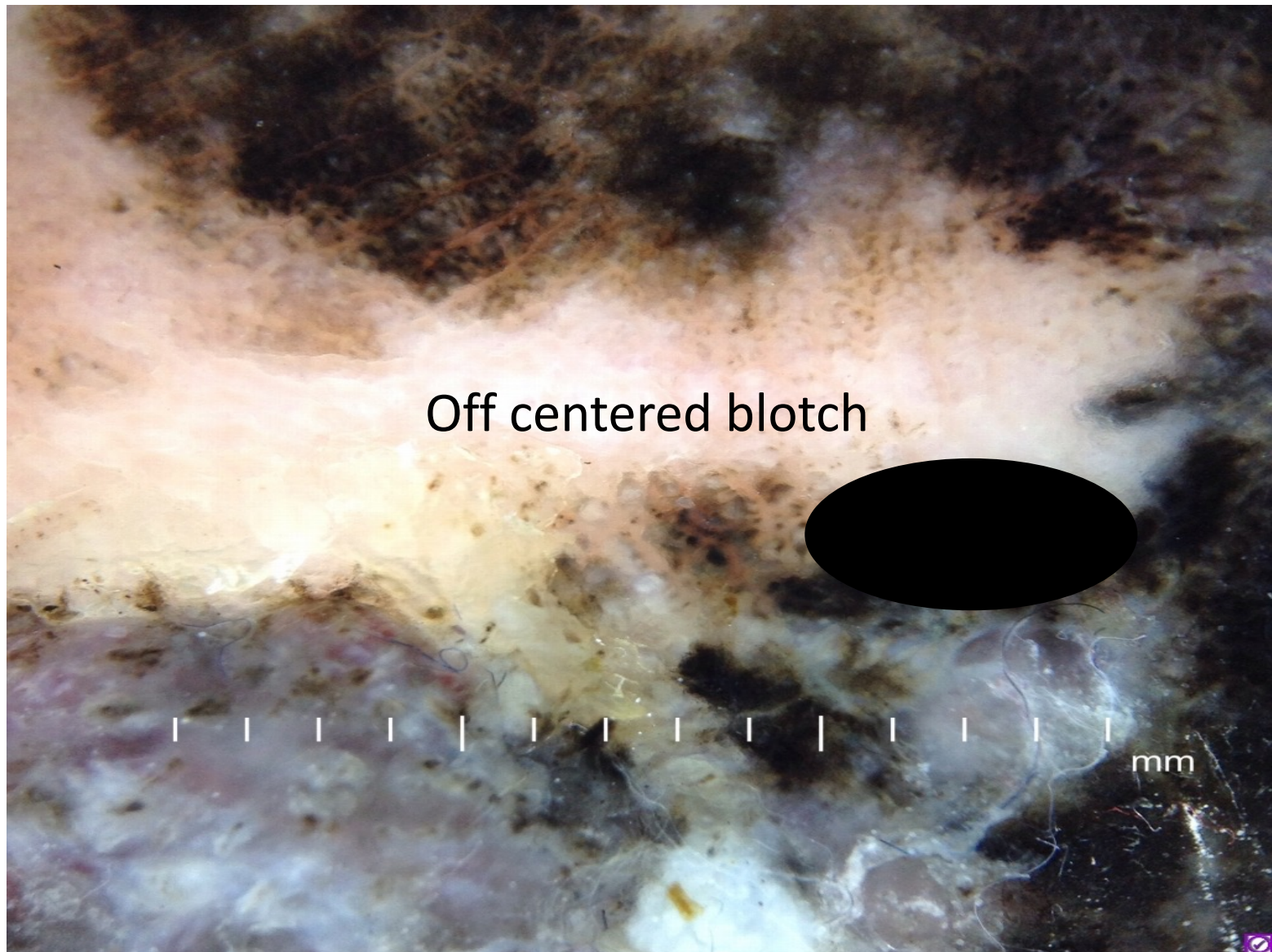
- **More than one** blotch
- **Off center** blotch
- Irregular outline





Tape stripping off the stratum corneum







# Off-center blotch

Research Original Investigation

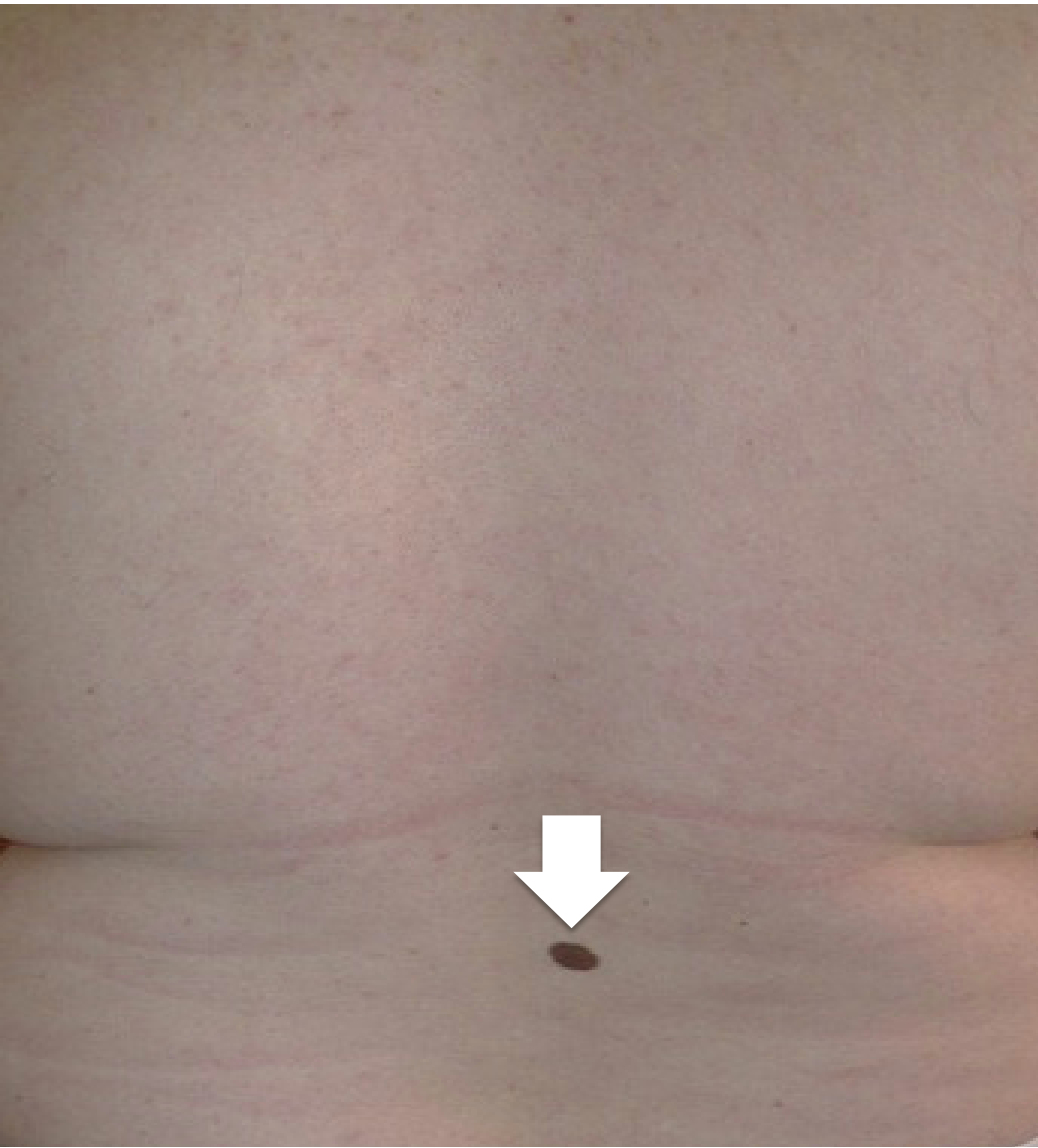
Diagnostic Accuracy of Dermoscopic Structures and Patterns Used in Melanoma Detection

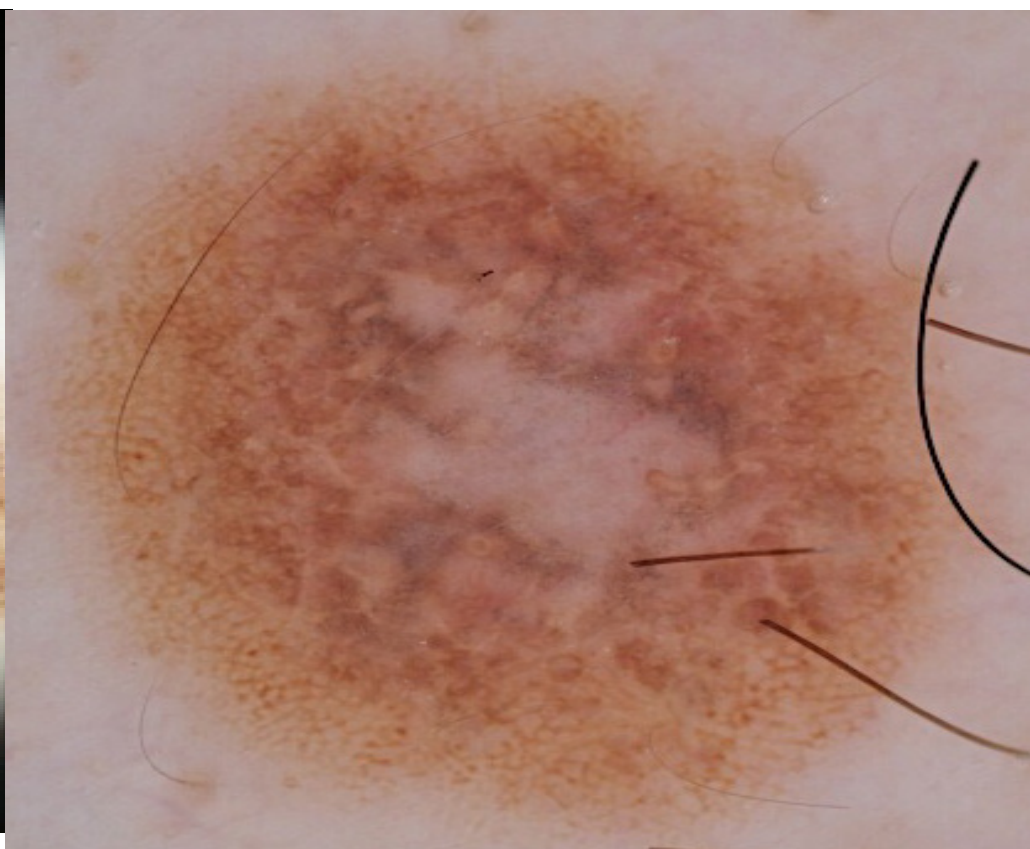
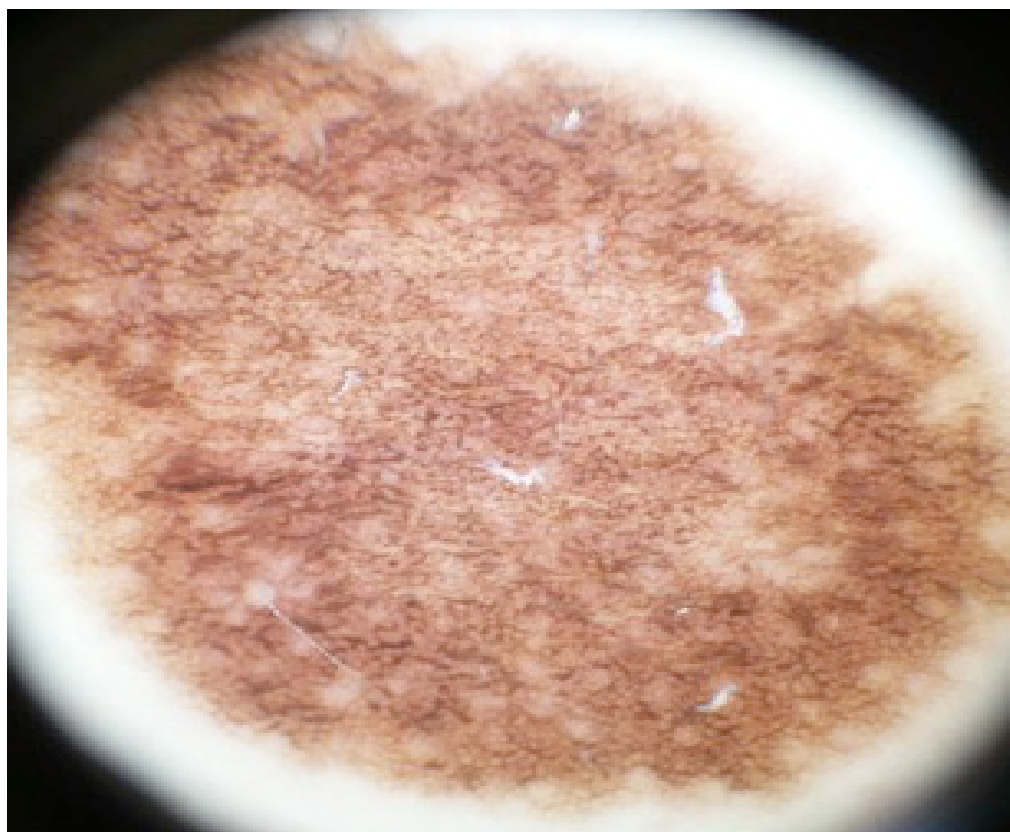
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Structure	No. of studies (lesions)	% (95% CI)		Odds ratio (95% CI)	$I^2$ , %
		Sensitivity	Specificity		
Regression	17 (10 542)	48.1 (32.1-64.5)	83.6 (69.7-91.9)	4.6 (3.0-6.9)	84.8
Regression and peppering	21 (11 739)	44.9 (32.0-58.4)	86.5 (77.3-92.4)	4.7 (3.3-6.8)	88.7
Off-center blotch	16 (12 850)	42.1 (29.6-55.6)	84.1 (74.6-90.5)	3.8 (2.7-5.5)	85.8
Peripheral tan structureless area	12 (8285)	37.5 (22.3-55.7)	76.1 (65.6-84.2)	2.0 (1.3-3.0)	50.4
Peppering	7 (7112)	36.8 (19.1-58.9)	93.4 (81.9-97.8)	6.3 (2.4-16.1)	91.6
Negative network	8 (7011)	34.5 (30.5-38.7)	70.8 (47.0-86.8)	1.3 (0.7-2.4)	79.2
Scarlike areas	8 (7328)	31.3 (16.9-50.5)	89.1 (83.7-92.9)	4.4 (2.7-7.2)	76.0
Shiny white structures	9 (9687)	30.5 (15.8-50.7)	93.6 (85.6-97.3)	6.7 (2.5-17.9)	95.2

Williams N, Rojas KD, Reynolds JM, Kwon D, Shum-Tien J, Jaimes N. JAMA Dermatol, 2021

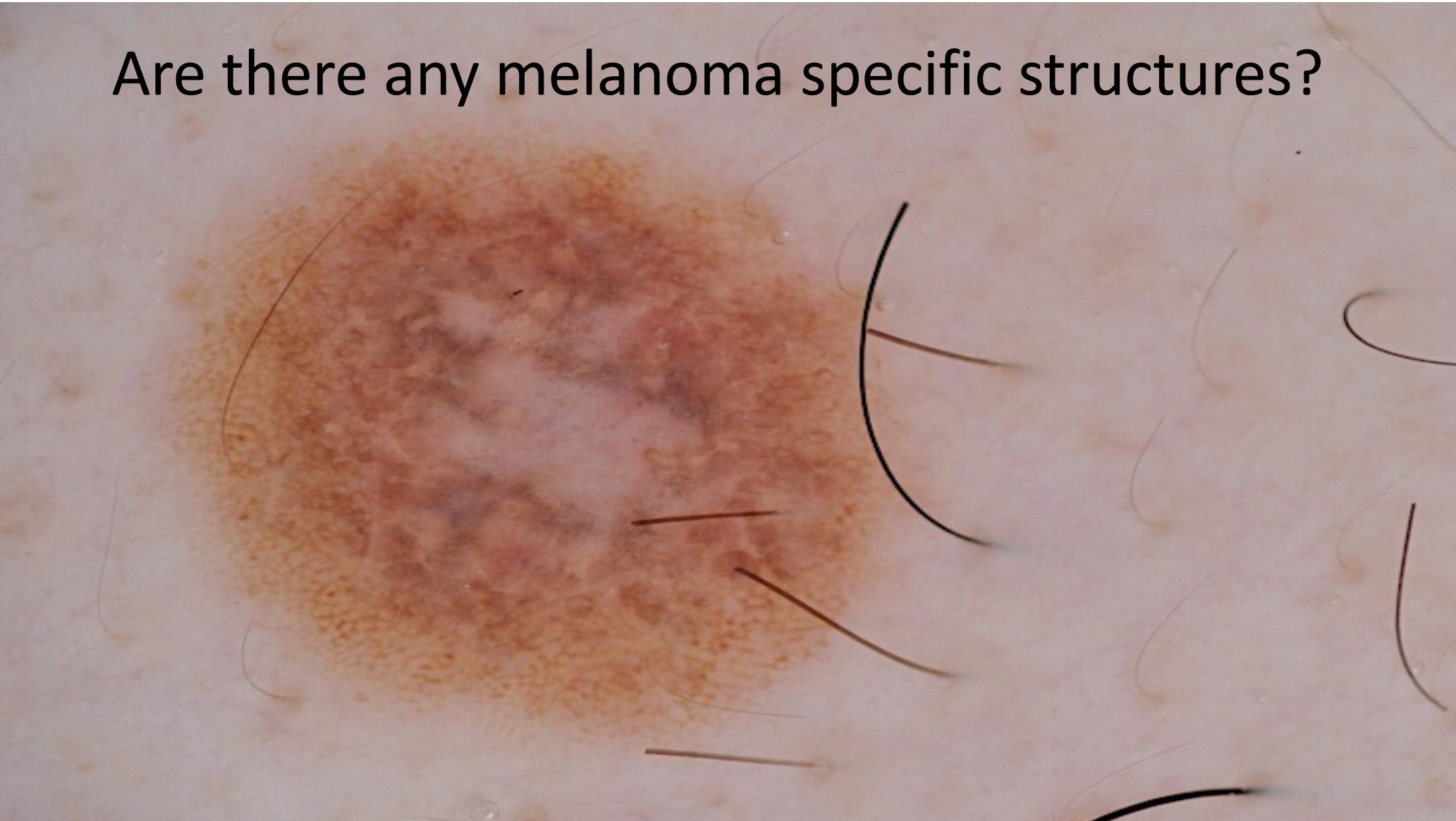
**case**



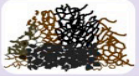




Are there any melanoma specific structures?



## Melanoma Specific Structures



**Atypical network**



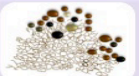
**Streaks** (pseudopods and radial streaming)



**Negative pigment network** Maybe



**Shiny white lines** (Crystalline structures)



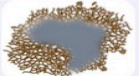
**Atypical dots and/or globules**



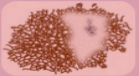
**Off-centered blotch**



**Peripheral tan structureless areas**



**Blue-white veil overlying raised areas**



**Regression structures**

- Blue-white veil overlying macular areas, scar-like areas and

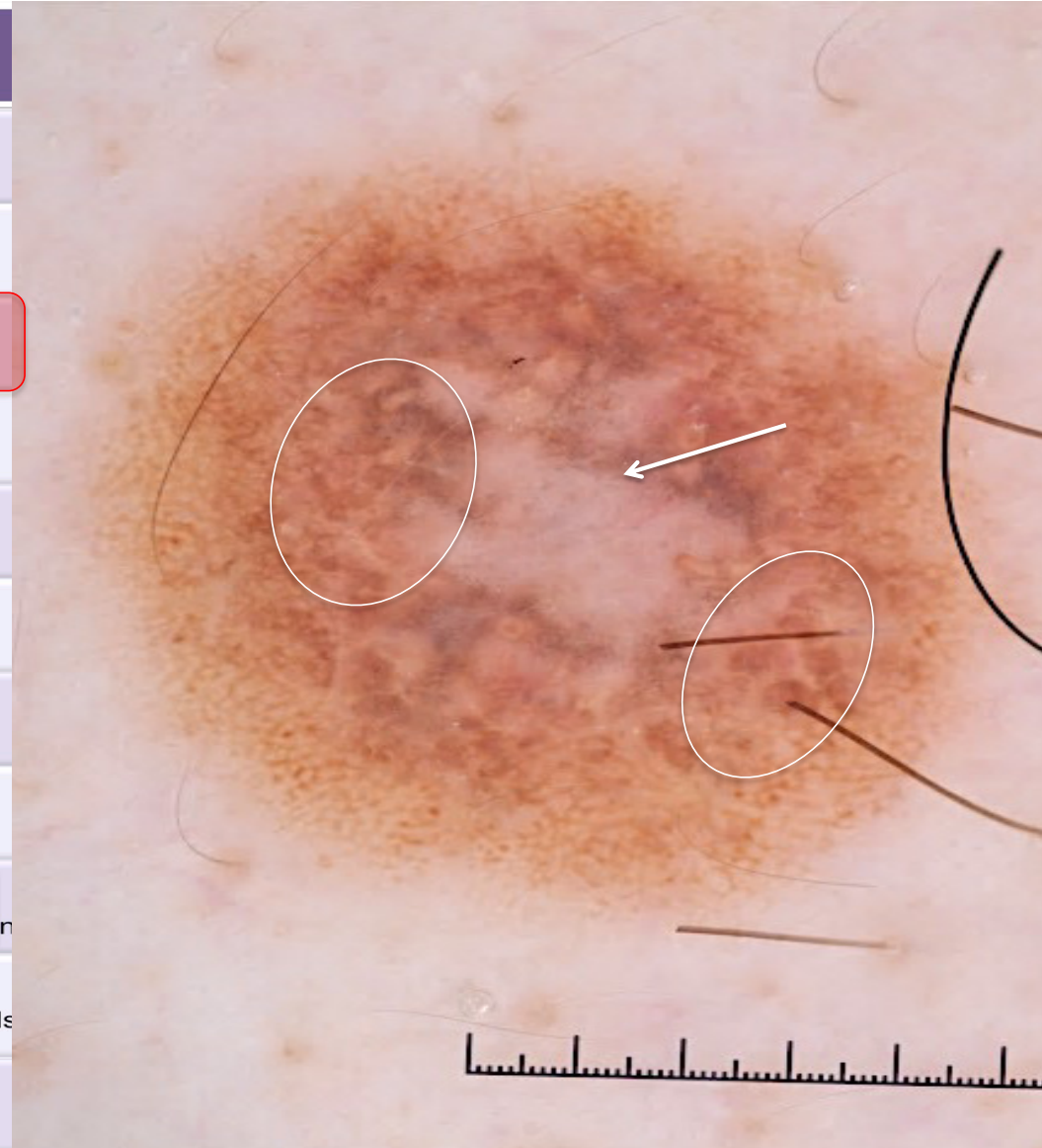


**Atypical vascular structures**

- Dotted vessels, serpentine vessels, polymorphous vessels, areas, red globules, corkscrew vessels



**Polygonal structures (zig-zag lines)**



# Regression Structures

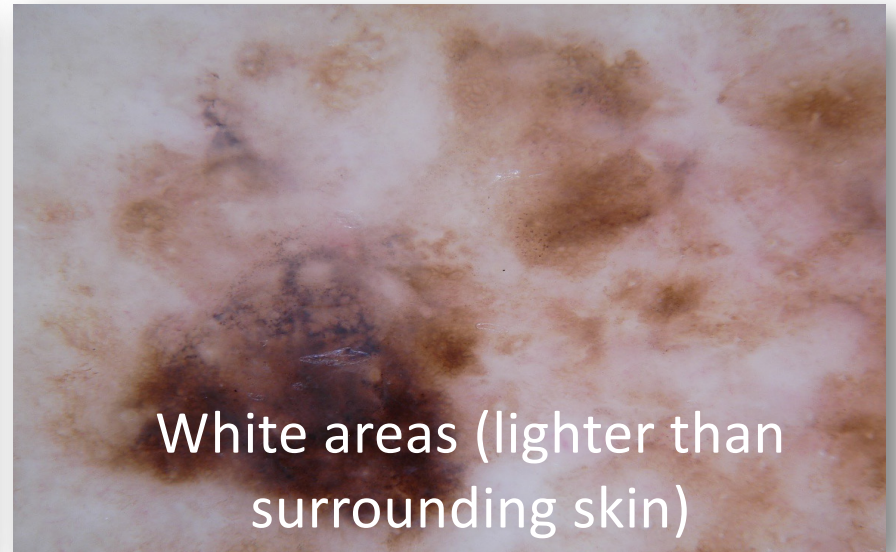
Scar-like areas + granularity = Regression structures



# Regression Structures



**Granularity  
(Peppering)**



**Scar-like area**

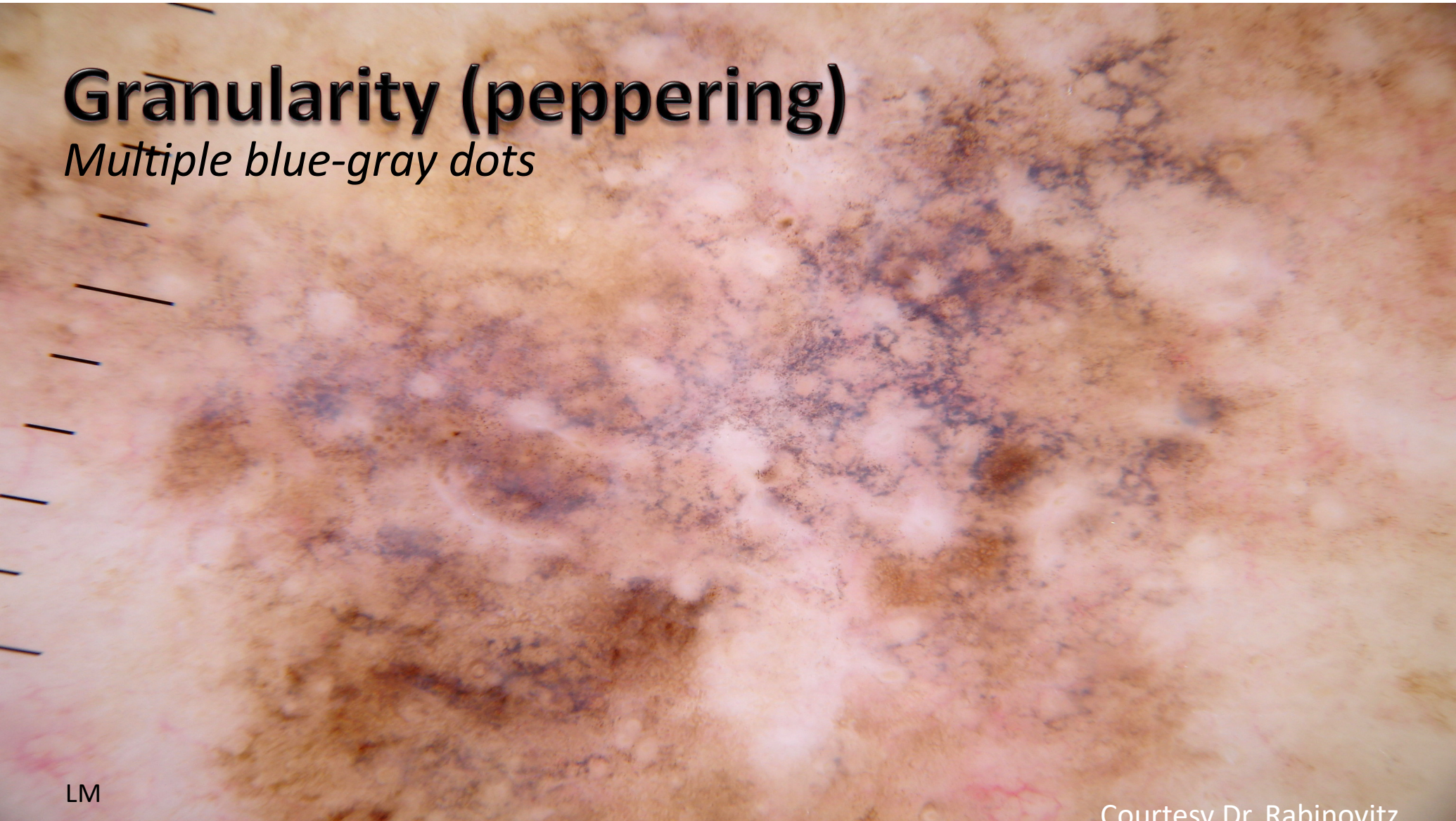


# Granularity (peppering)

*Multiple blue-gray dots*

LM

Courtesy Dr. Rabinovitz





# Regression Structures

Scar-like areas

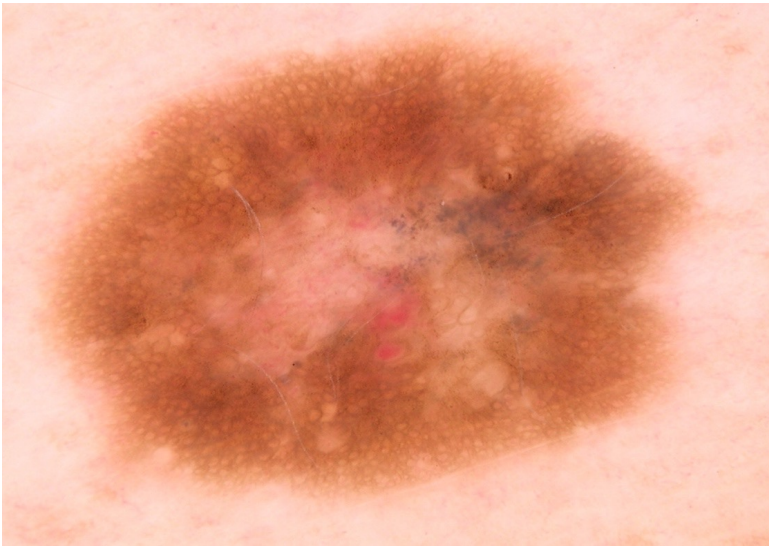


Granularity (peppering)



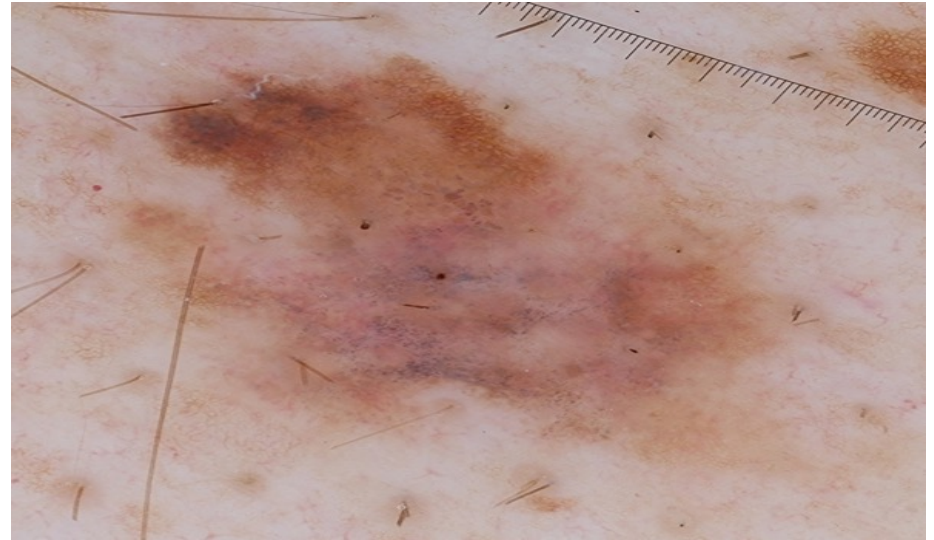
Blue-white colors over macular areas

# Regression Structures



- Peppering (uncommon to scarring)
- <10% of lesion

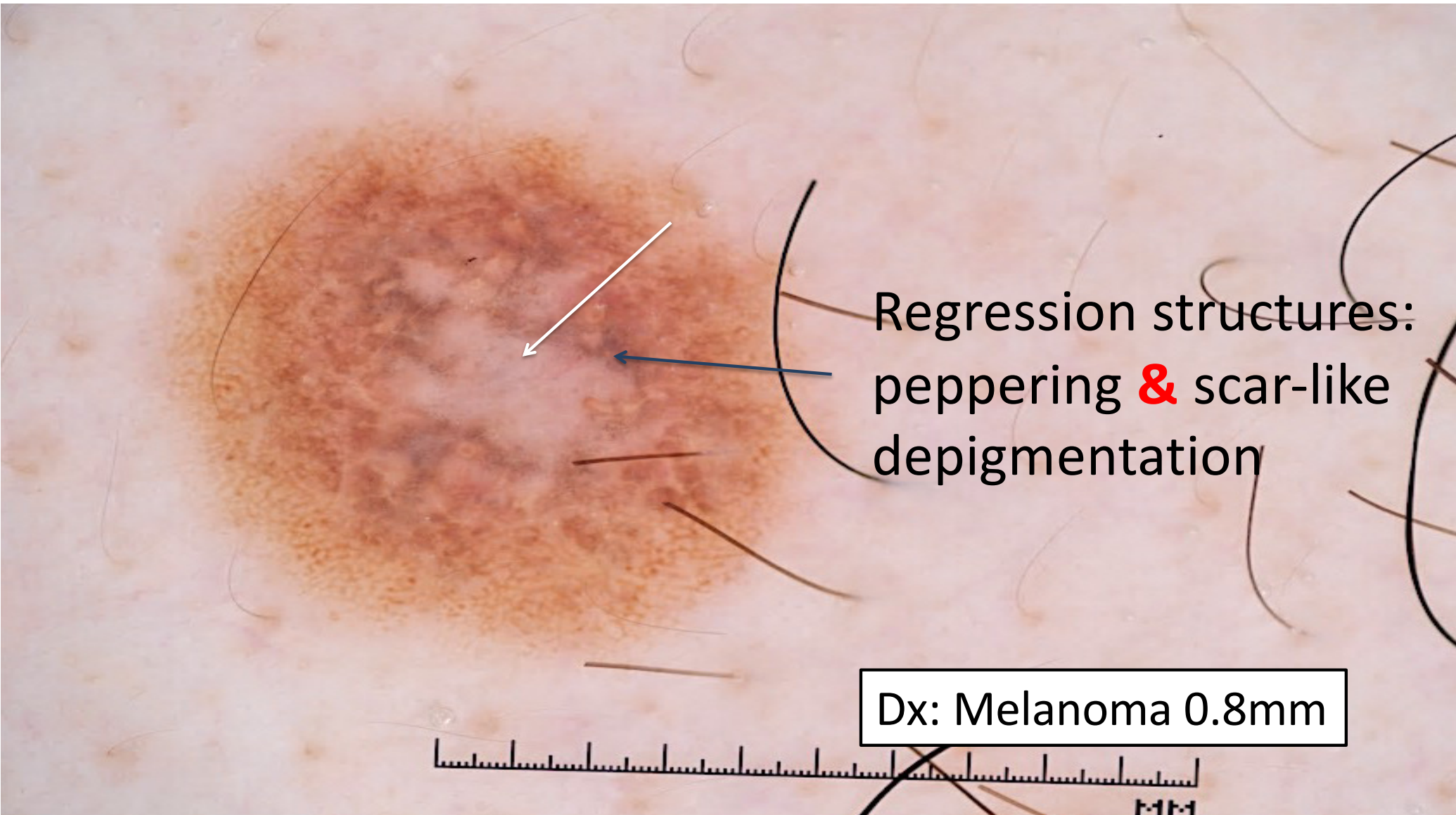
**Nevus**



- Peppering +/- scarring
- >50% of lesion area.

**Melanoma**





Regression structures:  
peppering & scar-like  
depigmentation

This dermoscopic image shows a pigmented melanoma lesion on skin. The lesion is roughly circular with irregular borders and contains various colors including brown, tan, and white. Two arrows point to specific features: a white arrow points to a white structureless area (scar-like depigmentation), and a blue arrow points to a pepper-like pattern of fine white dots (peppering). A ruler at the bottom indicates the lesion's size is approximately 0.8 mm. Several hairs are visible on the surrounding skin.

Dx: Melanoma 0.8mm



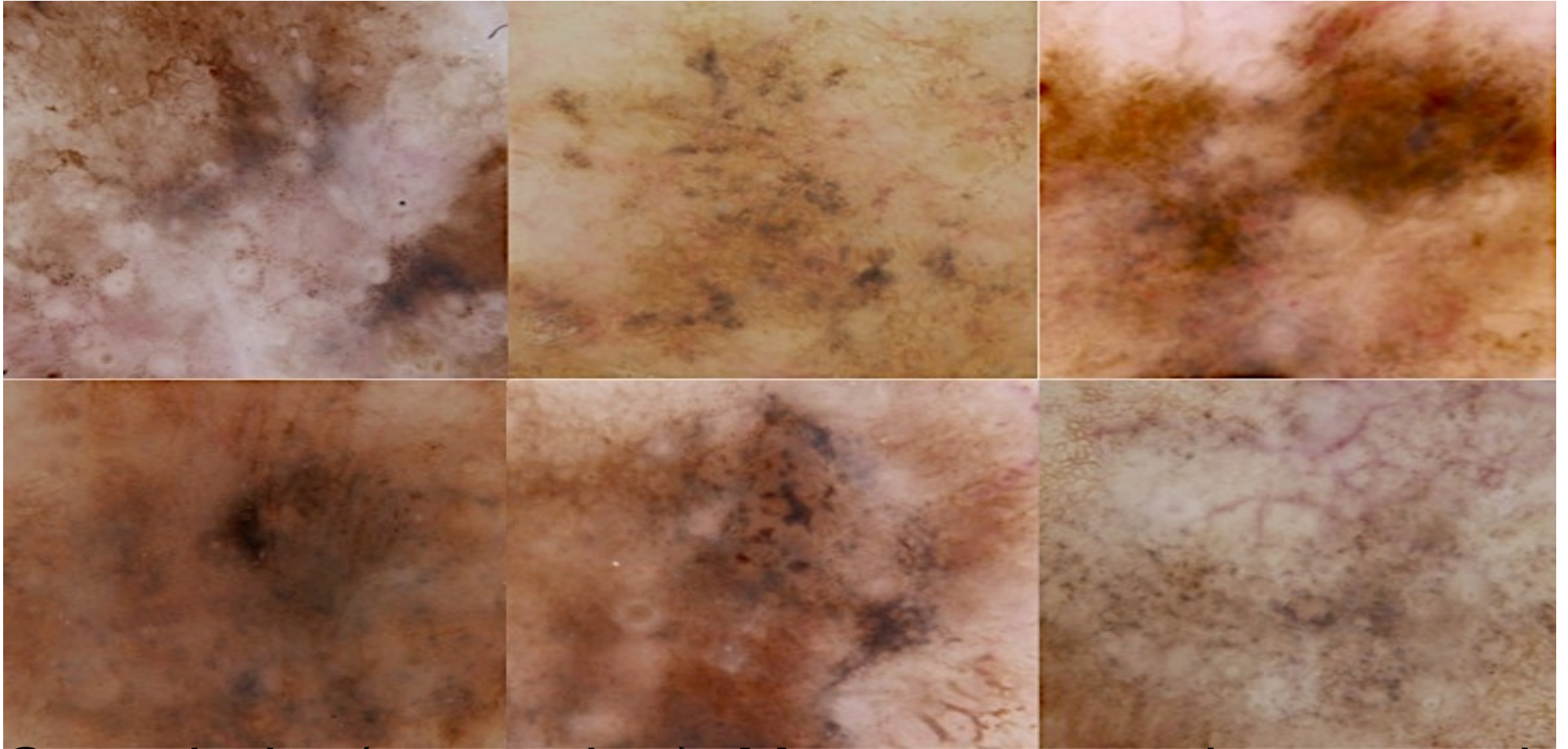
**Does granularity correlate  
thickness?**

Similar in both, *in situ*  
and invasive  
melanomas

Br J Dermatol 2010;163:302-9.

More in high-grade  
dysplastic nevi, *in situ*,  
early invasive  
melanomas, and sun-  
damaged skin

Br J Dermatol 2007;157:907-13.



Granularity (peppering): Most common dermoscopic structure in MM on non-Facial CSDS



# Regression Structures

Research Original Investigation

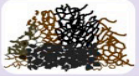
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Negative network	8 (7011)	34.5 (30.5-38.7)	70.8 (47.0-86.8)	1.3 (0.7-2.4)	79.2
Scarlike areas	8 (7328)	31.3 (16.9-50.5)	89.1 (83.7-92.9)	4.4 (2.7-7.2)	76.0
Shiny white structures	9 (9687)	30.5 (15.8-50.7)	93.6 (85.6-97.3)	6.7 (2.5-17.9)	95.2

Williams N, Rojas KD, Reynolds JM, Kwon D, Shum-Tien J, Jaimes N. JAMA Dermatol, 2021

## Melanoma Specific Structures



**Atypical network**



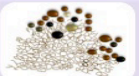
**Streaks** (pseudopods and radial streaming)



**Negative pigment network** Maybe



**Shiny white lines** (Crystalline structures)



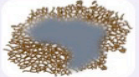
**Atypical dots and/or globules**



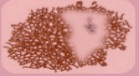
**Off-centered blotch**



**Peripheral tan structureless areas**



**Blue-white veil overlying raised areas**



**Regression structures**

• Blue-white veil overlying macular areas, scar-like areas and

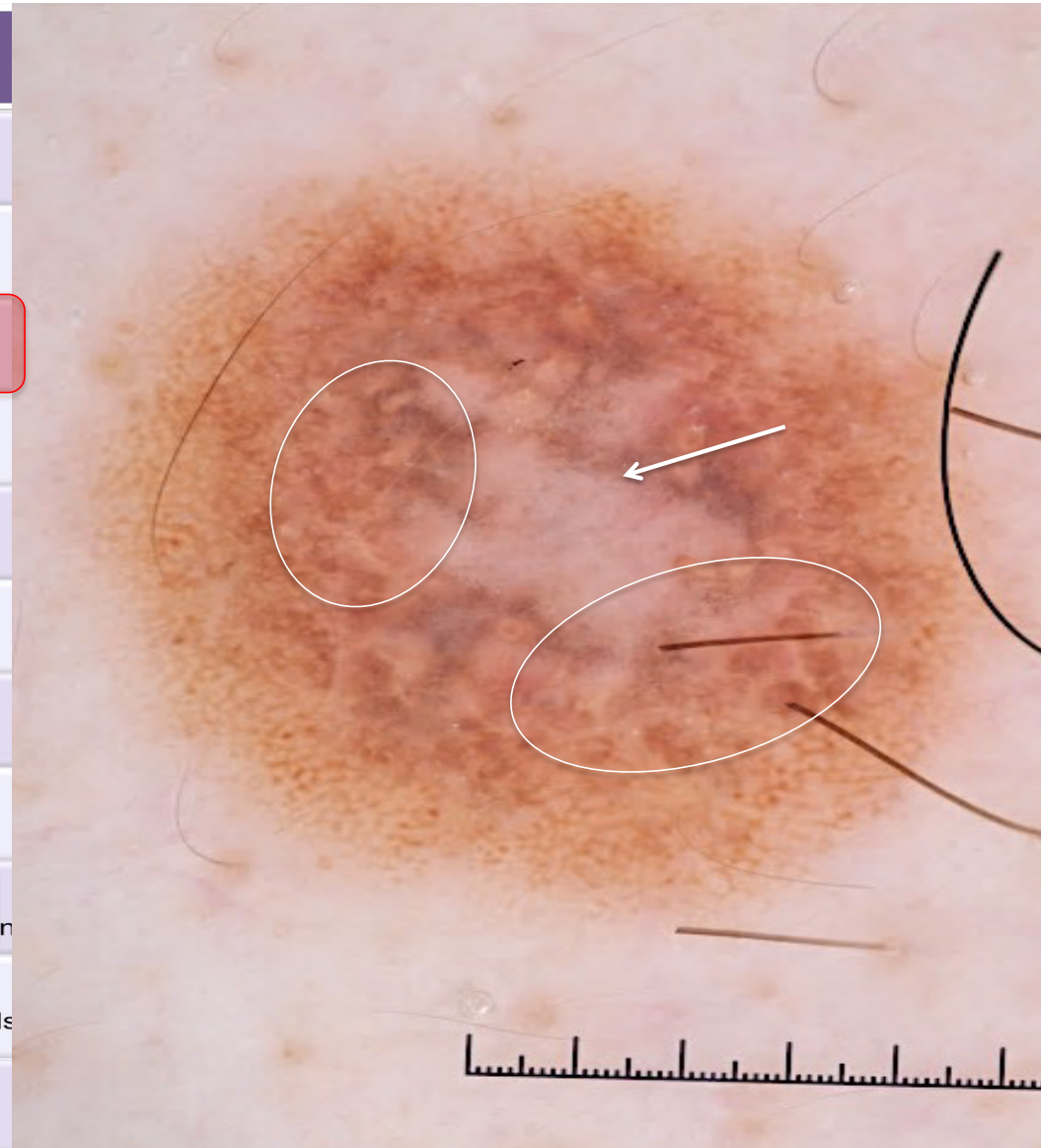


**Atypical vascular structures**

• Dotted vessels, serpentine vessels, polymorphous vessels, areas, red globules, corkscrew vessels



**Polygonal structures (zig-zag lines)**

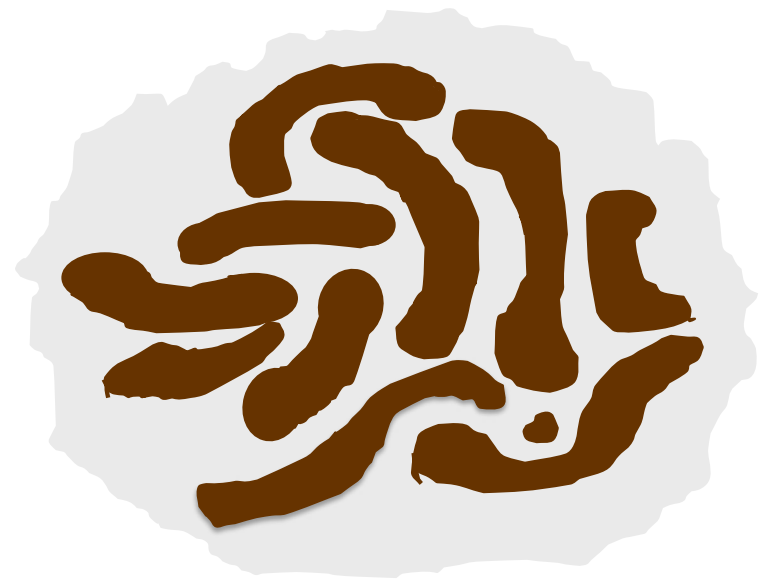


# Negative Network

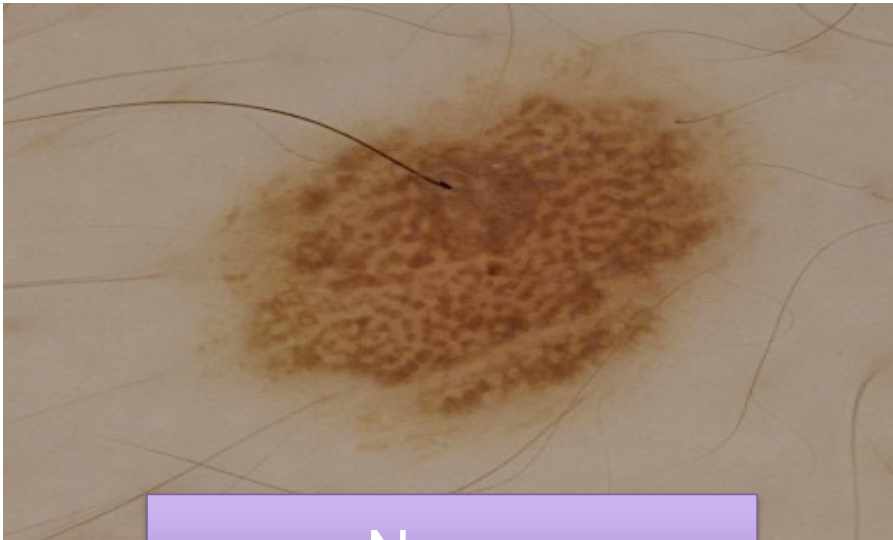


# Negative Network

- Serpiginous interconnecting hypo-pigmented lines that surround irregularly shaped pigmented structures, which resemble elongated and curvilinear globules
- It can be seen with & w/o polarized light

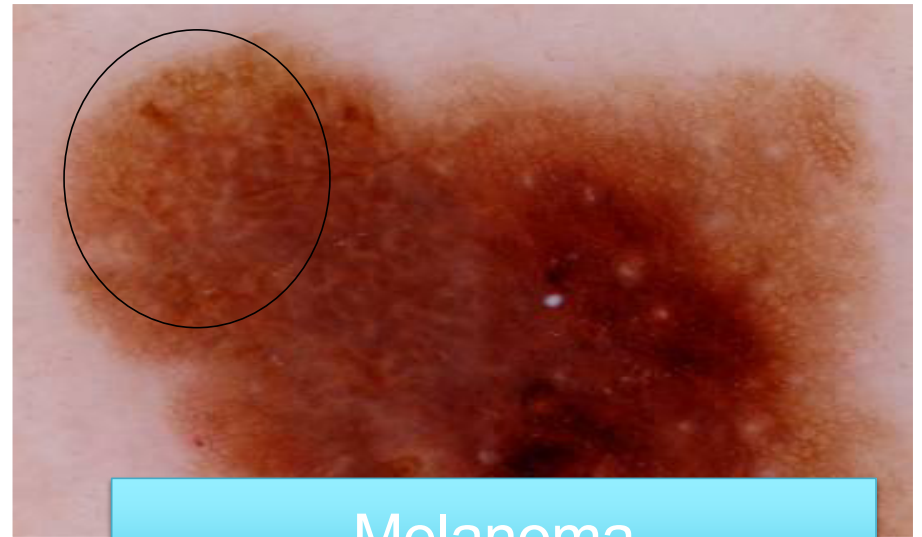


# Negative Network



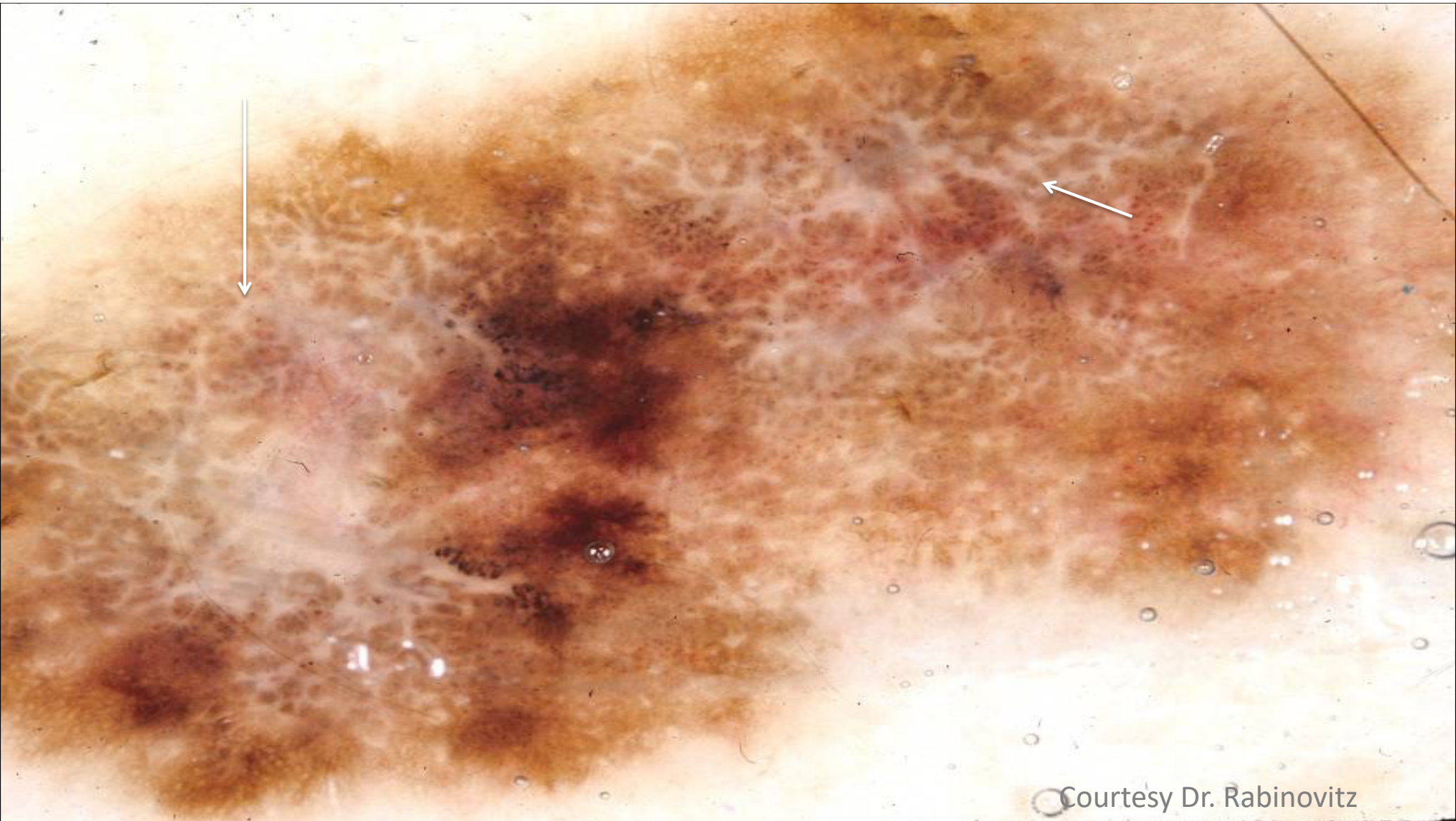
Nevus

- Commonly seen in Spitz. Usually ordered distribution but not always
- Rarely seen in CMN & DN.



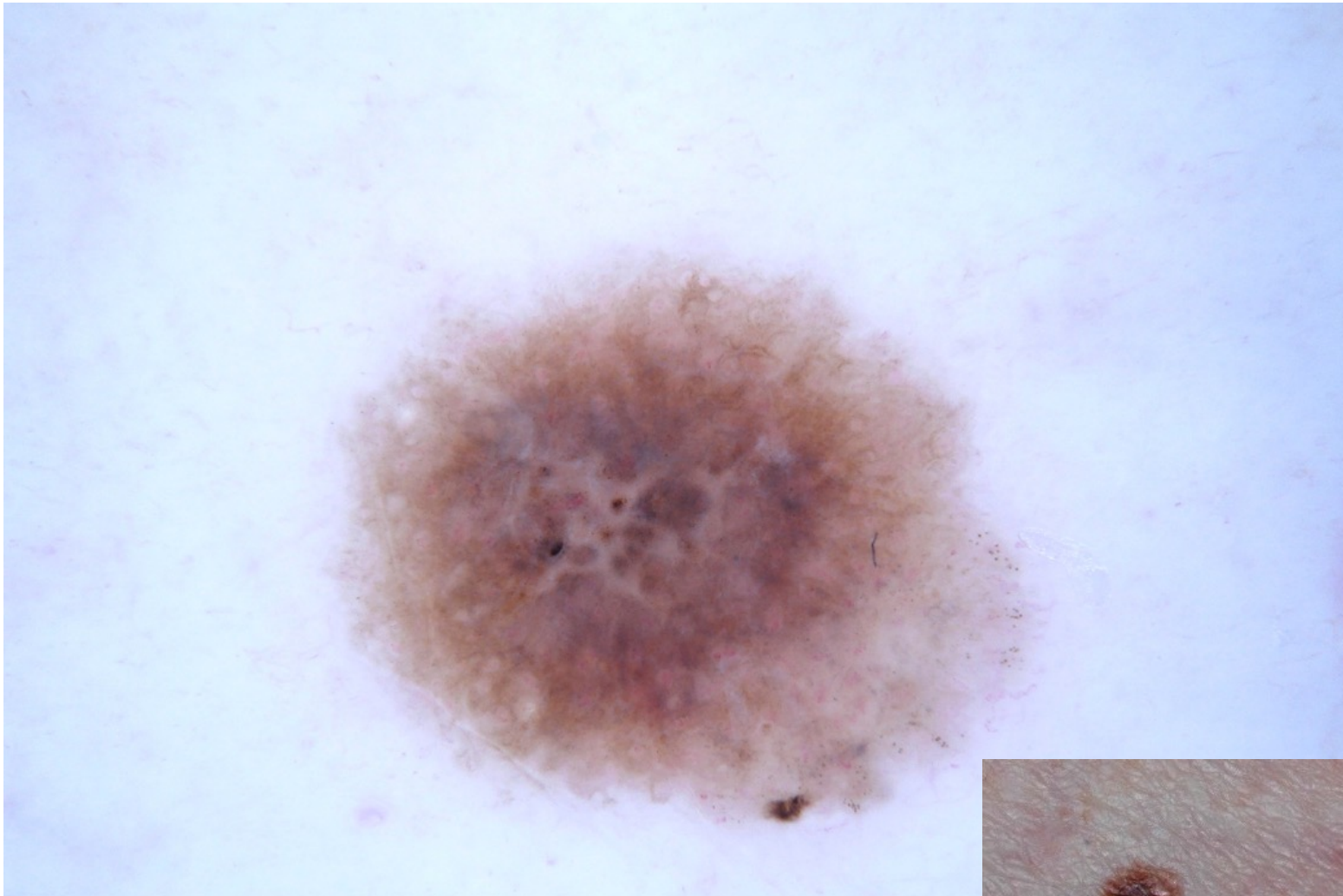
Melanoma

- Focally, asymmetric distribution but can also be distributed in an organized manner.



Courtesy Dr. Rabinovitz





Melanoma in association with pre-existing congenital nevus



Dr. Rabinovitz

## **Melanomas in association with nevi on intermittent sun exposure**

- Atypical network
- Irregular streaks (pseudopod &/or radial streaming)
- Negative pigment network
- Shiny white structures (Crystalline/chrysalis) only with PD
- Globules irregularly distributed
- Irregular blotch
- Blue-white veil over raised areas
- Regression structures (gray dots/granules, peppering)
- Atypical vascular structures
- Peripheral tan/brown structureless areas

# Nevus-Associated Melanomas

- 30% of all melanomas
- younger age
- thinner Breslow thickness.
- greater likelihood of being present on the torso.

Negative pigment network (2.5x)



# Nevus-Associated Melanomas

## in situ melanomas

Tan structureless  
areas (2x)

Network

## invasive melanomas

scar-like  
depigmentation

shiny white  
structures.



Melanoma in  
association with  
congenital nevi



Courtesy Dr. Rabinovitz

Globular pattern with a few  
terminal hairs

Focal streaks

Asymmetric focal dark  
structureless area

Negative pigmented network and  
globules irregularly distributed

Courtesy Dr. Rabinovitz



# **Negative network is associated with melanomas arising in nevus**

Shitara D et al Acta Derm Venereol 2015  
Reiter O, et al. JEADV 2021

# Negative Network

Research Original Investigation

Diagnostic Accuracy of Dermoscopic Structures and Patterns Used in Melanoma Detection

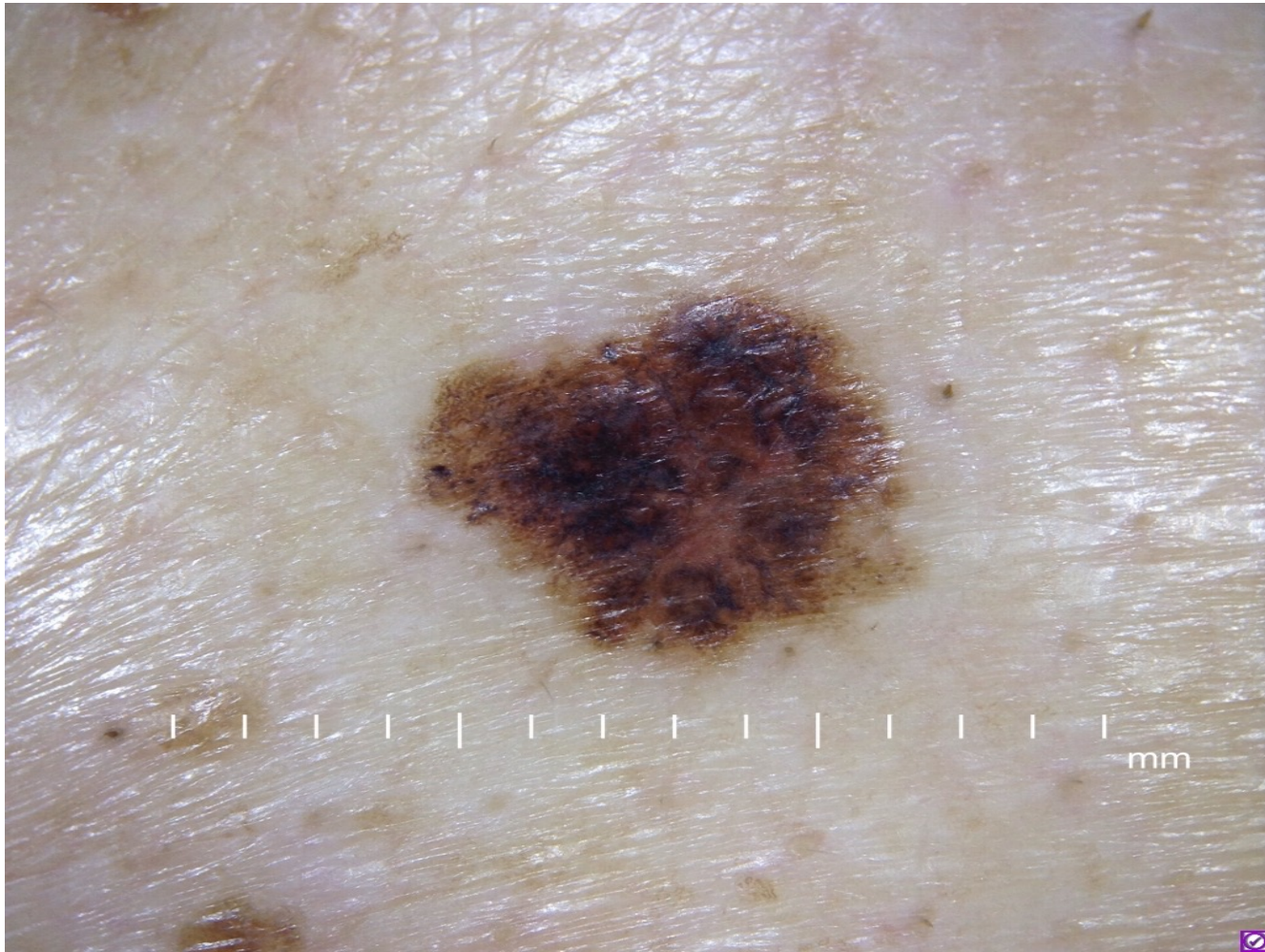
Table 3. Diagnostic Accuracy and Odds Ratio of Each Melanoma-Specific Dermoscopic Structure and/or Pattern From Highest to Lowest Sensitivity




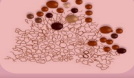
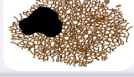





Structure	No. of studies (lesions)	% (95% CI)		Odds ratio (95% CI)	$I^2$ , %
		Sensitivity	Specificity		
Regression	17 (10 542)	48.1 (32.1-64.5)	83.6 (69.7-91.9)	4.6 (3.0-6.9)	84.8
Regression and peppering	21 (11 739)	44.9 (32.0-58.4)	86.5 (77.3-92.4)	4.7 (3.3-6.8)	88.7
Off-center blotch	16 (12 850)	42.1 (29.6-55.6)	84.1 (74.6-90.5)	3.8 (2.7-5.5)	85.8
Peripheral tan structureless area	12 (8285)	37.5 (22.3-55.7)	76.1 (65.6-84.2)	2.0 (1.3-3.0)	50.4
Peppering	7 (7112)	36.8 (19.1-58.9)	93.4 (81.9-97.8)	6.3 (2.4-16.1)	91.6
Negative network	8 (7011)	34.5 (30.5-38.7)	70.8 (47.0-86.8)	1.3 (0.7-2.4)	79.2
Scarlike areas	8 (7328)	31.3 (16.9-50.5)	89.1 (83.7-92.9)	4.4 (2.7-7.2)	76.0
Shiny white structures	9 (9687)	30.5 (15.8-50.7)	93.6 (85.6-97.3)	6.7 (2.5-17.9)	95.2

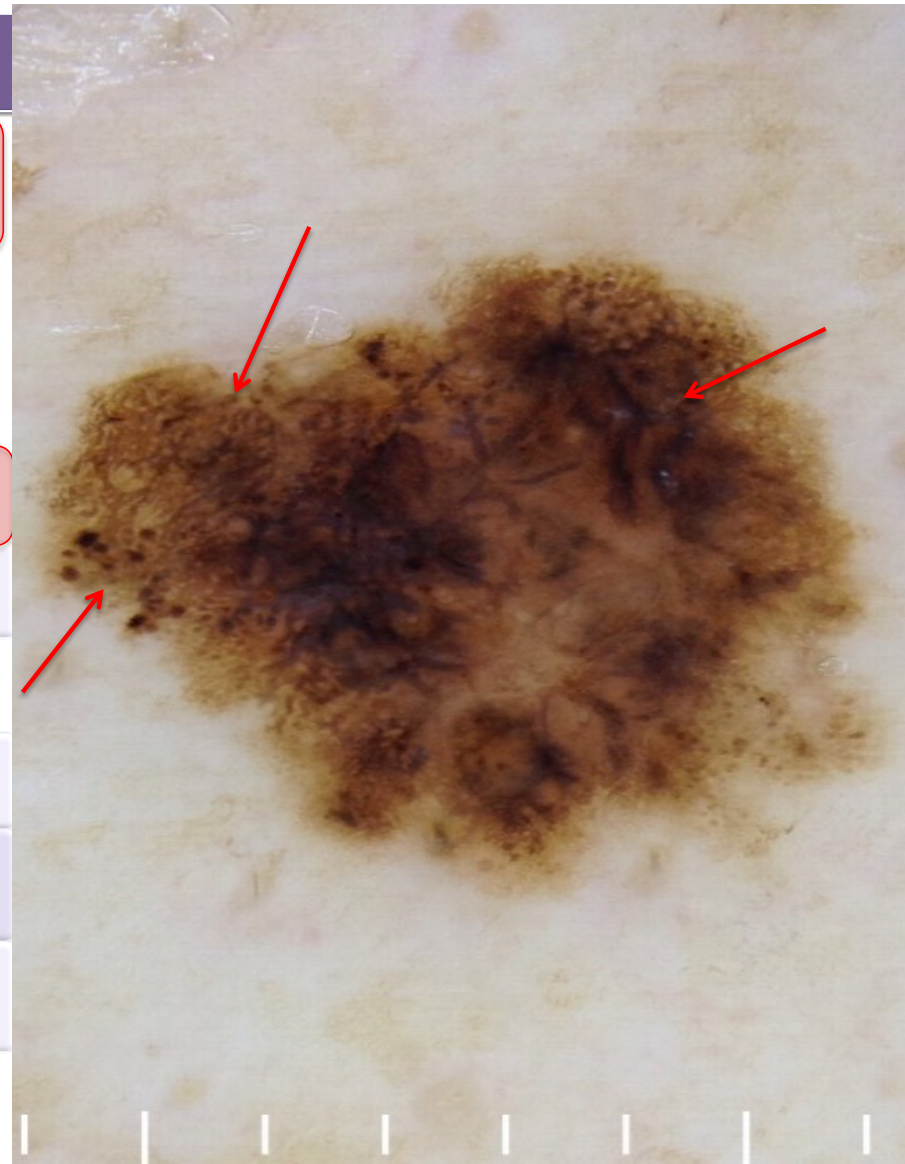
Williams N, Rojas KD, Reynolds JM, Kwon D, Shum-Tien J, Jaimes N. JAMA Dermatol, 2021

**Other Case**





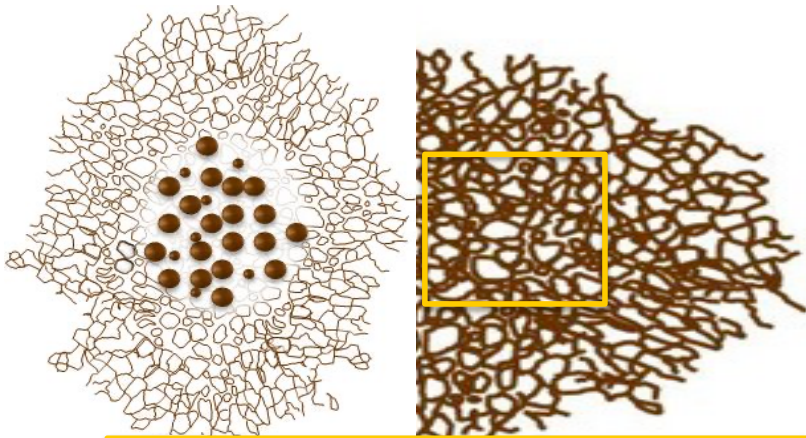
Melanoma Specific Structures		OR
	<b>Atypical network, including angulated lines</b>	1.1 - 9
	<b>Negative pigment network</b>	1.8
	<b>Streaks</b> (pseudopods & radial streaming)	1.6 – 5.8
	<b>Atypical dots and/or globules</b>	2.9 – 4.8
	<b>Off-centered blotch</b>	4.1 – 4.9
	<b>Peripheral tan structureless areas</b>	2.8 – 2.9
	<b>Blue-white veil overlying raised areas</b>	2.5 – 13
	<b>Regression structures</b> • Blue-white veil overlying macular areas, scar-like areas and/or peppering	3.1– 18.3
	<b>Atypical vascular structures</b> • Dotted, serpentine, corkscrew, and polymorphous vessels (>1 morphology), milky-red areas, red globules	1.5– 7.4
	<b>Shiny white lines</b> (Crystalline structures)	9.7



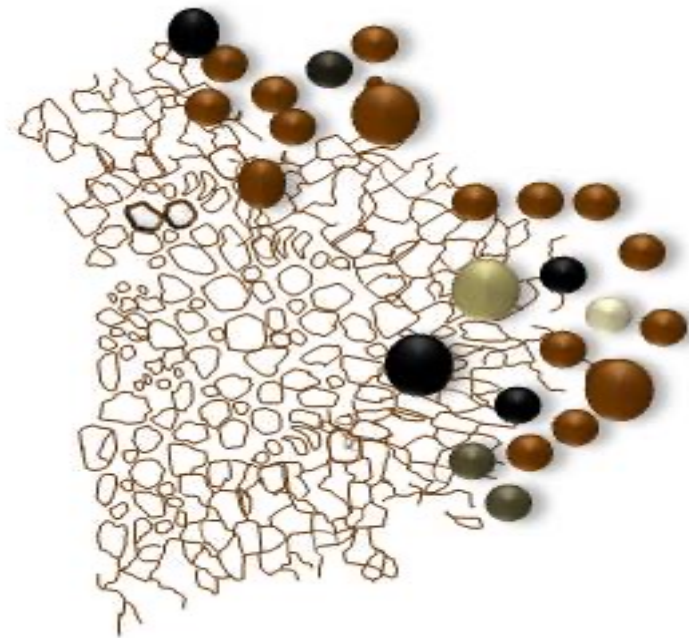
# Dots and Globules



# Dots

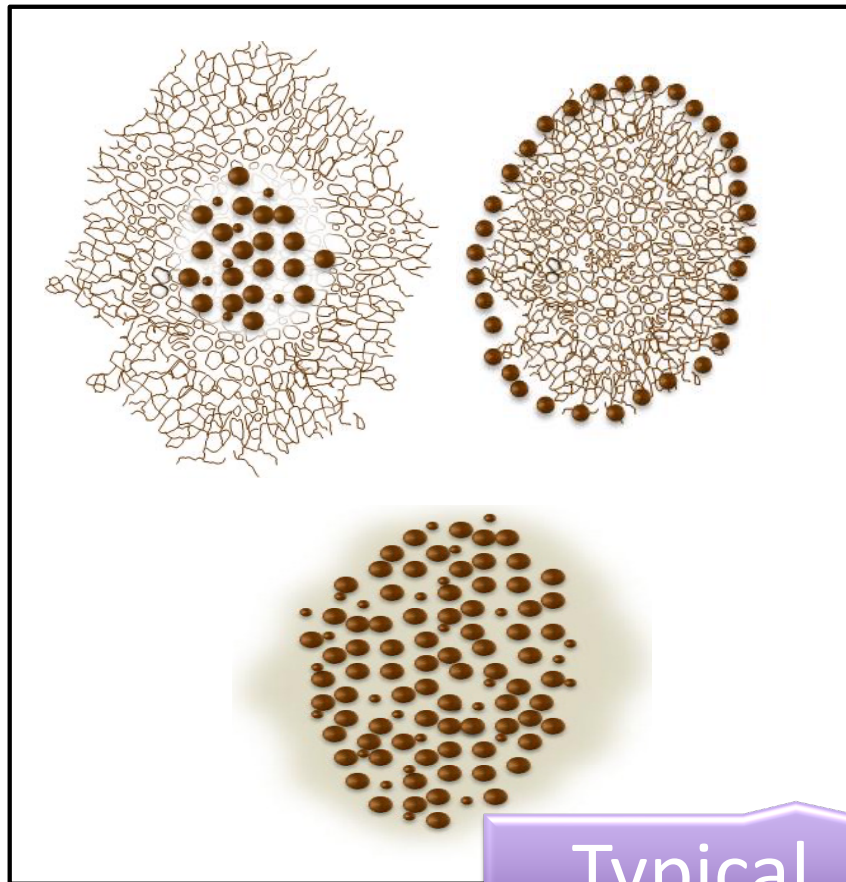


Regular

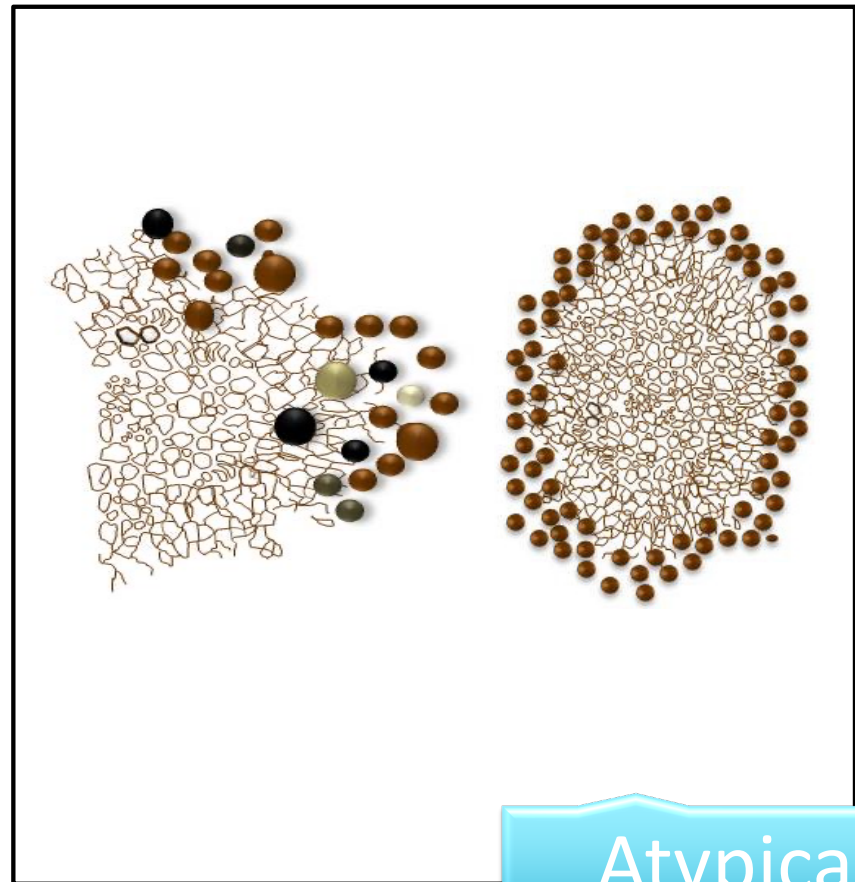


Irregular

# Globules

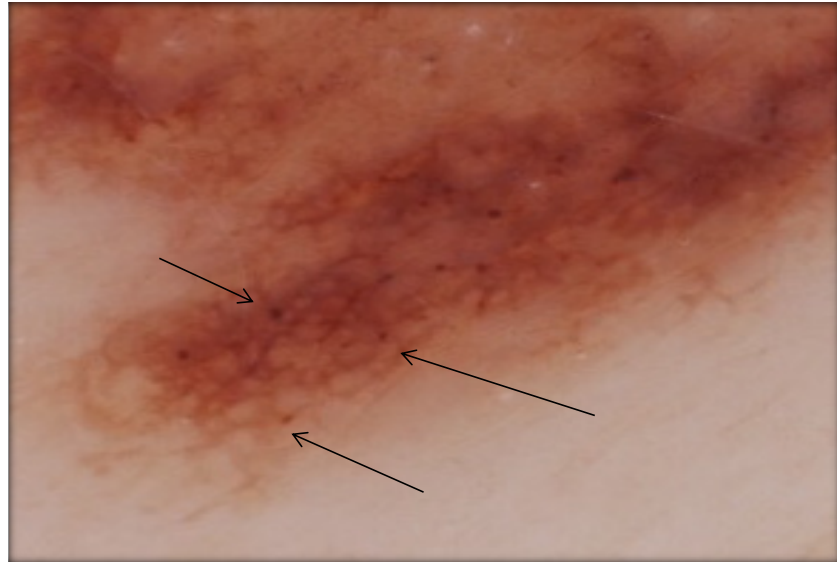


Typical

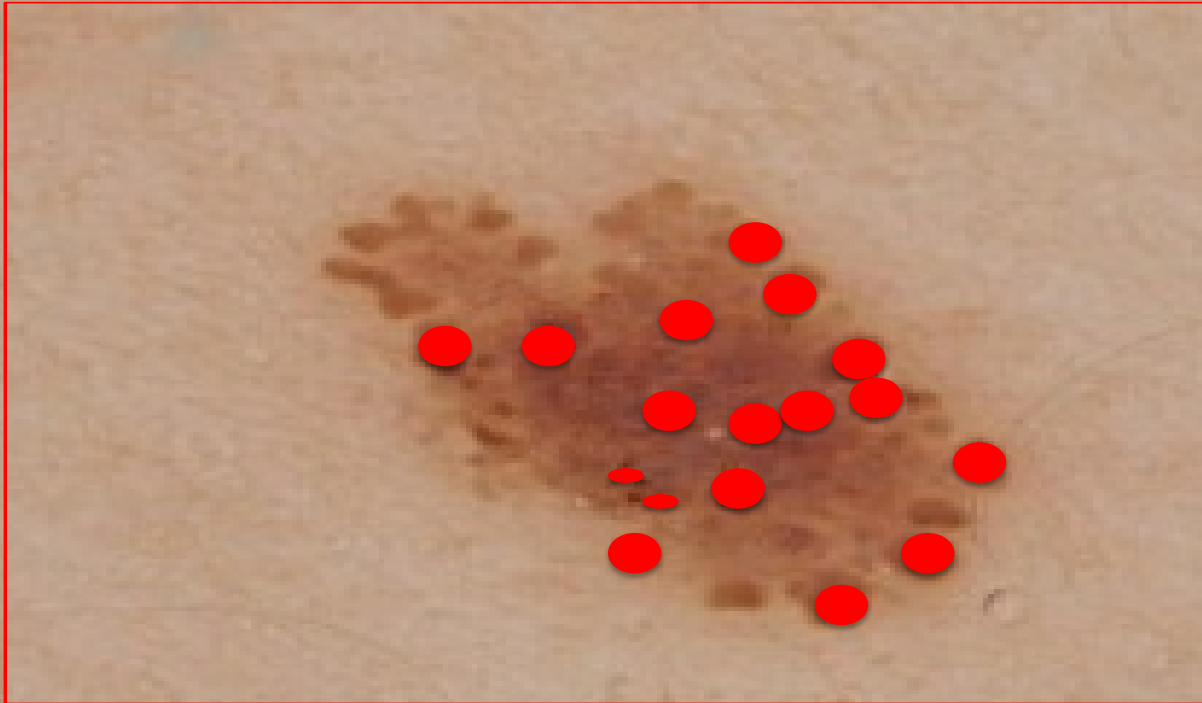


Atypical

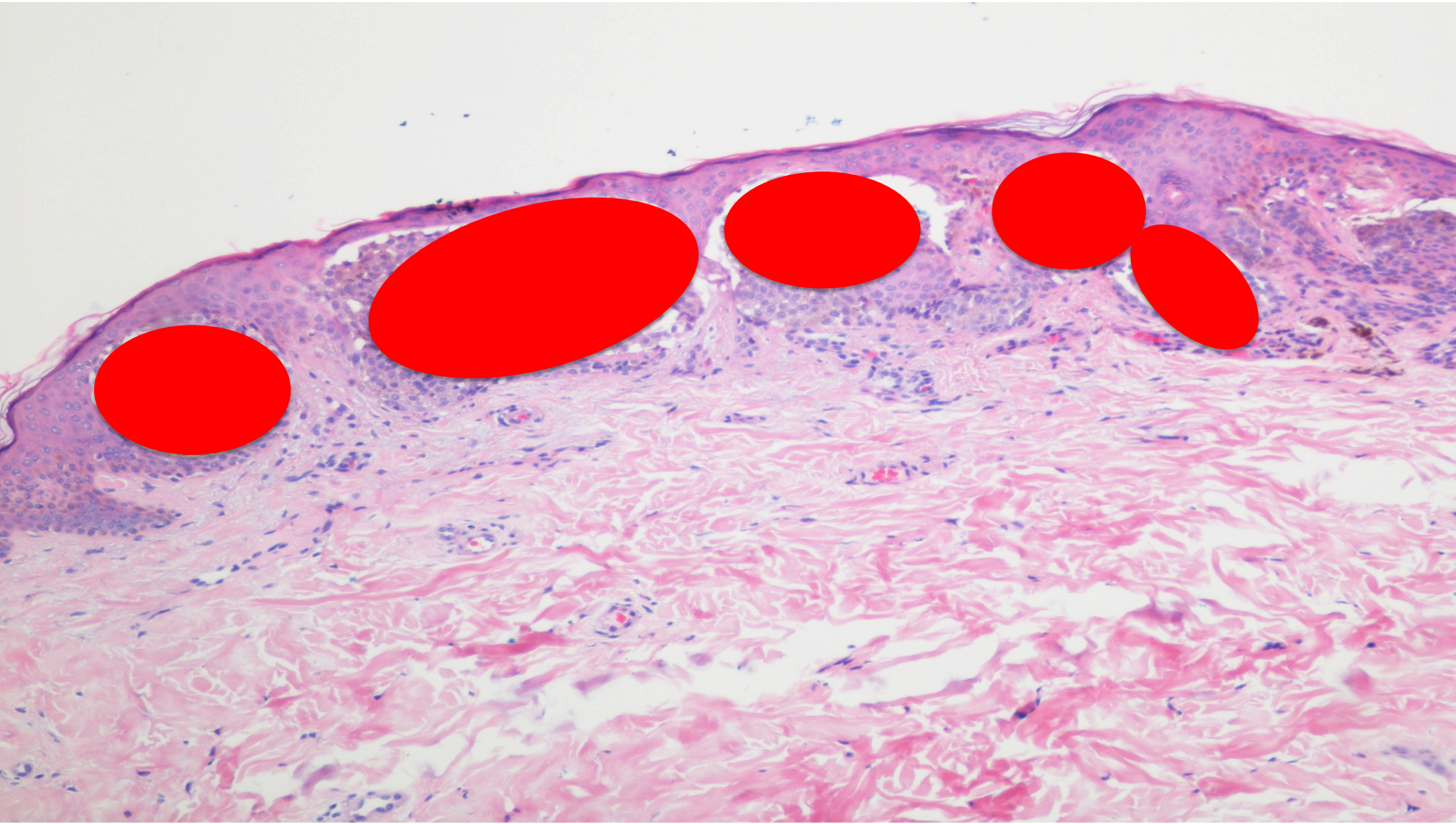
# Typical Globules and Dots







11-7








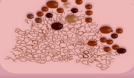
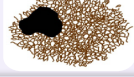





# Atypical Dots and/or Globules

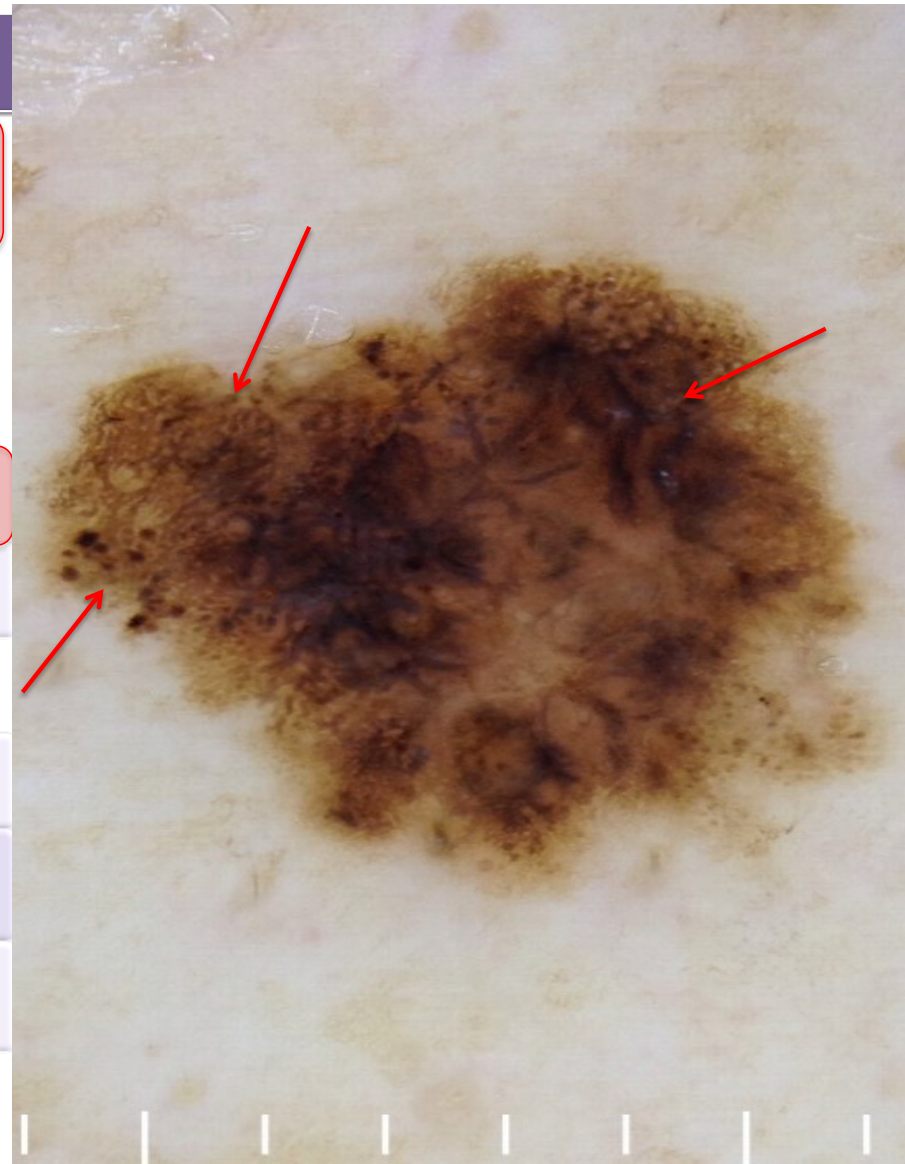


Multiple ***globules*** of different size, shape, and color. Asymmetrically and/or focally distributed

***Dots*** Not associated with the network or located at the periphery of the lesion.



Melanoma Specific Structures		OR
	<b>Atypical network, including angulated lines</b>	1.1 - 9
	<b>Negative pigment network</b>	1.8
	<b>Streaks</b> (pseudopods & radial streaming)	1.6 – 5.8
	<b>Atypical dots and/or globules</b>	2.9 – 4.8
	<b>Off-centered blotch</b>	4.1 – 4.9
	<b>Peripheral tan structureless areas</b>	2.8 – 2.9
	<b>Blue-white veil overlying raised areas</b>	2.5 – 13
	<b>Regression structures</b> • Blue-white veil overlying macular areas, scar-like areas and/or peppering	3.1– 18.3
	<b>Atypical vascular structures</b> • Dotted, serpentine, corkscrew, and polymorphous vessels (>1 morphology), milky-red areas, red globules	1.5– 7.4
	<b>Shiny white lines</b> (Crystalline structures)	9.7



# Atypical dots and globules

Research Original Investigation

Diagnostic Accuracy of Dermoscopic Structures and Patterns Used in Melanoma Detection

Table 3. Diagnostic Accuracy and Odds Ratio of Each Melanoma-Specific Dermoscopic Structure and/or Pattern From Highest to Lowest Sensitivity

Structure	No. of studies (lesions)	% (95% CI)		Odds ratio (95% CI)	$I^2$ , %
		Sensitivity	Specificity		
Irregular pigmentation	5 (1226)	62.3 (31.2-85.8)	78.6 (57.6-90.8)	6.4 (2.0-20.5)	87.9
Blue-white veil	17 (10 128)	60.6 (46.7-72.9)	79.7 (71.8-85.9)	6.3 (3.7-10.7)	89.0
Atypical network	19 (11 787)	56.8 (43.6-69.2)	71.8 (59.9-81.3)	3.3 (2.4-4.5)	83.8
Multicomponent pattern	9 (12 299)	53.7 (40.4-66.4)	82.4 (72.2-89.4)	5.6 (2.4-13.0)	96.6
Atypical dots and/or globules	17 (5497)	49.7 (37.8-61.8)	73.0 (61.8-81.9)	2.7 (1.8-4.1)	85.1

Williams N, Rojas KD, Reynolds JM, Kwon D, Shum-Tien J, Jaimes N. JAMA Dermatol, 2021

# Angulated Lines



# Angulated Lines

Grey or brown lines meeting at angles

Rhomboidal  
structures

Zig-zag lines

Polygonal  
structures

Arch Dermatol 2010;146:1444.

J Am Acad Dermatol 2000;42:25-32.  
Dermatol Pract Concept 2014;4:77-82.

# Angulated lines

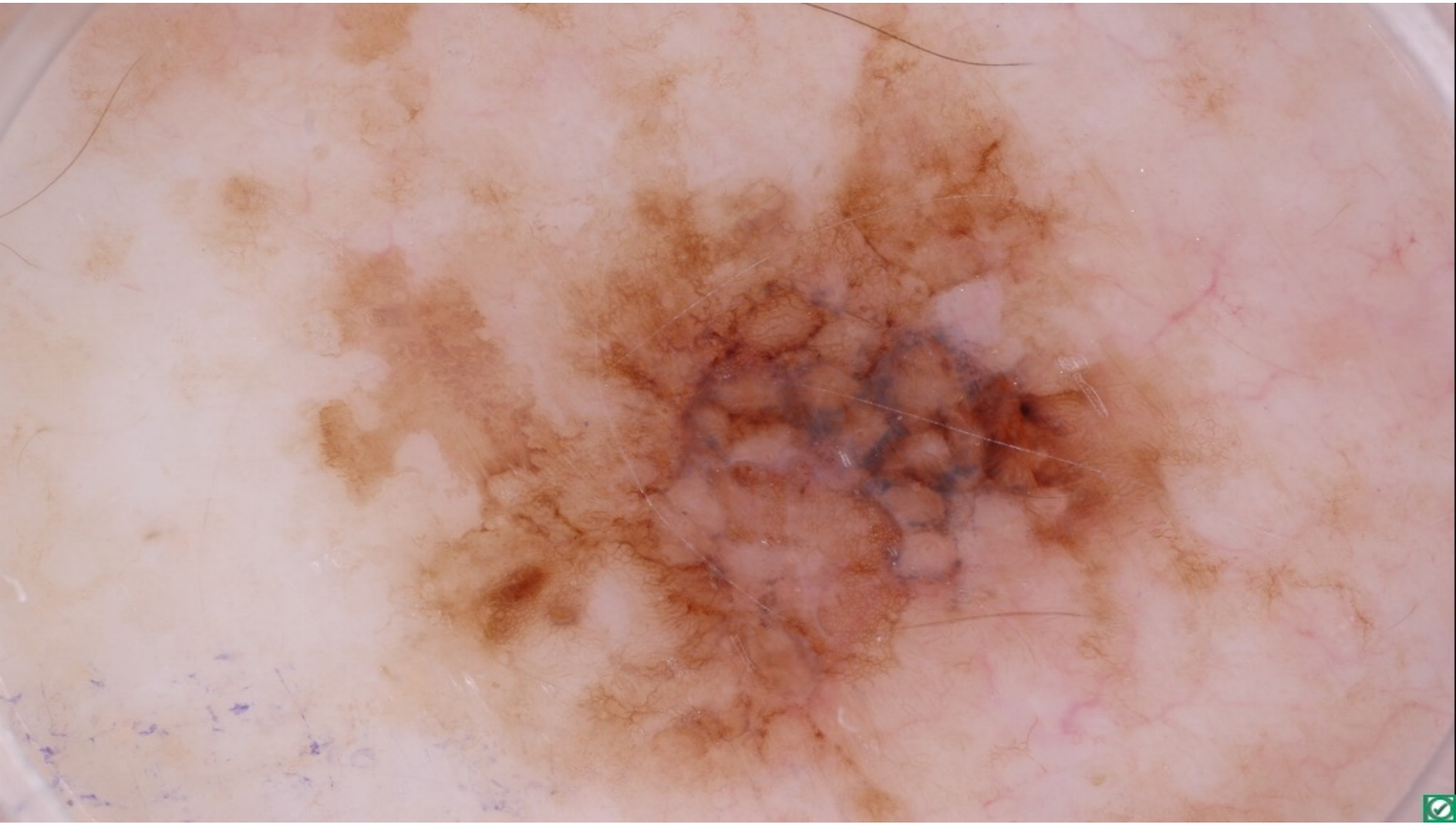
- Confluent melanoma cells at the DEJ with dermal melanophages

## Case Report/Case Series

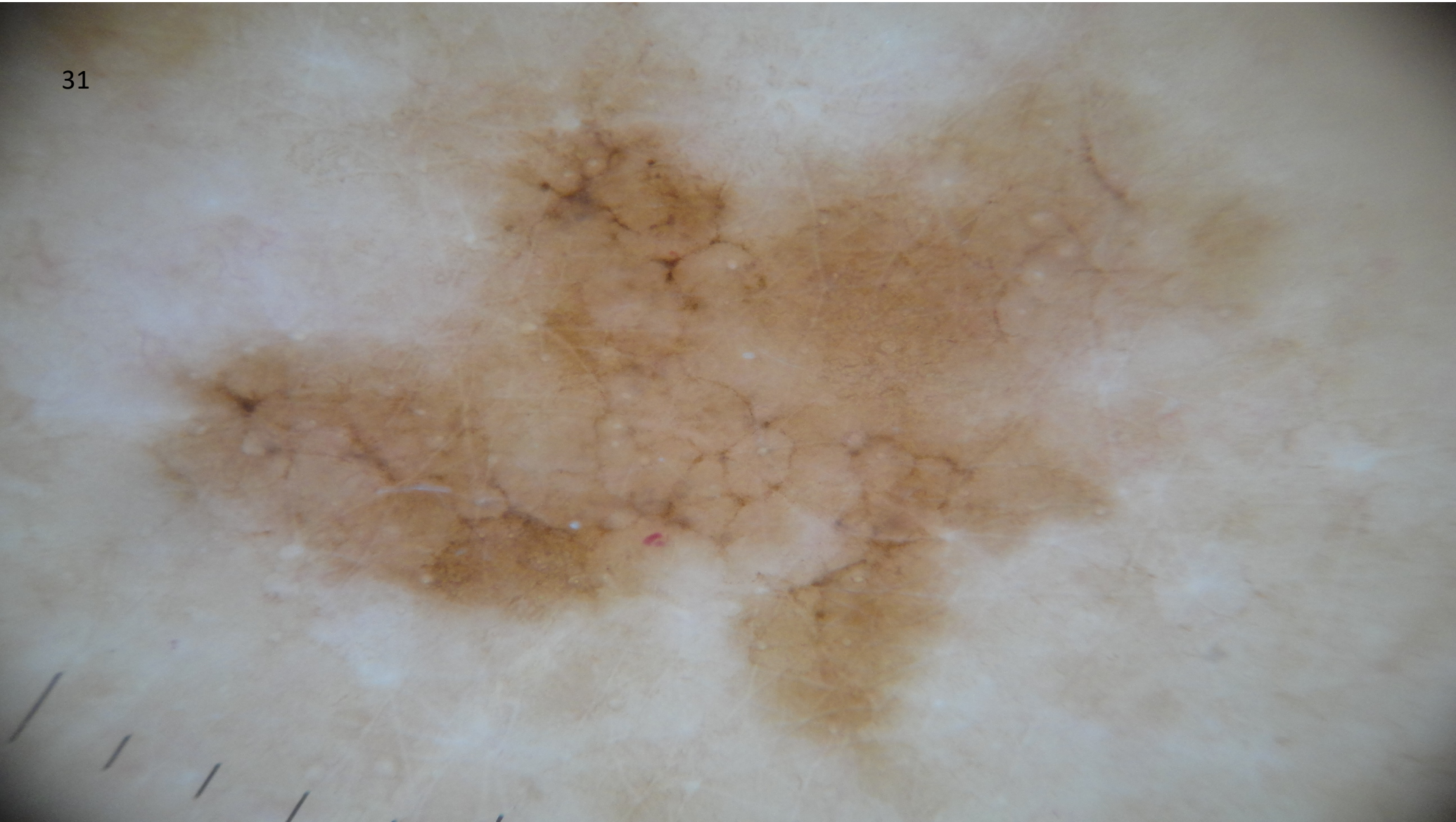
### A Digital Dermoscopy Follow-up Illustration and a Histopathologic Correlation for Angulated Lines in Extrafacial Lentigo Maligna

Alexia Vanden Daelen, MD; Ingrid Ferreira, MD; Liliane Marot, MD; Isabelle Tromme, PhD

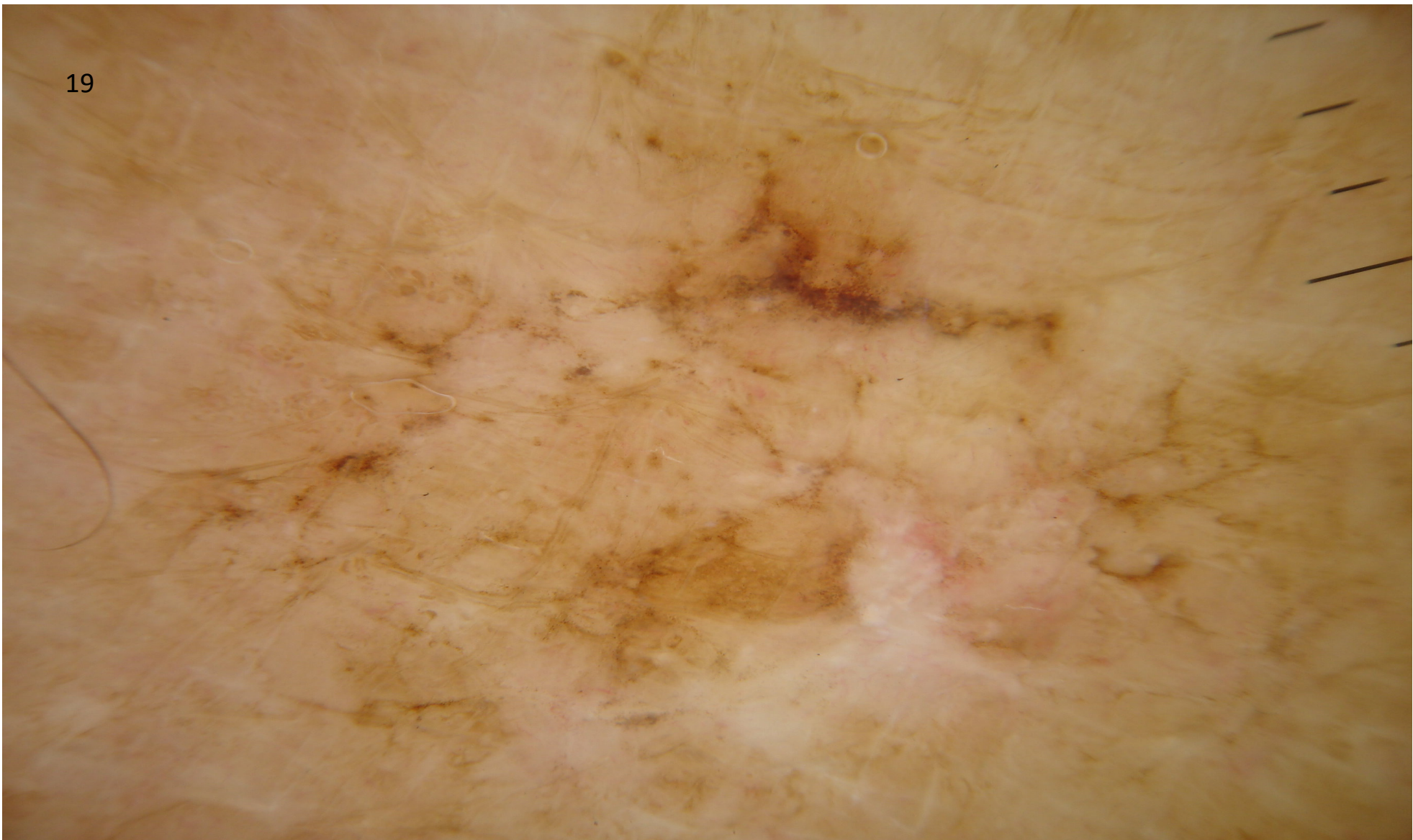


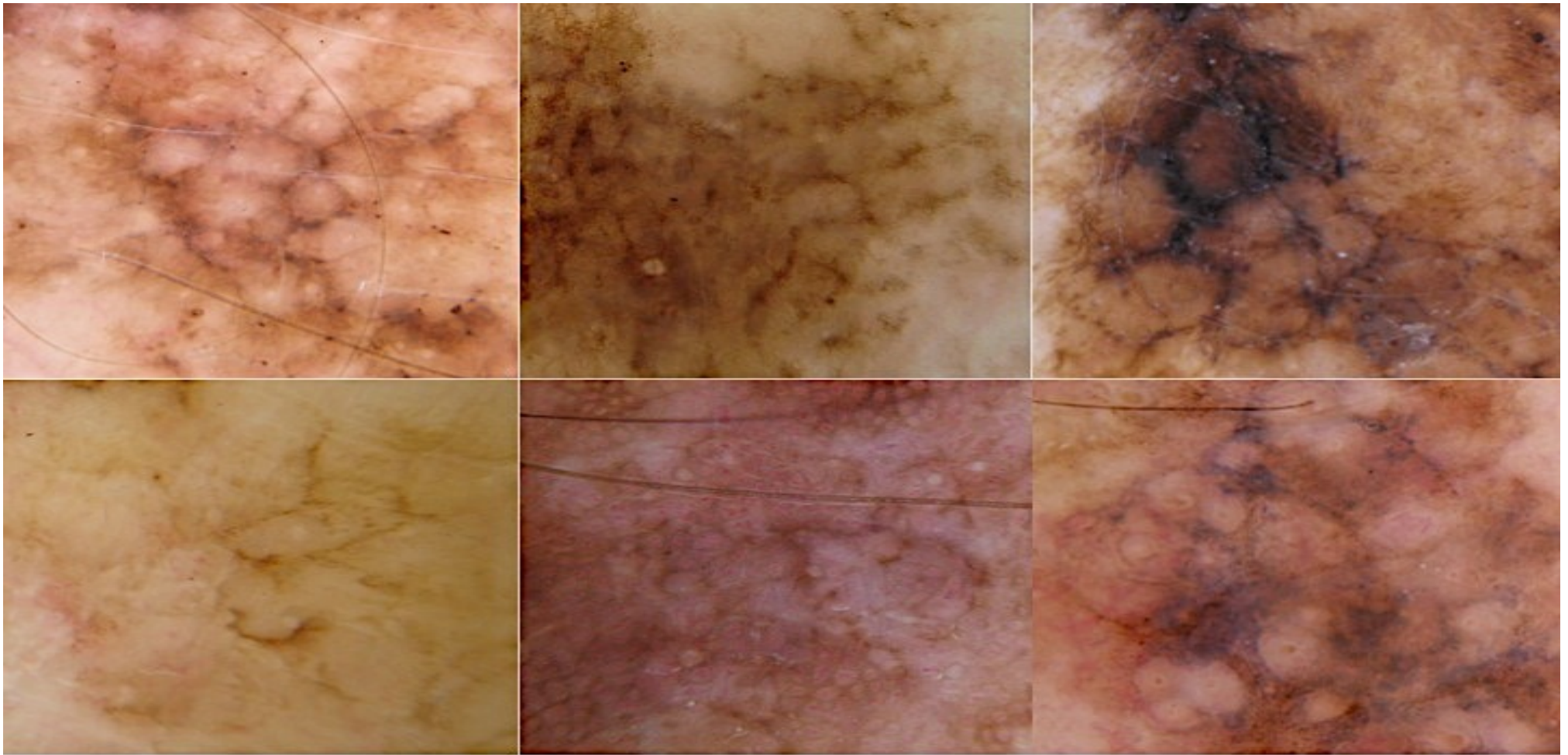












Angulated Lines: Frequent finding, maybe the only clue to suspect MM on non-Facial CSDS



ARTICLE IN PRESS

ORIGINAL ARTICLE

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**Clinical and dermoscopic characteristics  
of melanomas on nonfacial chronically  
sun-damaged skin**

Natalia Jaimes, MD,<sup>a</sup> Ashfaq A. Marghoob, MD,<sup>b</sup> Harold Rabinovitz, MD,<sup>c</sup> Ralph P. Braun, MD,<sup>d</sup>  
Alan Cameron, MBBS,<sup>e</sup> Cliff Rosendahl, MBBS, PhD,<sup>e</sup> Greg Canning, MBBS,<sup>f</sup>  
and Jeffrey Keir, MBBS, MFamMed<sup>g</sup>

*Medellín, Colombia; New York, New York; Plantation, Florida; Zürich, Switzerland;  
and Brisbane, Townsville, and Ballina, Australia*

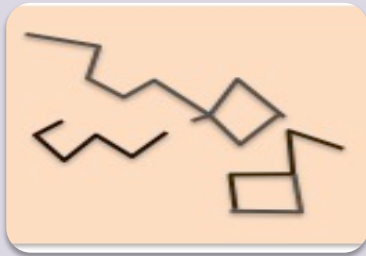
# Melanoma on Non-Facial CSDS

*Dermoscopic Patterns – present in 79% of lesions*



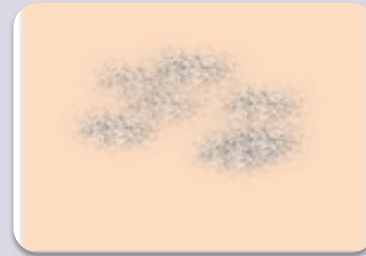
Patchy  
peripheral  
pigmented  
islands

70 (38%)



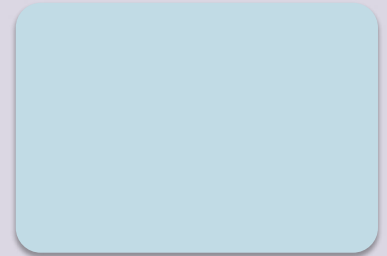
Angulated line  
pattern

56 (30%)



Tan structureless &  
granularity  
pattern

20 (11%)



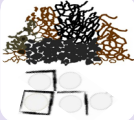


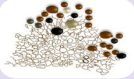
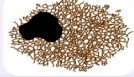

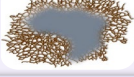
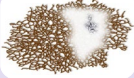


No pattern  
/ Non-  
specific

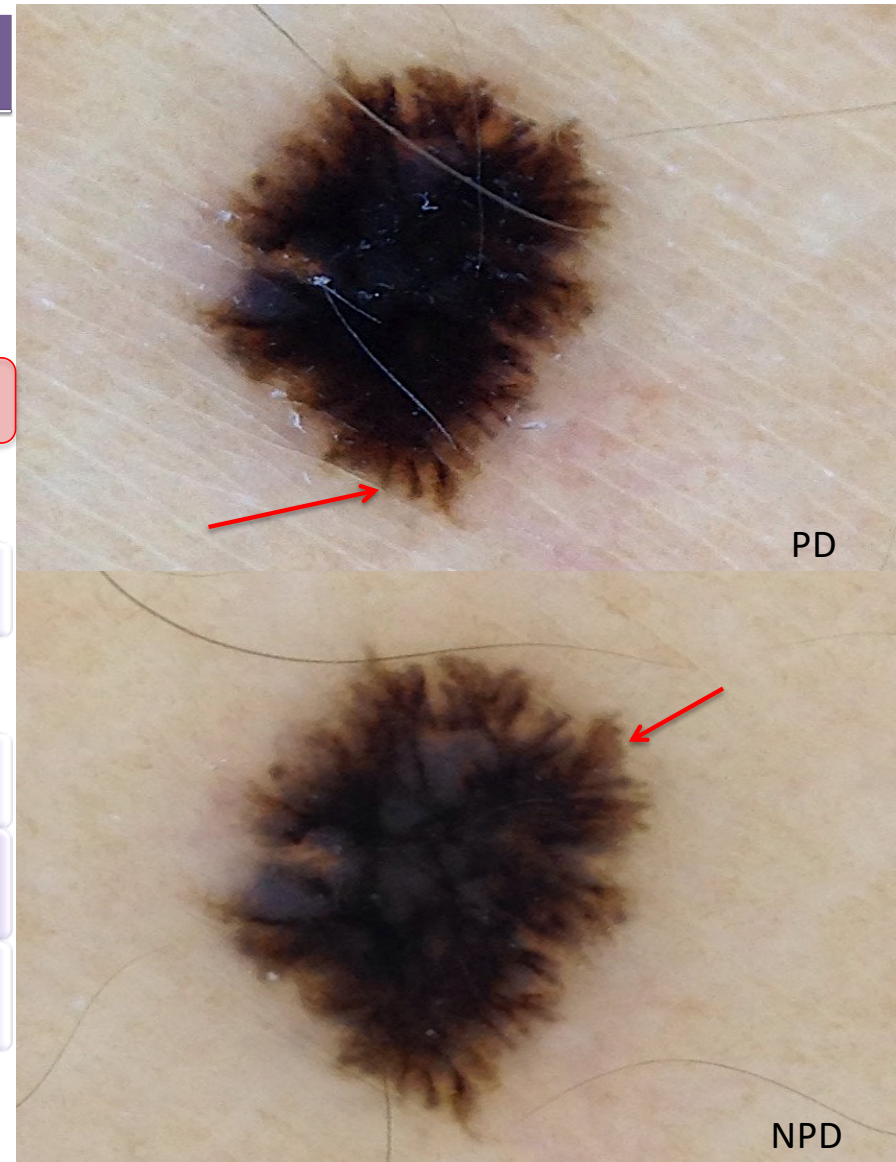
40 (22%)

Jaimes et al. JAAD 2015

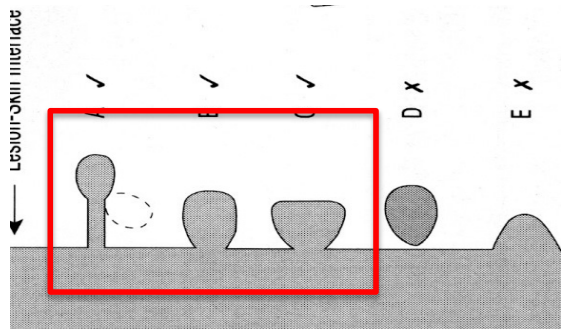
**Case**



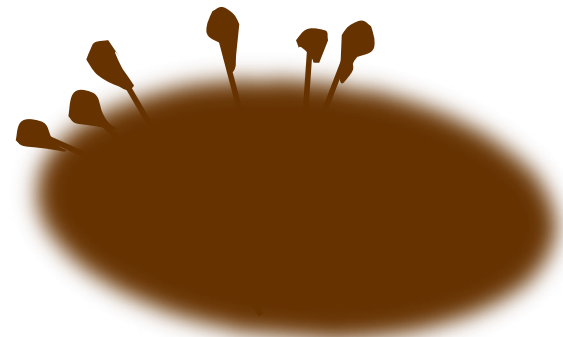
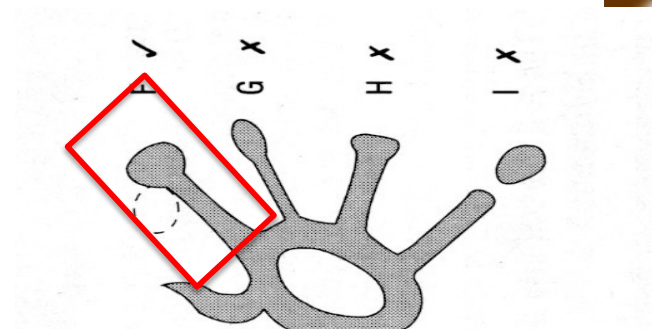
Melanoma Specific Structures		OR
	<b>Atypical network, including angulated lines</b>	1.1 - 9
	<b>Negative pigment network</b>	1.8
	<b>Streaks</b> (pseudopods & radial streaming)	1.6 – 5.8
	<b>Atypical dots and/or globules</b>	2.9 – 4.8
	<b>Off-centered blotch</b>	4.1 – 4.9
	<b>Peripheral tan structureless areas</b>	2.8 – 2.9
	<b>Blue-white veil overlying raised areas</b>	2.5 – 13
	<b>Regression structures</b>	3.1– 18.3
	• Blue-white veil overlying macular areas, scar-like areas and/or peppering	
	<b>Atypical vascular structures</b>	1.5– 7.4
	• Dotted, serpentine, corkscrew, and polymorphous vessels (>1 morphology), milky-red areas, red globules	
	<b>Shiny white lines</b> (Crystalline structures)	9.7



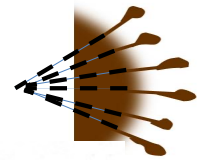
# Streaks



Radial Streaming



Pseudopods

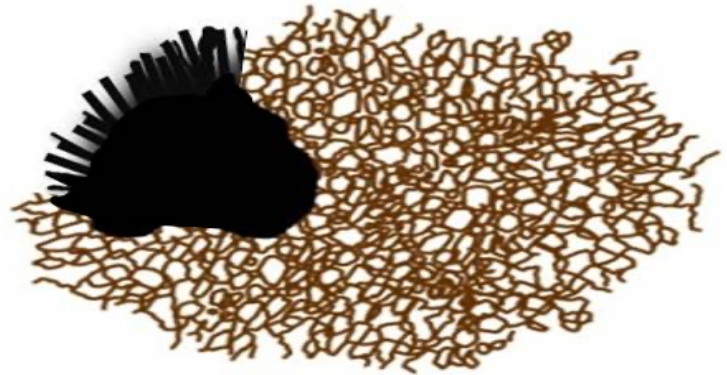


# Streaks



Regular

Streaks symmetrically distributed around the entire perimeter



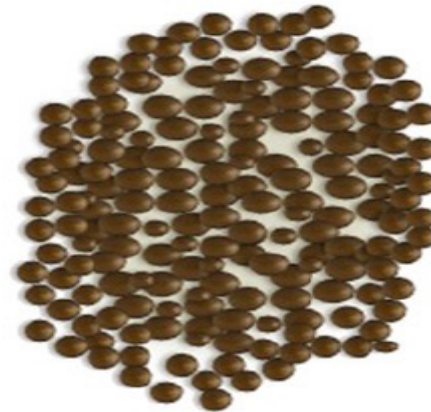
Irregular

Streaks asymmetrically distributed & focally present at the periphery

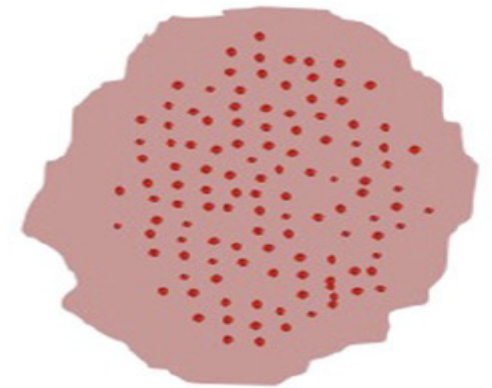




Starburst Pattern



Globular pattern



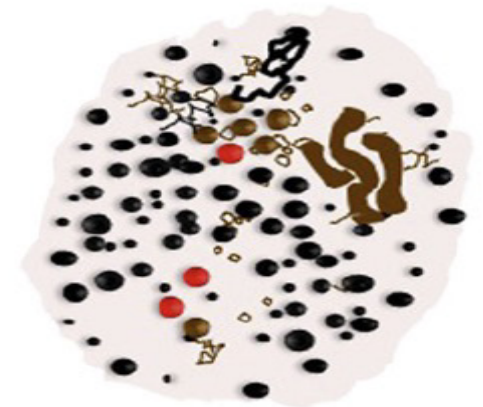
Homogeneous pattern



Negative network pattern



Reticular pattern



Atypical pattern

**Fig. 11.** Schematics of dermoscopic patterns commonly seen in Spitz nevi.

Jaimes, Kerner, et al. Derm Clin 2013



# Streaks



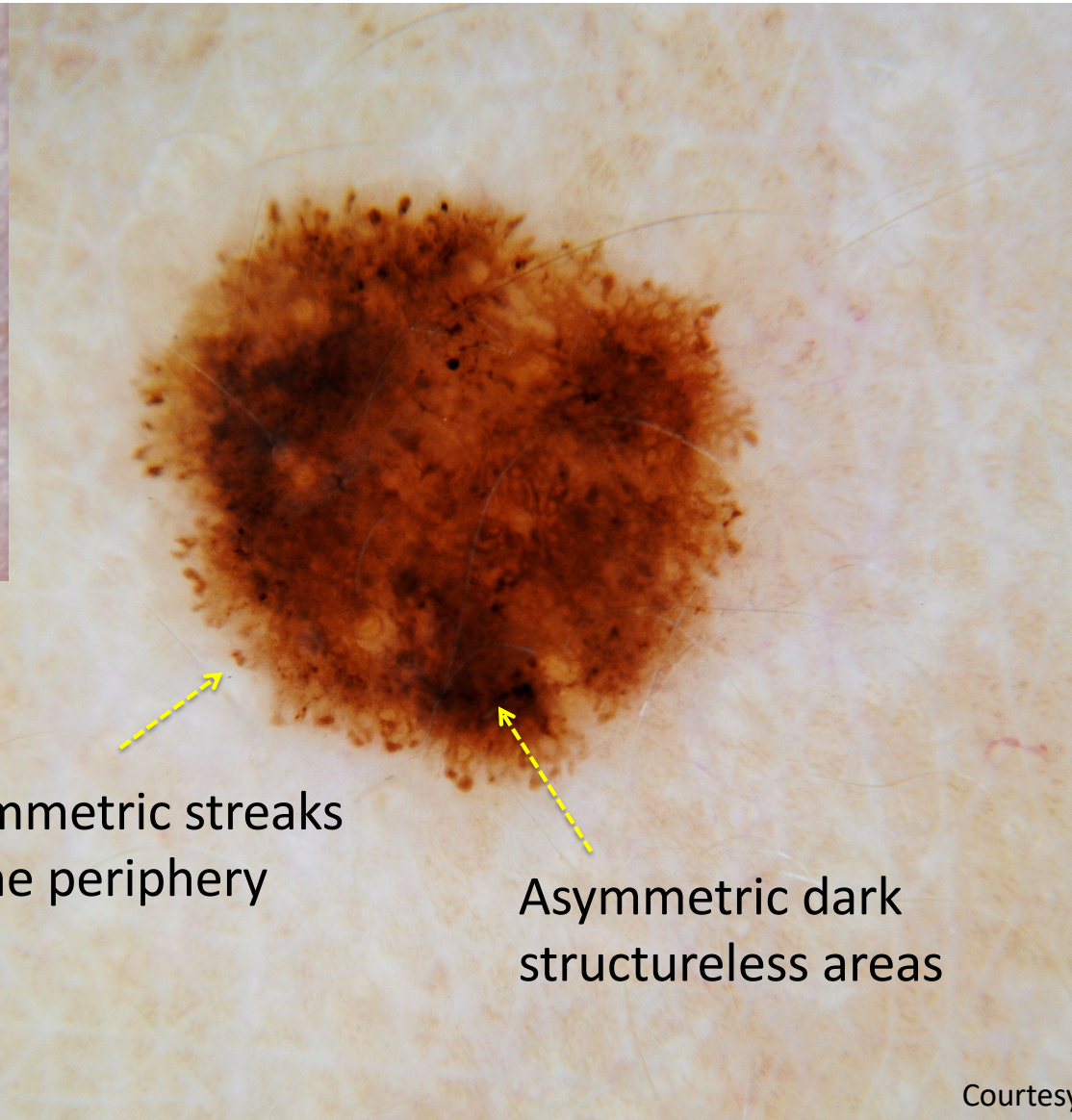
Courtesy A. Marghoob, MD

Spitz Nevus



Melanoma



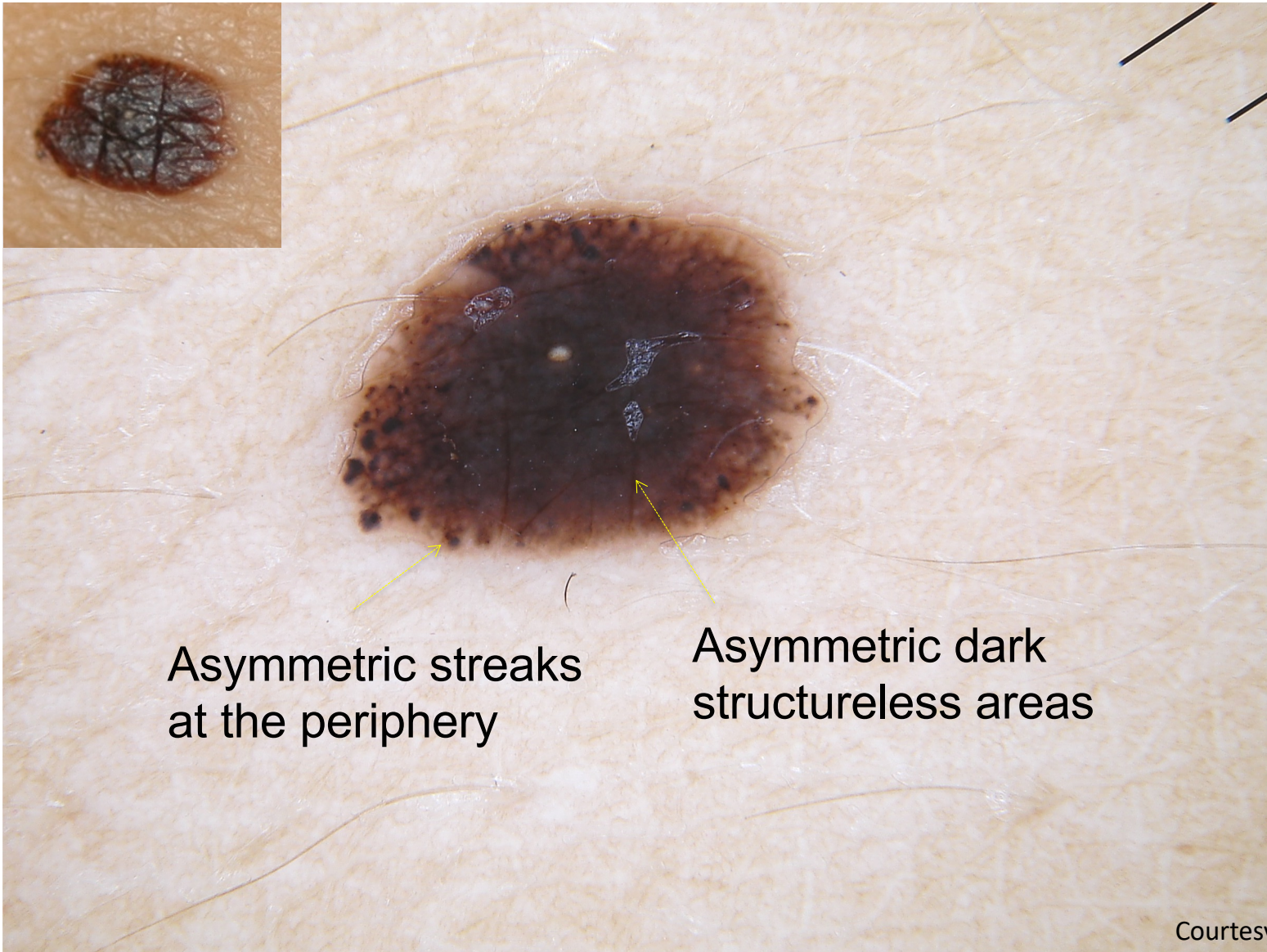


Asymmetric streaks  
at the periphery

Asymmetric dark  
structureless areas

Courtesy Dr. Rabinovitz





Courtesy Dr. Rabinovitz

# Streaks

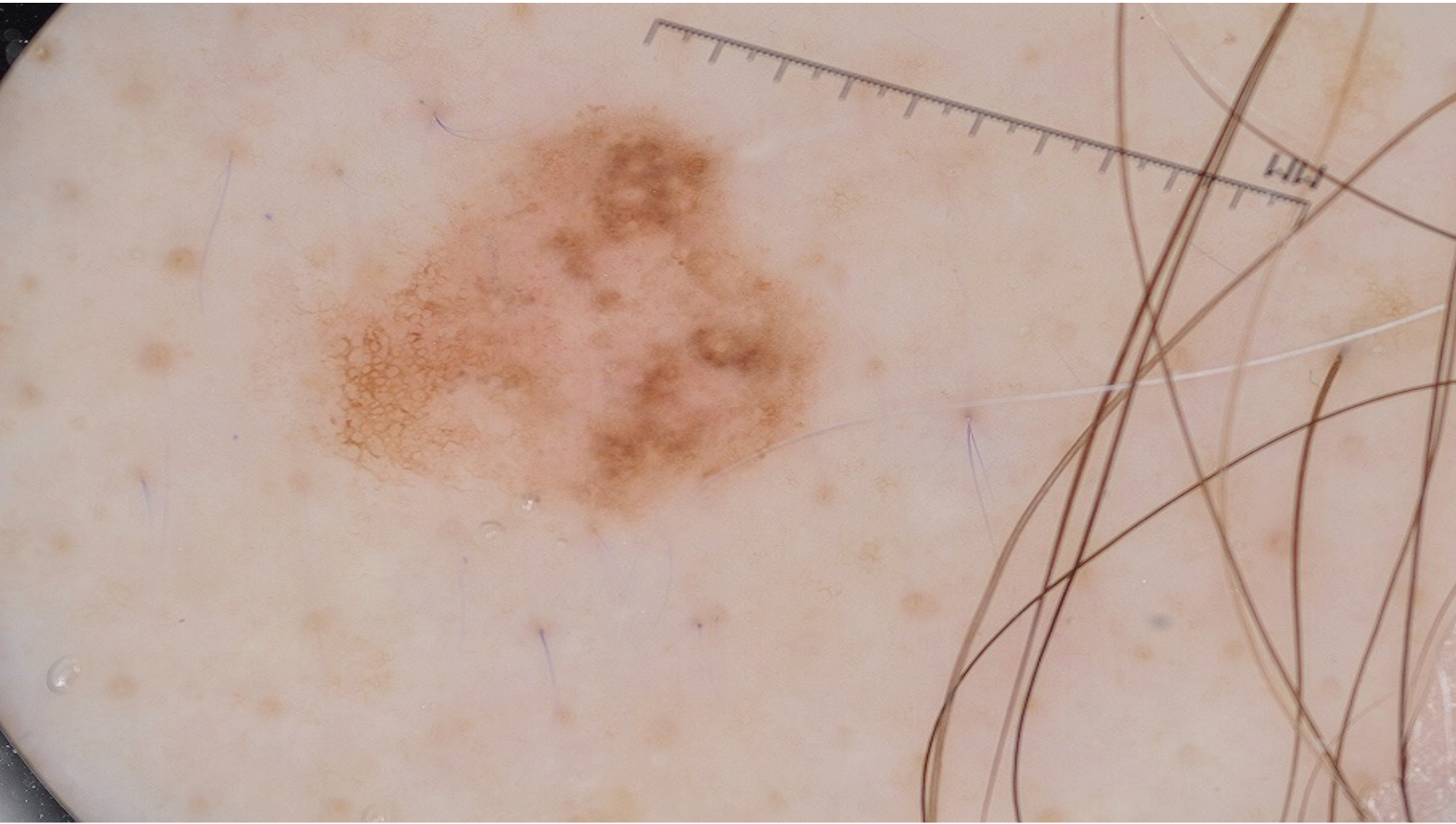
**Table 3. Diagnostic Accuracy and Odds Ratio of Each Melanoma-Specific Dermoscopic Structure and/or Pattern From Highest to Lowest Sensitivity**

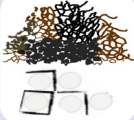



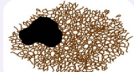

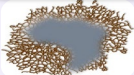
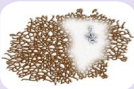


Linear irregular vessels	5 (1806)	23.2 (9.7-46.0)	86.8 (74.3-93.7)	2.1 (1.3-3.6)	61.0
Linear irregular vessels and polymorphous/atypical vessels	18 (11 284)	22.1 (14.6-32.1)	81.6 (83.7-91.9)	2.3 (1.7-3.1)	35.8
Polymorphous/atypical vessels	17 (11 505)	21.9 (13.3-33.8)	89.0 (83.6-93.0)	2.4 (1.7-3.4)	80.6
Streaks	18 (11 035)	21.1 (14.0-30.4)	92.1 (88.4-94.7)	3.1 (2.2-4.5)	77.5
Streaks and pseudopods	18 (11 035)	19.3 (13.9-26.2)	83.8 (91.0-95.7)	3.4 (2.6-4.6)	38.1
Pseudopods	7 (6751)	15.4 (8.8-25.6)	97.3 (94.3-98.7)	6.7 (2.7-16.1)	70.3

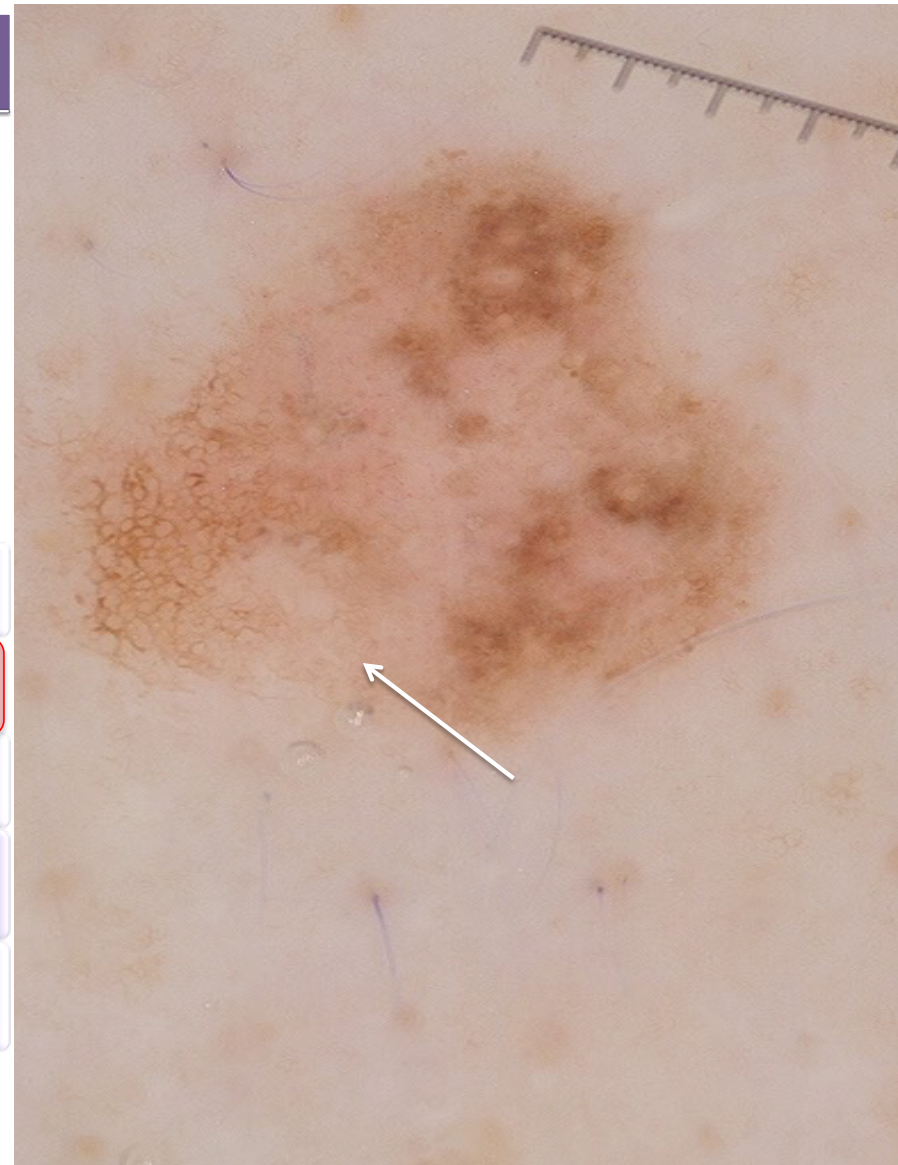
Williams N, Rojas KD, Reynolds JM, Kwon D, Shum-Tien J, Jaimes N. JAMA Dermatol, 2021



**Case**



Melanoma Specific Structures		OR
	<b>Atypical network, including angulated lines</b>	1.1 - 9
	<b>Negative pigment network</b>	1.8
	<b>Streaks</b> (pseudopods & radial streaming)	1.6 – 5.8
	<b>Atypical dots and/or globules</b>	2.9 – 4.8
	<b>Off-centered blotch</b>	4.1 – 4.9
	<b>Peripheral tan structureless areas</b>	2.8 – 2.9
	<b>Blue-white veil overlying raised areas</b>	2.5 – 13
	<b>Regression structures</b> • Blue-white veil overlying macular areas, scar-like areas and/or peppering	3.1– 18.3
	<b>Atypical vascular structures</b> • Dotted, serpentine, corkscrew, and polymorphous vessels (>1 morphology), milky-red areas, red globules	1.5– 7.4
	<b>Shiny white lines</b> (Crystalline structures)	9.7



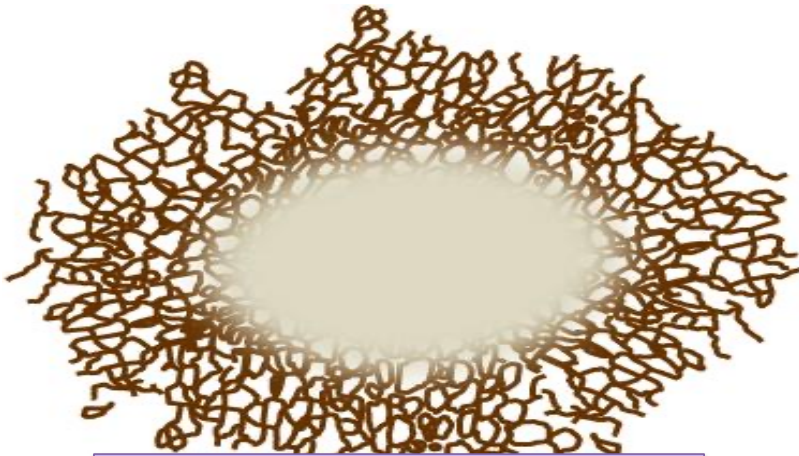


## Tan structureless areas

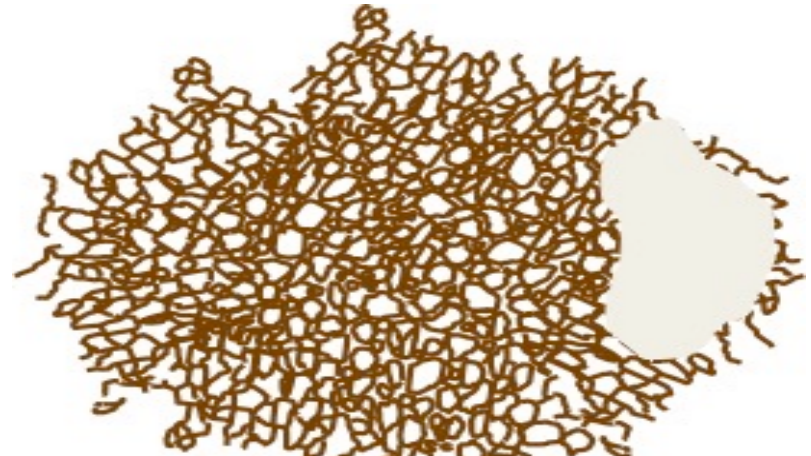


- absence of dermoscopy structures
- light brown pigmentation

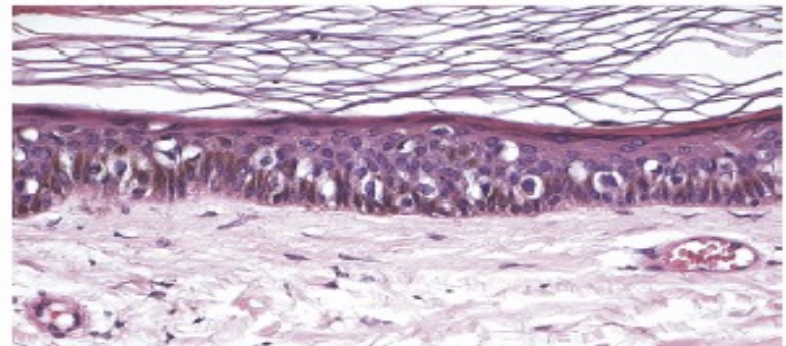
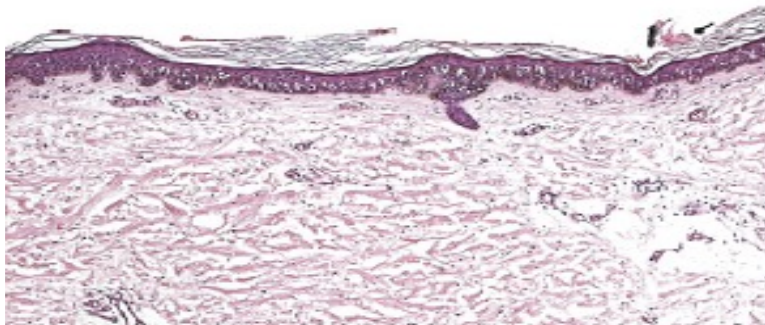
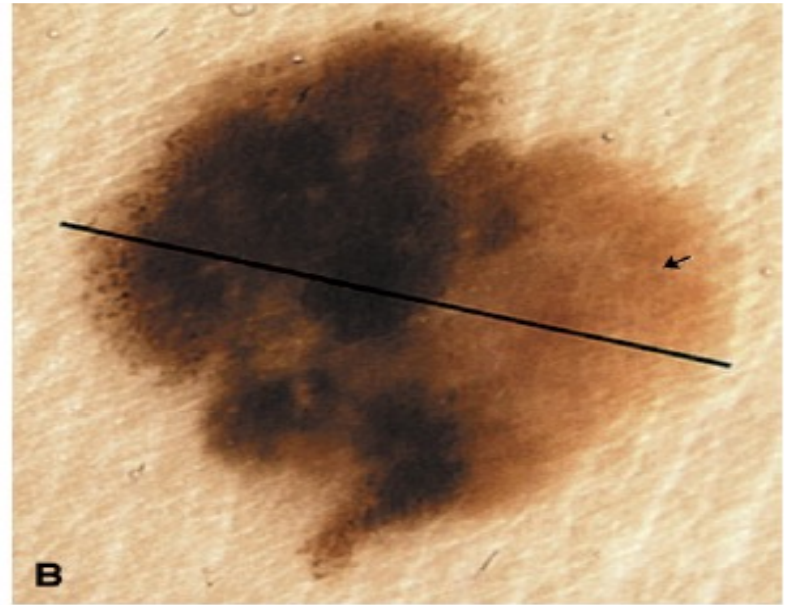
## Tan structureless areas



Regular

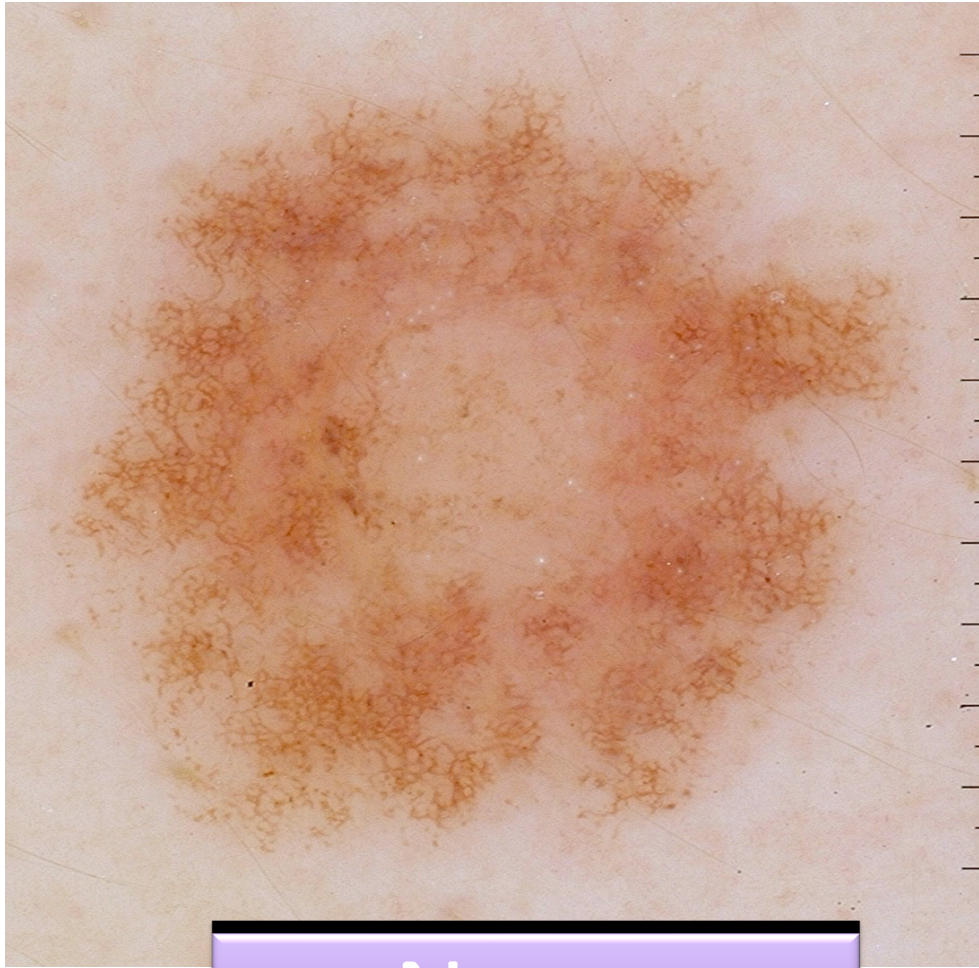


Irregular

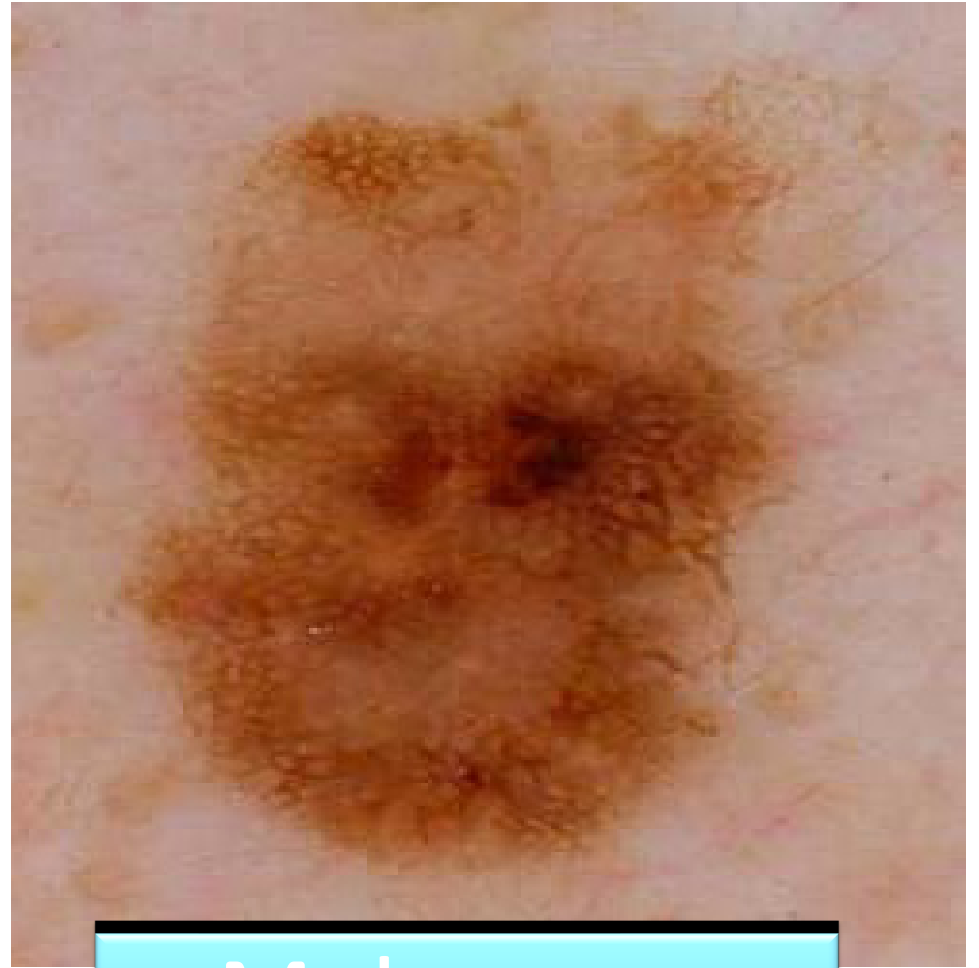


Histologically – flattening of rete ridges at DEJ, melanocytes arranged predominately as solitary units + less melanin, pagetoid scatter of melanocytes





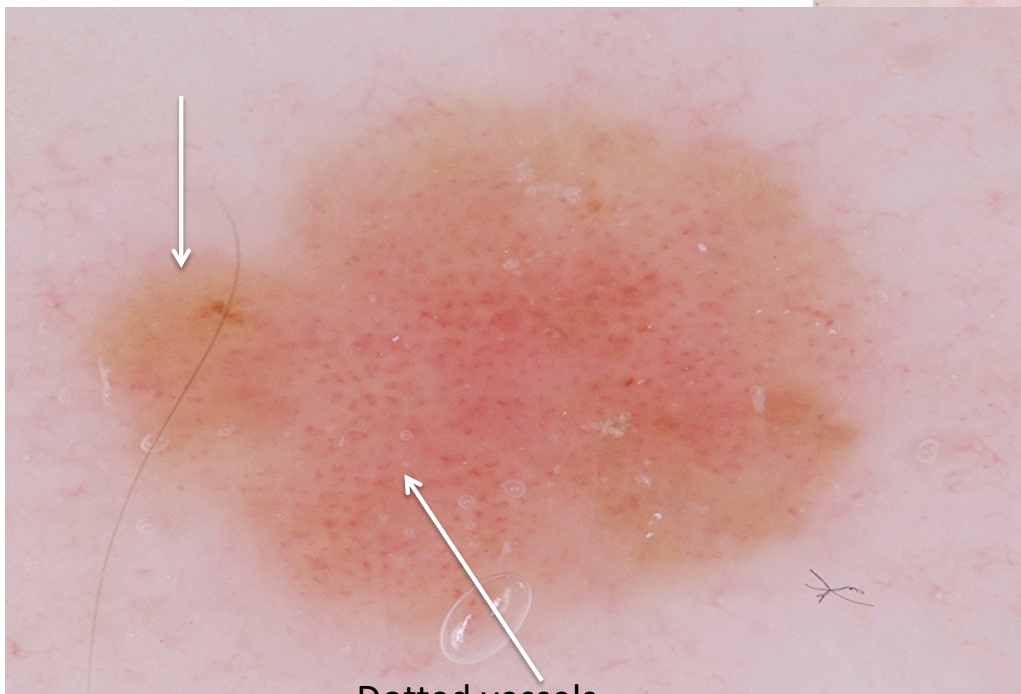
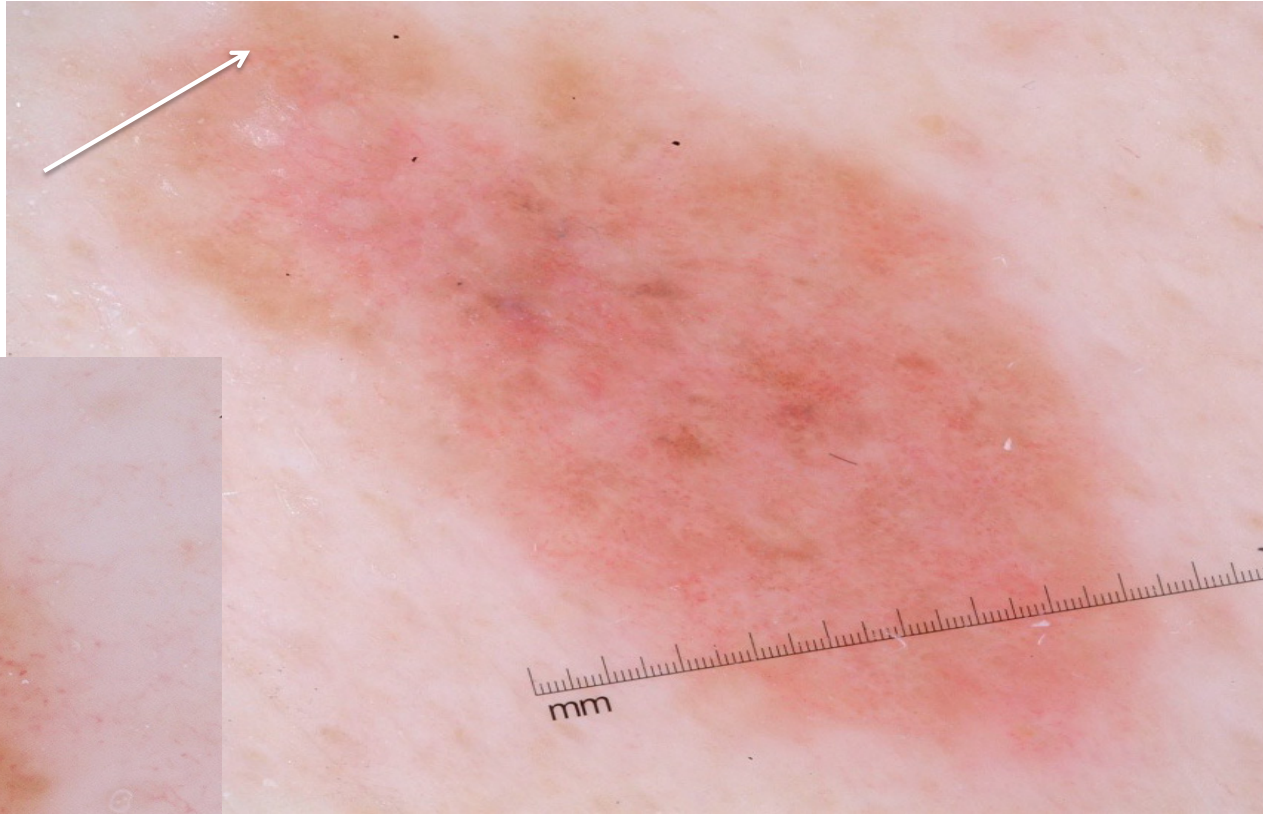
Nevus



Melanoma

**Tan structureless areas also  
a clue in pink lesions!**

***Look at the periphery***



Dotted vessels

Peripheral tan structureless areas  
(subtle)



# Peripheral Tan Structureless Area

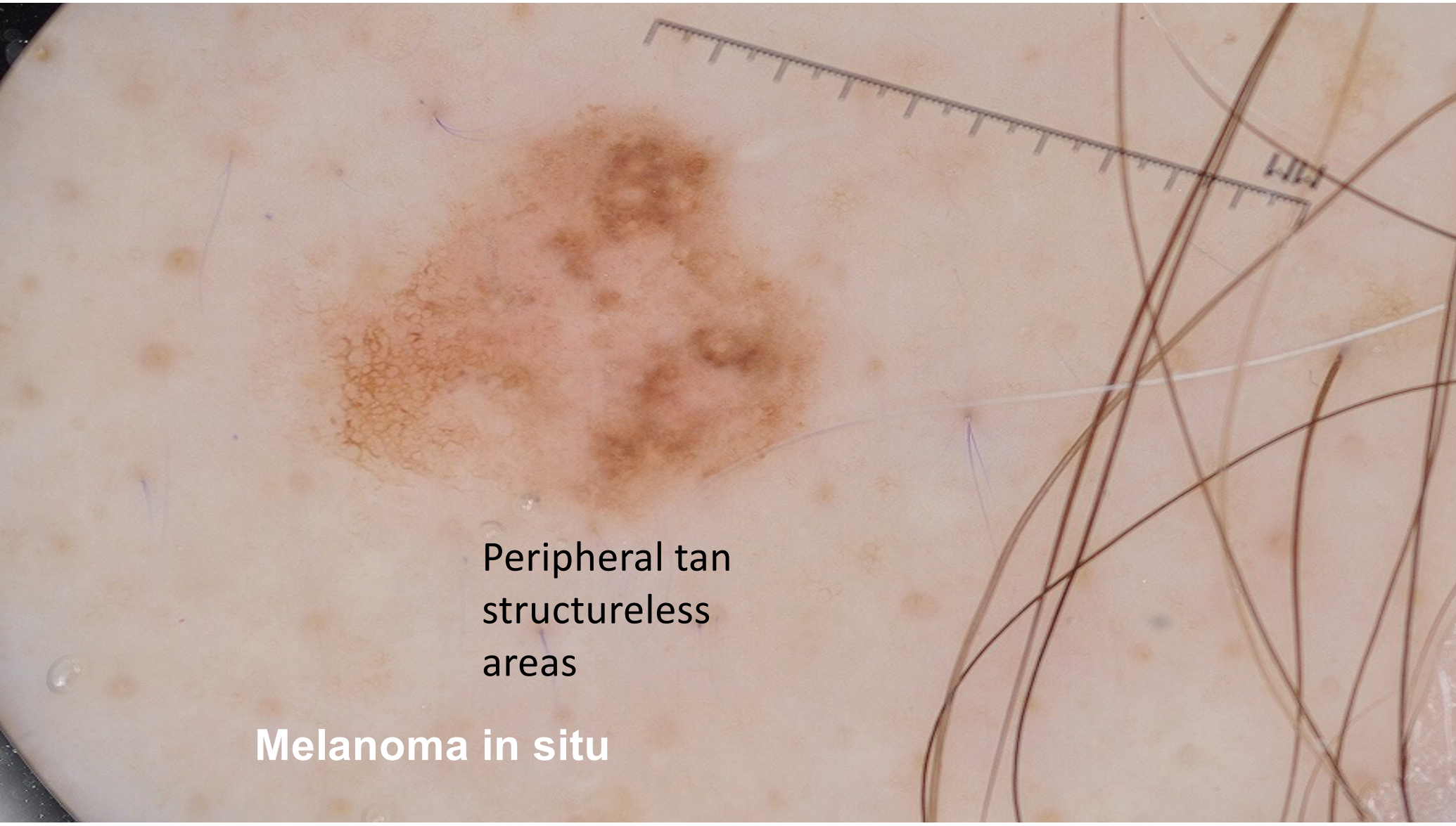
Research Original Investigation

Diagnostic Accuracy of Dermoscopic Structures and Patterns Used in Melanoma Detection

Table 3. Diagnostic Accuracy and Odds Ratio of Each Melanoma-Specific Dermoscopic Structure and/or Pattern From Highest to Lowest Sensitivity

Structure	No. of studies (lesions)	% (95% CI)		Odds ratio (95% CI)	$I^2$ , %
		Sensitivity	Specificity		
Regression	17 (10 542)	48.1 (32.1-64.5)	83.6 (69.7-91.9)	4.6 (3.0-6.9)	84.8
Regression and peppering	21 (11 739)	44.9 (32.0-58.4)	86.5 (77.3-92.4)	4.7 (3.3-6.8)	88.7
Off-center blotch	16 (12 850)	42.1 (29.6-55.6)	84.1 (74.6-90.5)	3.8 (2.7-5.5)	85.8
Peripheral tan structureless area	12 (8285)	37.5 (22.3-55.7)	76.1 (65.6-84.2)	2.0 (1.3-3.0)	50.4
Peppering	7 (7112)	36.8 (19.1-58.9)	93.4 (81.9-97.8)	6.3 (2.4-16.1)	91.6
Negative network	8 (7011)	34.5 (30.5-38.7)	70.8 (47.0-86.8)	1.3 (0.7-2.4)	79.2
Scarlike areas	8 (7328)	31.3 (16.9-50.5)	89.1 (83.7-92.9)	4.4 (2.7-7.2)	76.0
Shiny white structures	9 (9687)	30.5 (15.8-50.7)	93.6 (85.6-97.3)	6.7 (2.5-17.9)	95.2

Williams N, Rojas KD, Reynolds JM, Kwon D, Shum-Tien J, Jaimes N. JAMA Dermatol, 2021

A dermoscopy image of a skin lesion, identified as melanoma in situ. The lesion is an irregular, light brown to tan macule with a structureless pattern. It is surrounded by a peripheral tan structureless area. A ruler is visible in the upper right corner for scale. Several long, dark hair fibers are visible on the right side of the image.

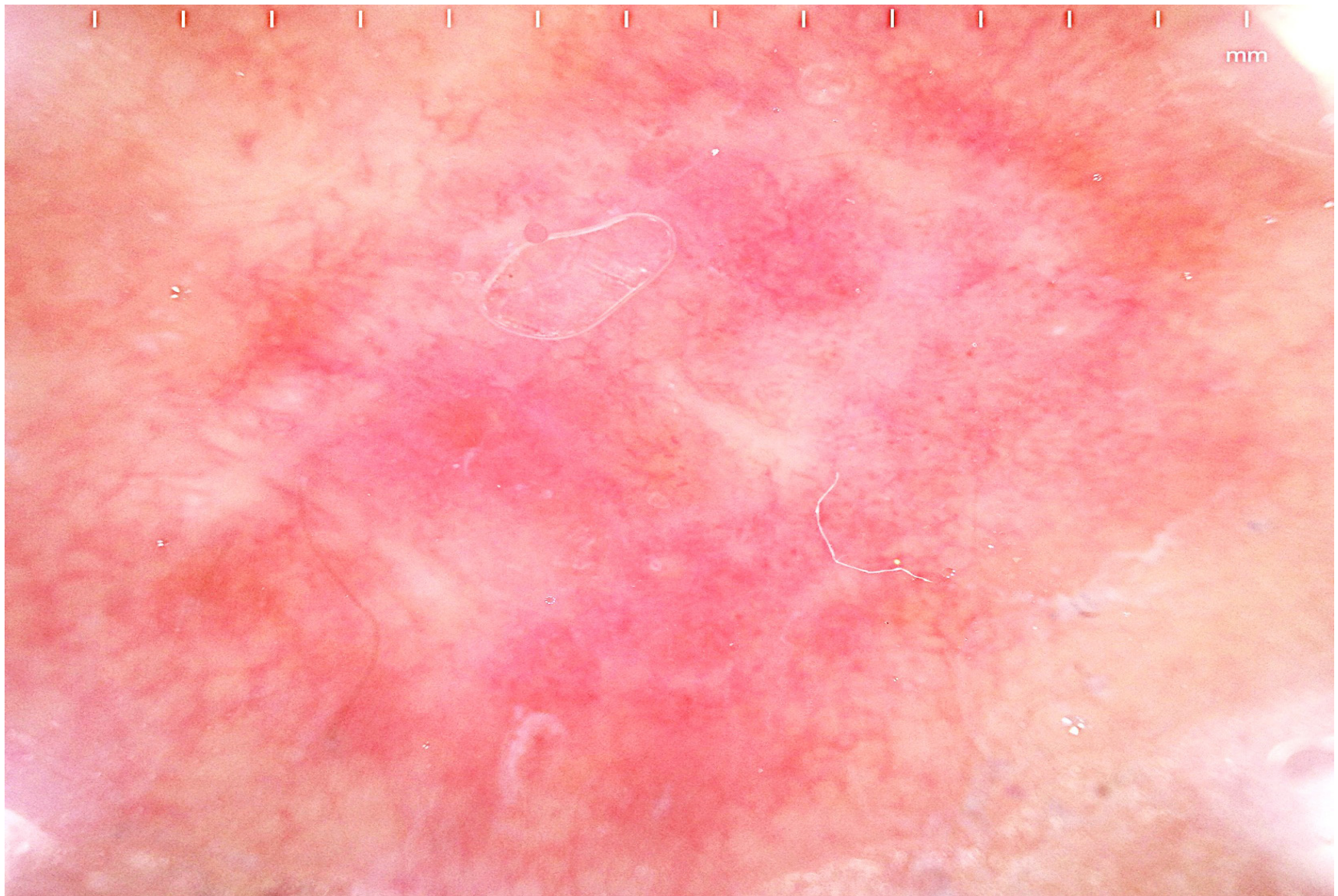
Peripheral tan  
structureless  
areas

**Melanoma in situ**

**Case**

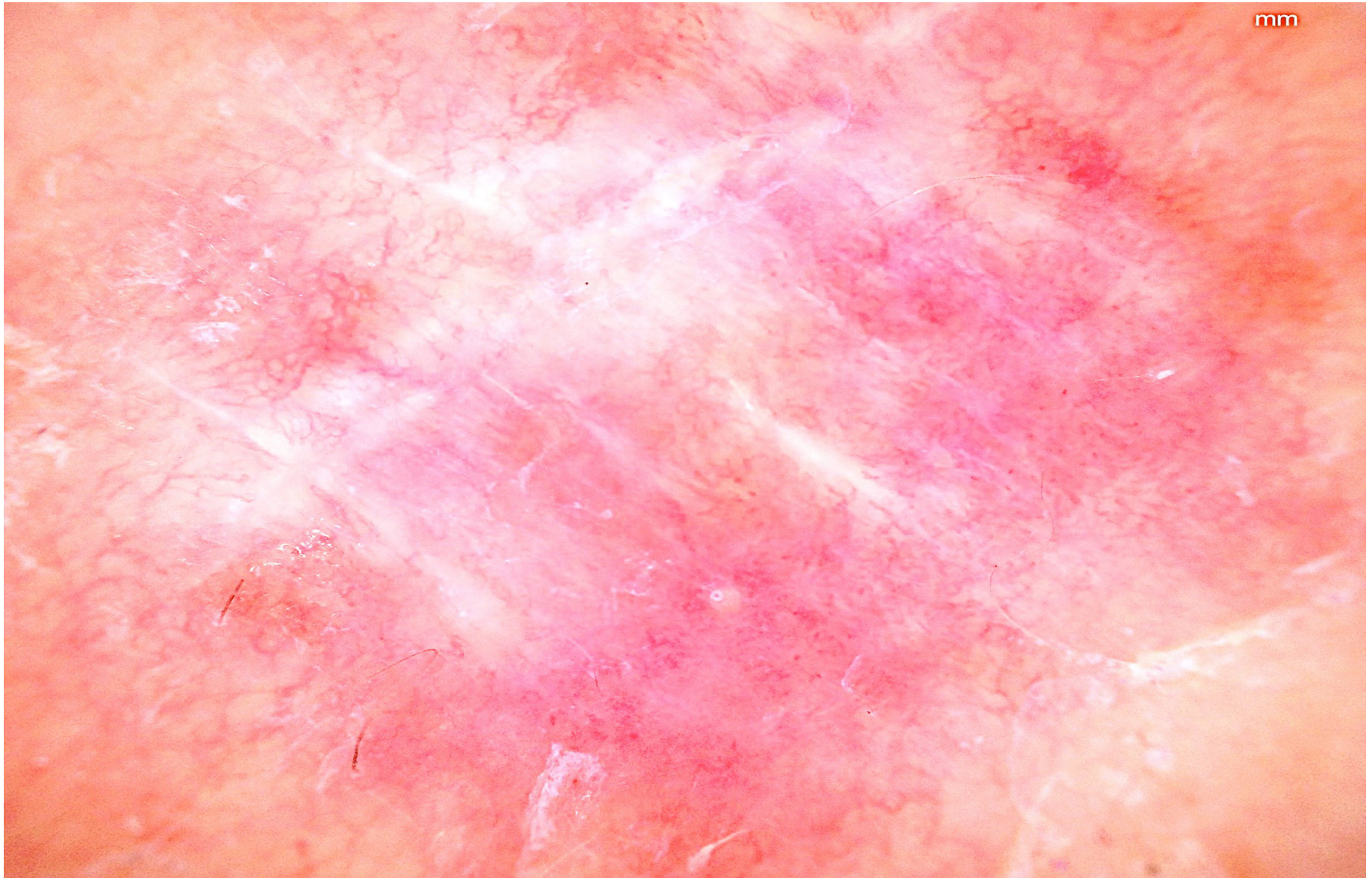






NPD





PD



## Melanoma Specific Structures



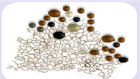
**Atypical network,**  
including angulated lines



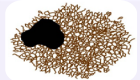
**Negative pigment network**



**Streaks** (pseudopods & radial streaming)



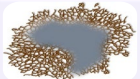
**Atypical dots and/or globules**



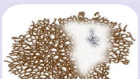
**Off-centered blotch**



**Peripheral tan structureless areas**



**Blue-white veil overlying raised areas**



**Regression structures**

- Blue-white veil overlying macular areas, scar-like areas and/or peppering

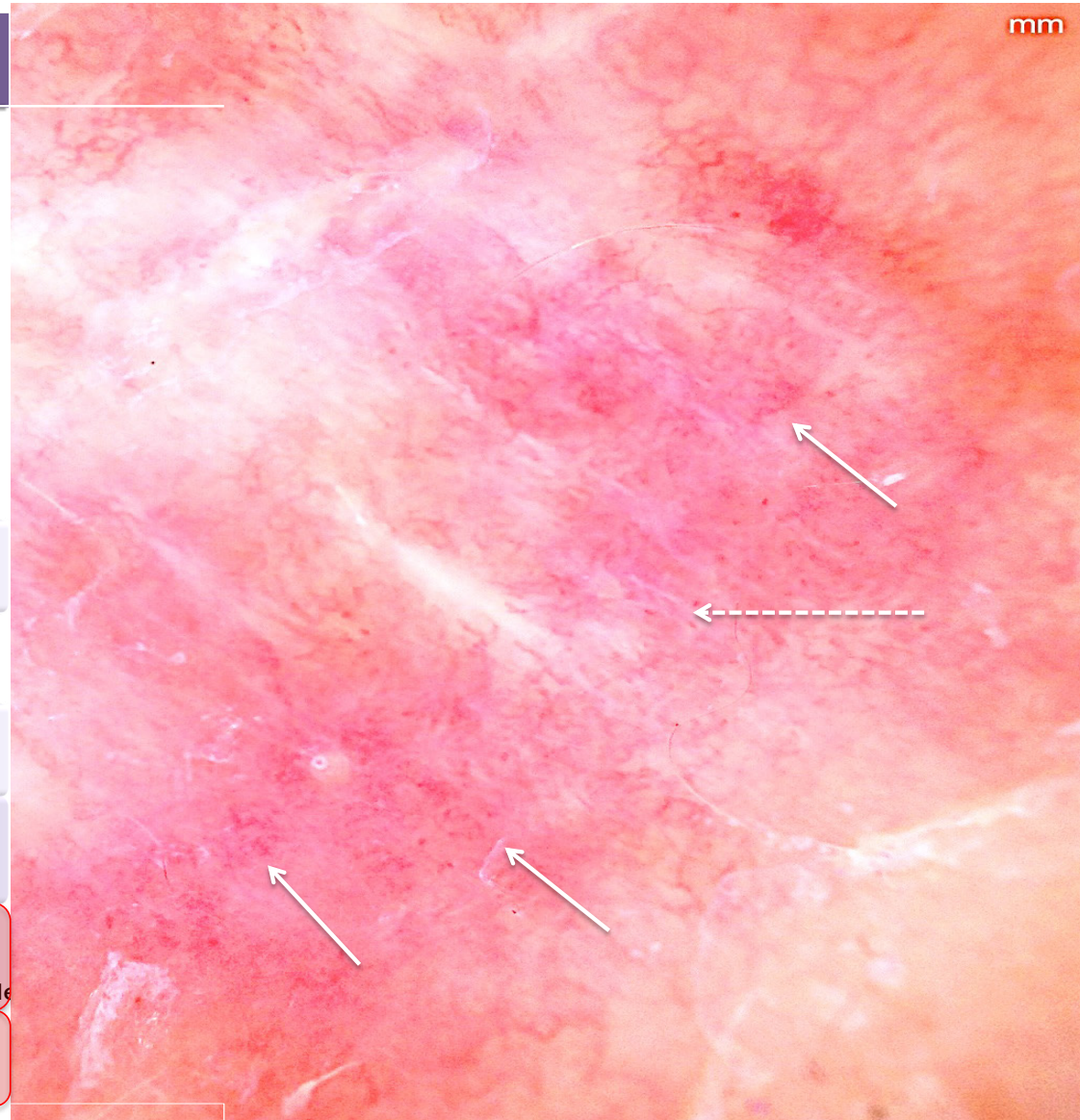


**Atypical vascular structures**

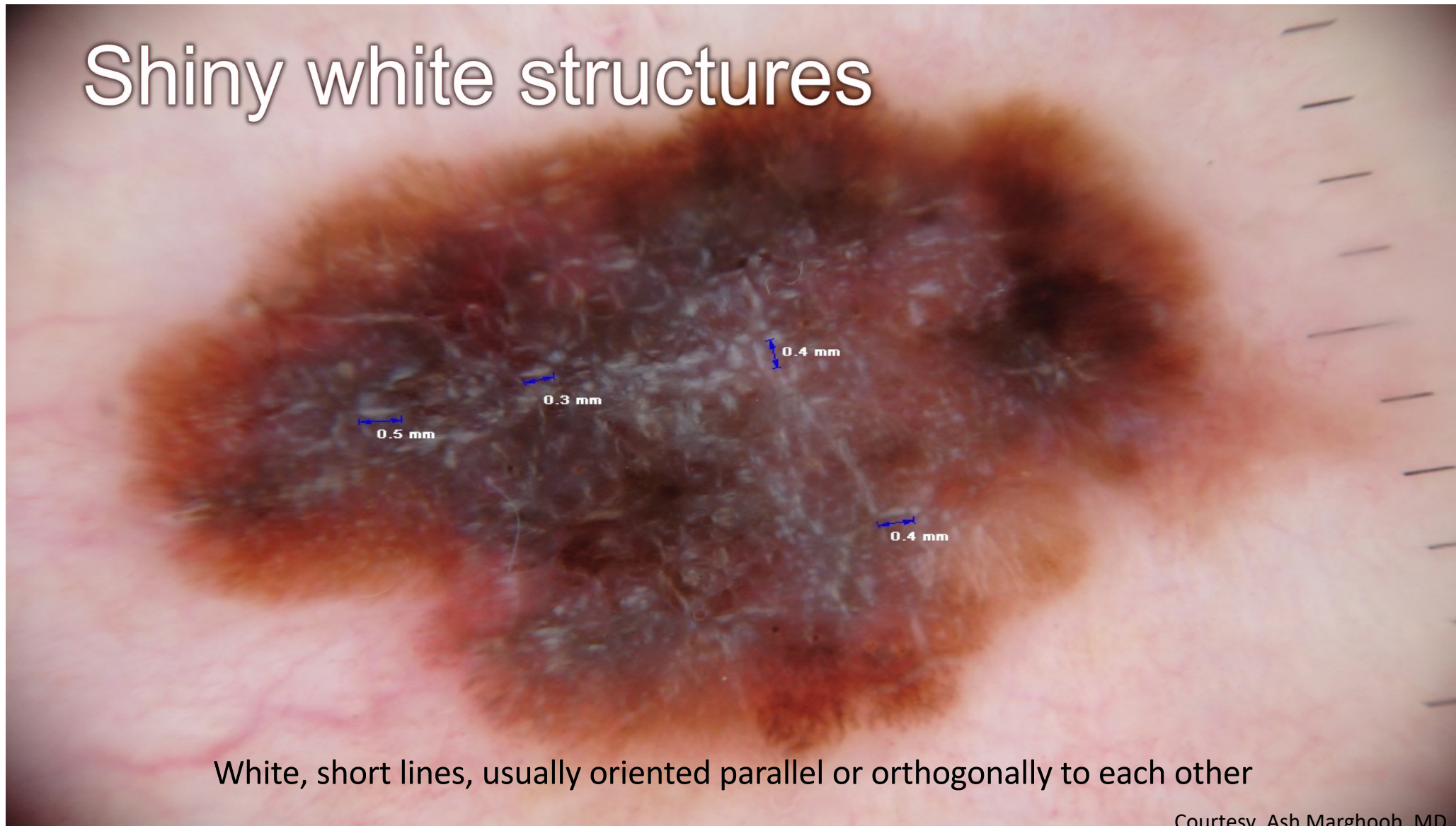
- Dotted, serpentine, corkscrew, and polymorphous vessels (>1 morphology), milky-red areas, red globules



**Shiny white lines** (Crystalline structures)



# Shiny white structures

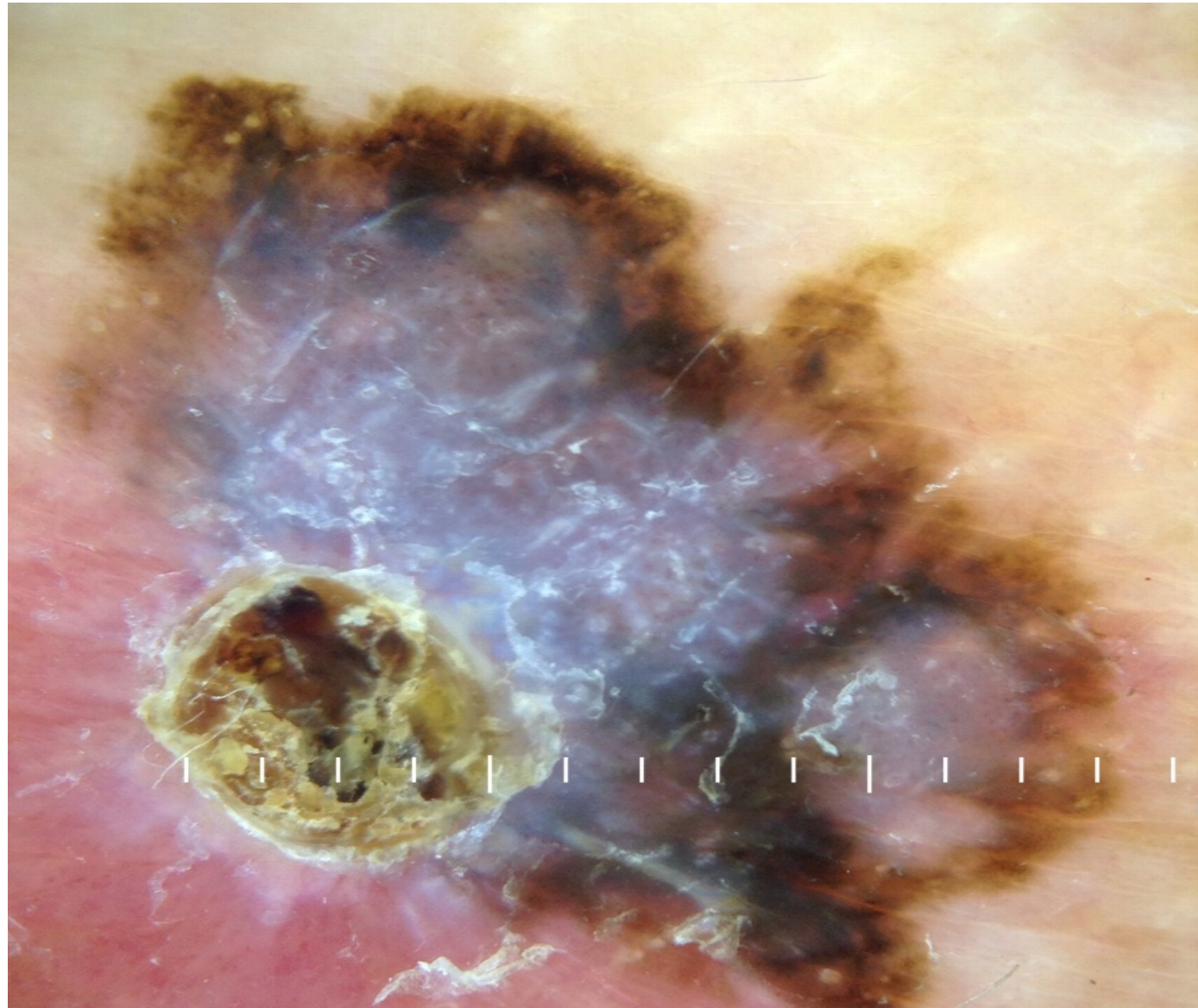


White, short lines, usually oriented parallel or orthogonally to each other

Courtesy Ash Marghoob, MD



*Polarized  
dermoscopy*







**NPD**



**PD**

Courtesy Dr. Marghoob

**Table II.** Prevalence of crystalline/chrysalis structures by histologic diagnosis for nonmelanocytic and melanocytic lesions

Nonmelanocytic				Melanocytic			
	Crystalline/chrysalis				Crystalline/chrysalis		
	No	Yes			No	Yes	
BCC*	43 (52.4)	39 (47.6)	82 (100)	Invasive melanoma	2 (15.4)	11 (84.6)	13 (100)
SK/solar lentigines	27 (84.4)	5 (15.6)	32 (100)	MIS	3 (100.0)	0 (0.0)	3 (100)
Hemangioma	1 (100.0)	0 (0.0)	1 (100)	MM Met	1 (25.0)	3 (75.0)	4 (100)
SCC/Bowen/KA	35 (87.5)	5 (12.5)	40 (100)	Spitz	0 (0.0)	3 (100.0)	3 (100)
LPLK	7 (46.7)	8 (53.3)	15 (100)	Clark/DN	19 (95.0)	1 (5.0)	20 (100)
AK	12 (70.6)	5 (29.4)	17 (100)	CMN	1 (100.0)	0 (0.0)	1 (100)
Scar	0 (0.0)	2 (100.0)	2 (100)	IDN	8 (80.0)	2 (20.0)	10 (100)
Other—nonmelanocytic	19 (95.0)	1 (5.0) <sup>†</sup>	20 (100)	Other—melanocytic	1 (50.0)	1 (50.0) <sup>‡</sup>	2 (100)
Total	144 (68.9)	65 (31.1)	209 (100)	Total	35 (62.5)	21 (37.5)	56 (100)

AK, Actinic keratosis; BCC, basal cell carcinoma; CMN, congenital melanocytic nevus; DN, dysplastic nevus; IDN, intradermal nevus; KA, keratoacanthoma; LPLK, lichen planuslike keratosis; MIS, melanoma in situ; MM Met, malignant melanoma cutaneous metastasis; SCC, squamous cell carcinoma; SK, seborrheic keratosis.

\*5 BCCs were treated with Mohs and histologically confirmed to be BCCs without initial biopsy performed.

<sup>†</sup>Lesion observed with crystalline/chrysalis structures in this category was normal scalp from bald individual.

<sup>‡</sup>Lesion observed with crystalline/chrysalis structures in this category was traumatized nevus.

**Table V.** Differences in tumor thickness and presence of regression by presence or absence of crystalline/chrysalis structures for polarized contact dermatoscopy among retrospectively analyzed lesions

	PCD		<i>P</i> value
	Crystalline/chrysalis		
	Present	Absent	
Thickness, mean, (SD)*	0.68 (0.50)	0.43 (0.28)	.001
Thickness, median <sup>†</sup>	0.55	0.39	.001
Regression	n (%)	n (%)	
Absent	38 (53.5)	121 (67.2)	.04
Present	33 (46.5)	59 (32.8)	

*PCD*, Polarized contact dermatoscopy.

\*Based on Student *t* test.

<sup>†</sup>Based on Wilcoxon sign rank test.

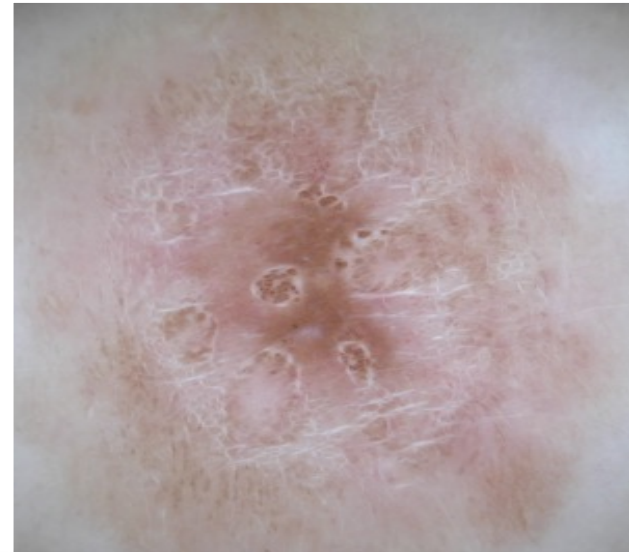


## Shiny White Lines



Spitz Nevus

Can be seen in Spitz & severe DN.  
Often distributed in center of lesion.



Melanoma

Often in invasive MM but can also  
be seen in in situ MM. Distributed  
focally or throughout lesion.

# Shiny White Structures

Research Original Investigation

Diagnostic Accuracy of Dermoscopic Structures and Patterns Used in Melanoma Detection

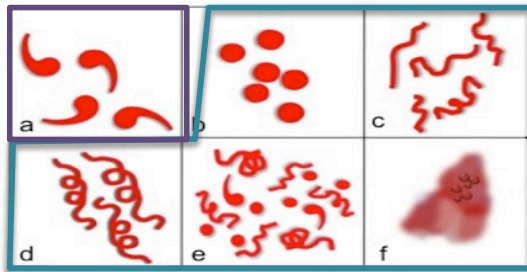
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Williams N, Rojas KD, Reynolds JM, Kwon D, Shum-Tien J, Jaimes N. JAMA Dermatol, 2021

Typical

Level 7

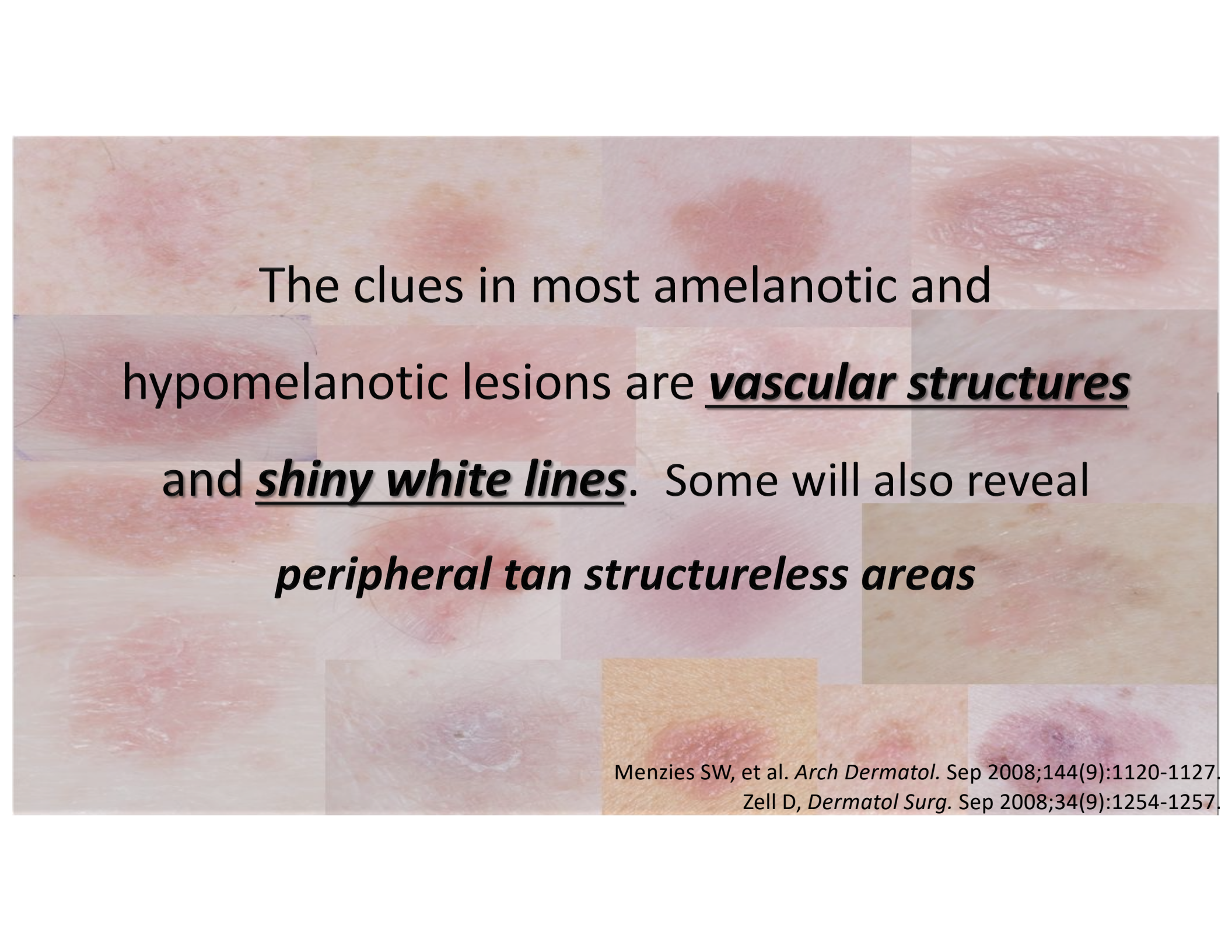


Vascular  
structures in  
melanocytic  
tumors

Atypical

Unclassifiable lesion





The clues in most amelanotic and hypomelanotic lesions are **vascular structures** and **shiny white lines**. Some will also reveal ***peripheral tan structureless areas***

Menzies SW, et al. *Arch Dermatol.* Sep 2008;144(9):1120-1127.  
Zell D, *Dermatol Surg.* Sep 2008;34(9):1254-1257.

ORIGINAL ARTICLE

## Clinical and dermoscopic characteristics of amelanotic melanomas that are not of the nodular subtype

N. Jaimes,<sup>†</sup> R.P. Braun,<sup>‡</sup> L. Thomas,<sup>§</sup> A.A. Marghoob<sup>†,\*</sup>

<sup>†</sup>Department of Dermatology, Memorial Sloan-Kettering Cancer Center, New York, NY, USA

<sup>‡</sup>Department of Dermatology, University Hospital, Zurich, Switzerland

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\*Correspondence: A.A. Marghoob. E-mail: marghooa@mskcc.org

### Abstract

**Background** Amelanotic melanomas remain challenging to diagnose.

**Objective** To analyze and describe the clinical and dermoscopic characteristics of amelanotic melanomas that are not of the nodular subtype.

**Patients/Methods** We conducted a retrospective review of 20 consecutively diagnosed amelanotic melanomas. The clinical and dermoscopic images of pathologically confirmed amelanotic melanomas that were not of the nodular subtype were analyzed. In addition, the clinical diagnosis and the reasons why these lesions were biopsied were examined.

**Results** All 20 amelanotic melanomas were erythematous and lacked any of the clinical ABCD features commonly attributed to melanoma. The lesions appeared clinically to be relatively symmetric with regular borders and manifesting a circular to oval morphology. Dermoscopically, all lesions manifested polymorphous vascular pattern.

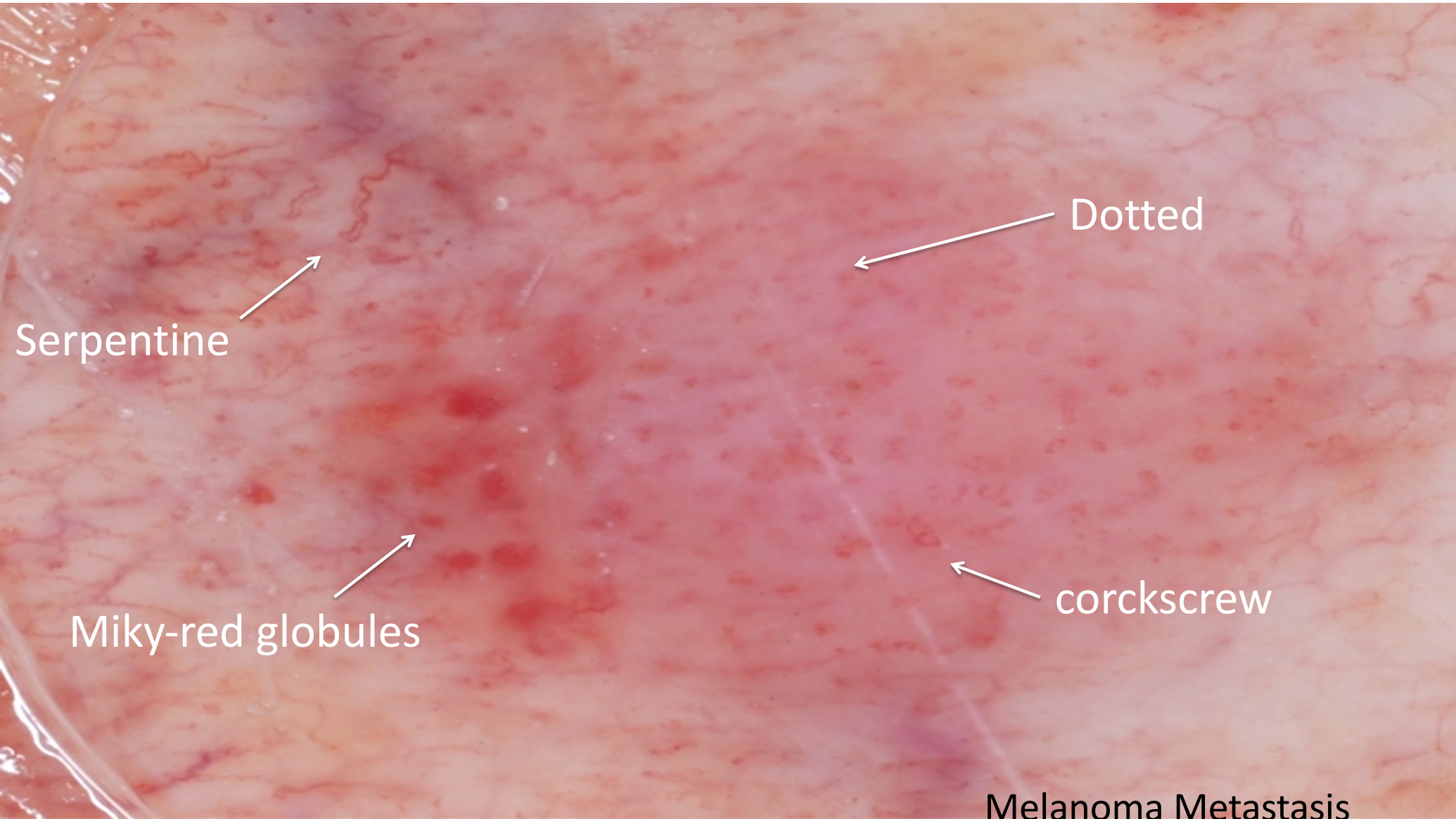
**Conclusions** Amelanotic melanomas that are not of the nodular subtype often present as clinically symmetric erythematous lesions. Therefore, it is important to consider AMs in the differential diagnosis of isolated and persistent erythematous outlier lesions, even if they are symmetric in appearance. Additionally, the presence of a polymorphous vascular pattern seen with dermoscopy can facilitate in correctly identifying these melanomas.

Received: 28 March 2011; Accepted: 27 April 2011

**Table 2** Dermoscopic features of amelanotic melanomas that are not of the nodular subtype ( $n = 20$ )

Dermoscopic feature	Total, $n$ (%)
Vessels	
Serpentine	17 (85)
Dotted	15 (75)
Linear	7 (35)
Milky red areas/vascular blush	16 (80)
Symmetry	
Mono-axial	2 (10)
Bi-axial	12 (65)
Asymmetry	3 (15)
N/A	2 (10)
Peripheral light brown structureless areas	
Present	11 (55)
Absent	9 (45)





Serpentine

Dotted

Miky-red globules

corckscrew

Melanoma Metastasis

# Dermoscopic Evaluation of Amelanotic and Hypomelanotic Melanoma

Scott W. Menzies, MB, BS, PhD; Juergen Kreusch, PhD, MD; Karen Byth, PhD; Maria A. Pizzichetta, MD; Ashfaq Marghoob, MD; Ralph Braun, MD; Josep Malvehy, MD; Susana Puig, MD; Giuseppe Argenziano, MD; Iris Zalaudek, MD; Harold S. Rabinovitz, MD; Margaret Oliviero, ARNP; Horacio Cabo, MD; Verena Ahlgrimm-Siess, MD; Michelle Avramidis, BSc; Pascale Guitera, MD; H. Peter Soyer, MD; Giovanni Ghigliotti, MD; Masaru Tanaka, MD; Ana M. Perusquia, MD; Gianluca Pagnanelli, MD; Riccardo Bono, MD; Luc Thomas, MD, PhD; Giovanni Pellacani, MD; David Langford, MB, ChB; Domenico Piccolo, MD; Karin Terstappen, MD; Ignazio Stanganelli, MD; Alex Llambrich, MD; Robert Johr, MD

**Objective:** To determine the predictive dermoscopic features of amelanotic and hypomelanotic melanoma.

**Design:** A total of 105 melanomas (median Breslow thickness, 0.76 mm), 170 benign melanocytic lesions, and 222 nonmelanocytic lesions lacking significant pigment (amelanotic, partially pigmented, and light colored) were imaged using glass-plate dermoscopy devices and scored for 99 dermoscopic features. Diagnostic models were derived from and tested on independent randomly selected lesions.

**Setting:** Predominantly hospital-based clinics from 5 continents.

**Main Outcome Measures:** Sensitivity, specificity, and odds ratios for individual features and models for the diagnosis of melanoma and malignancy.

**Results:** The most significant negative predictors of melanoma were having multiple ( $>3$ ) milialike cysts (odds ratio, 0.09; 95% confidence interval, 0.01-0.64), comma vessels with a regular distribution (0.10; 0.01-0.70),

comma vessels as the predominant vessel type (0.16; 0.05-0.52), symmetrical pigmentation pattern (0.18; 0.09-0.39), irregular blue-gray globules (0.20; 0.05-0.87), and multiple blue-gray globules (0.28; 0.10-0.81). The most significant positive predictors were having a blue-white veil (odds ratio, 13; 95% confidence interval, 3.9-40.0), scarlike depigmentation (4.4; 2.4-8.0), multiple blue-gray dots (3.5; 1.9-6.4), irregularly shaped depigmentation (3.3; 2.0-5.3), irregular brown dots/globules (3.2; 1.8-5.6), 5 to 6 colors (3.2; 1.6-6.3), and predominant central vessels (3.1; 1.6-6.0). A simple model distinguishing melanomas from all nonmelanomas had a sensitivity of 70% and a specificity of 56% in the test set. A model distinguishing all malignant lesions from benign lesions had a sensitivity of 96% and a specificity of 37%.

**Conclusion:** Although the diagnostic accuracy of dermoscopy for melanoma lacking significant pigment is inferior to that of more pigmented lesions, features distinguishing the former from benign lesions can be visualized on dermoscopic evaluation.

*Arch Dermatol.* 2008;144(9):1120-1127

## **Table 7. Simple Dermoscopic Model for the Diagnosis of Melanoma Lacking Significant Pigment<sup>a</sup>**

---

Negative feature (if present, nonmelanoma)

- >3 Milialike cysts

Positive features (if any 1 present, then melanoma)

- Irregularly sized or distributed brown dots/globules

- Multiple blue/gray dots

- Irregularly shaped depigmentation

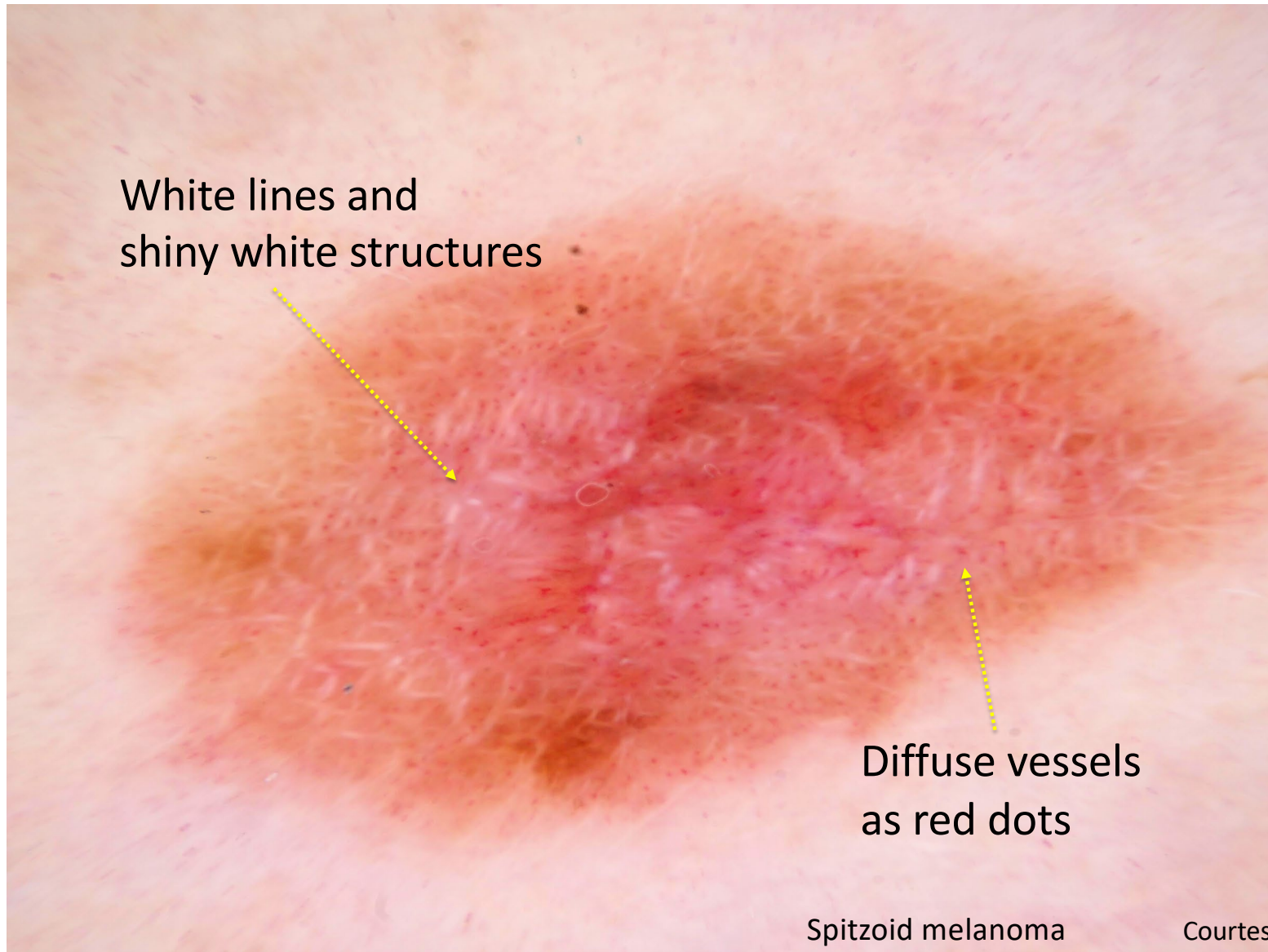
- Blue-white veil

- >1 Shade of pink

- Predominant central vessels

- Dotted and linear irregular vessels





White lines and  
shiny white structures

Diffuse vessels  
as red dots

Spitzoid melanoma

Courtesy Dr. Rabinovitz

# Atypical vessels

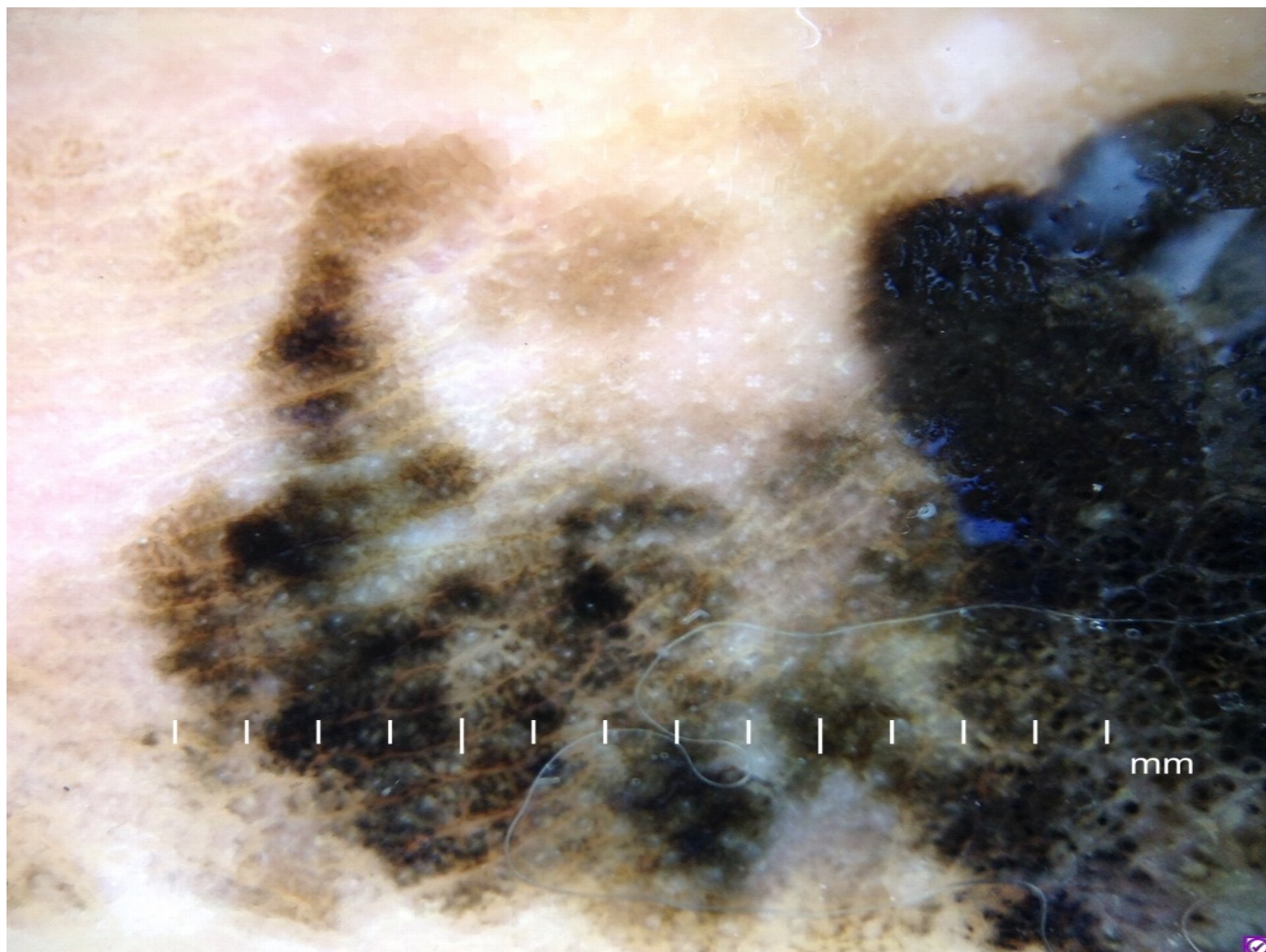
Table 3. Diagnostic Accuracy and Odds Ratio of Each Melanoma-Specific Dermoscopic Structure and/or Pattern From Highest to Lowest Sensitivity

Structure	No. of studies (lesions)	% (95% CI)		Odds ratio (95% CI)	$I^2$ , %
		Sensitivity	Specificity		
Linear irregular vessels	5 (1806)	23.2 (9.7-46.0)	86.8 (74.3-93.7)	2.1 (1.3-3.6)	61.0
Linear irregular vessels and polymorphous/atypical vessels	18 (11 284)	22.1 (14.6-32.1)	81.6 (83.7-91.9)	2.3 (1.7-3.1)	35.8
Polymorphous/atypical vessels	17 (11 505)	21.9 (13.3-33.8)	89.0 (83.6-93.0)	2.4 (1.7-3.4)	80.6
Streaks	18 (11 035)	21.1 (14.0-30.4)	92.1 (88.4-94.7)	3.1 (2.2-4.5)	77.5
Streaks and pseudopods	18 (11 035)	19.3 (13.9-26.2)	83.8 (91.0-95.7)	3.4 (2.6-4.6)	38.1
Pseudopods	7 (6751)	15.4 (8.8-25.6)	97.3 (94.3-98.7)	6.7 (2.7-16.1)	70.3

Williams N, Rojas KD, Reynolds JM, Kwon D, Shum-Tien J, Jaimes N. JAMA Dermatol, 2021

**CASE**





## Melanoma Specific Structures



**Atypical network,**  
including angulated lines



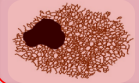
**Negative pigment network**



**Streaks** (pseudopods & radial streaming)



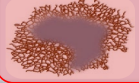
**Atypical dots and/or globules**



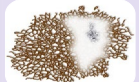
**Off-centered blotch**



**Peripheral tan structureless areas**



**Blue-white veil overlying raised areas**



**Regression structures**

- Blue-white veil overlying macular areas, scar-like areas and/or peppering

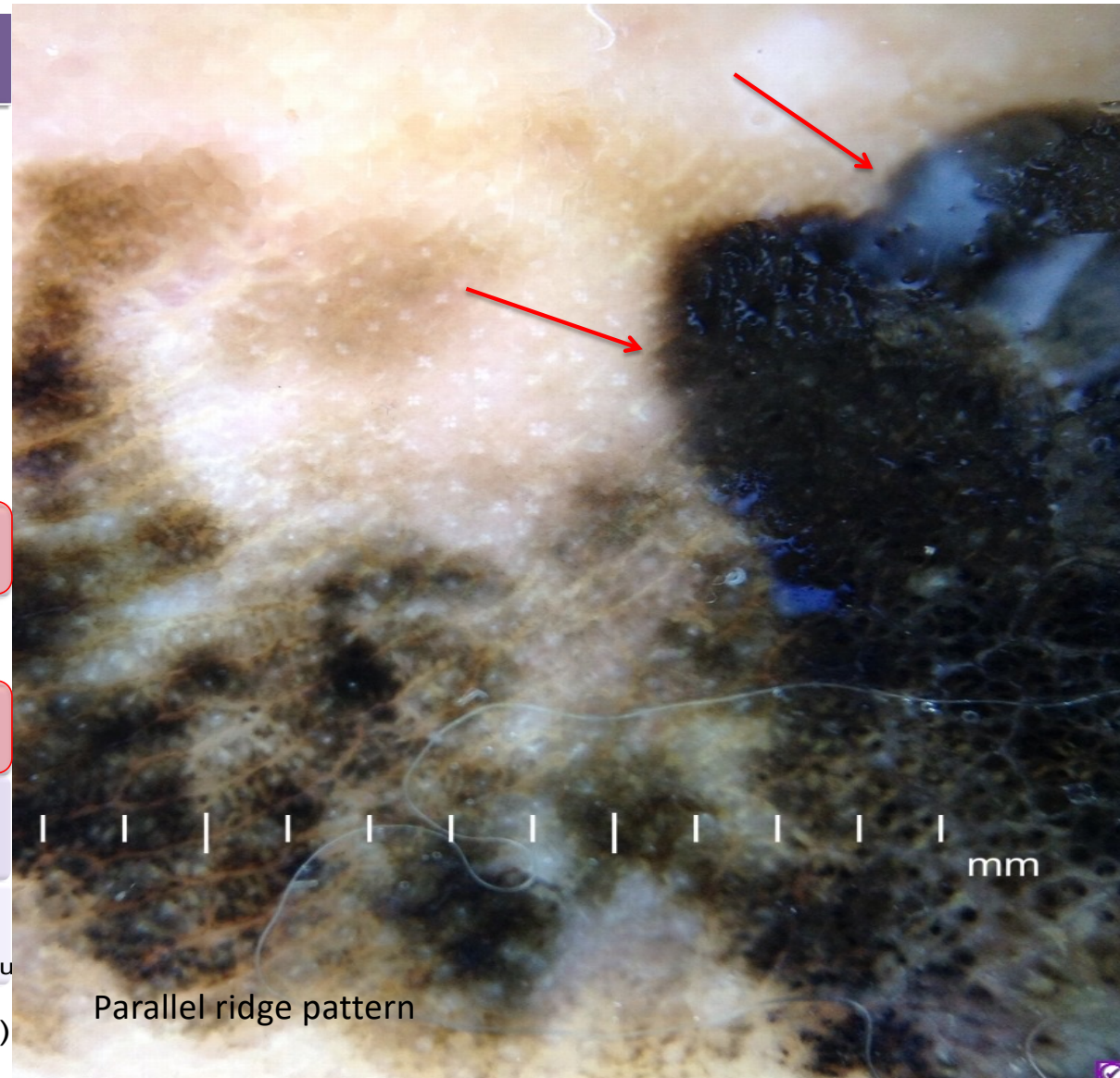


**Atypical vascular structures**

- Dotted, serpentine, corkscrew, and polymorphous vessels (>1 morphology), milky-red areas, red globules



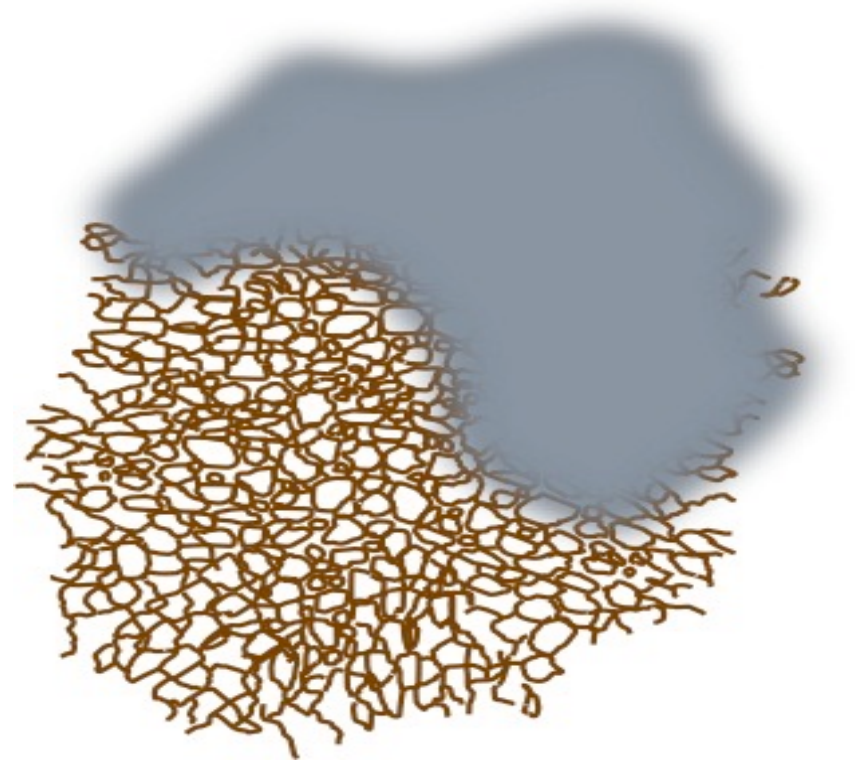
**Shiny white lines** (Crystalline structures)



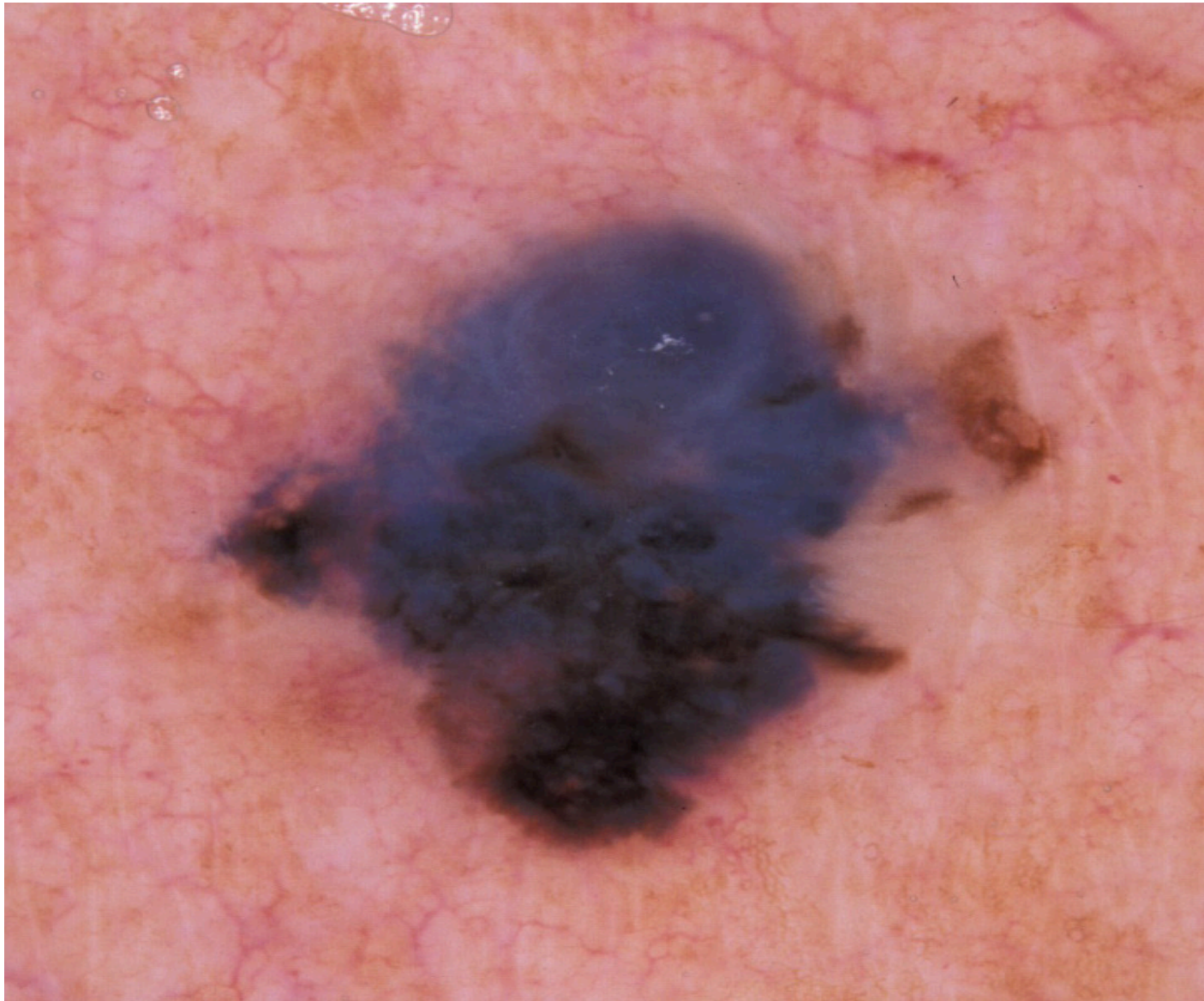


## Blue White Veil

- confluent blue pigmentation with overlying white ground–glass haze
- raised palpable portion of the lesion







Compact  
orthokeratosis



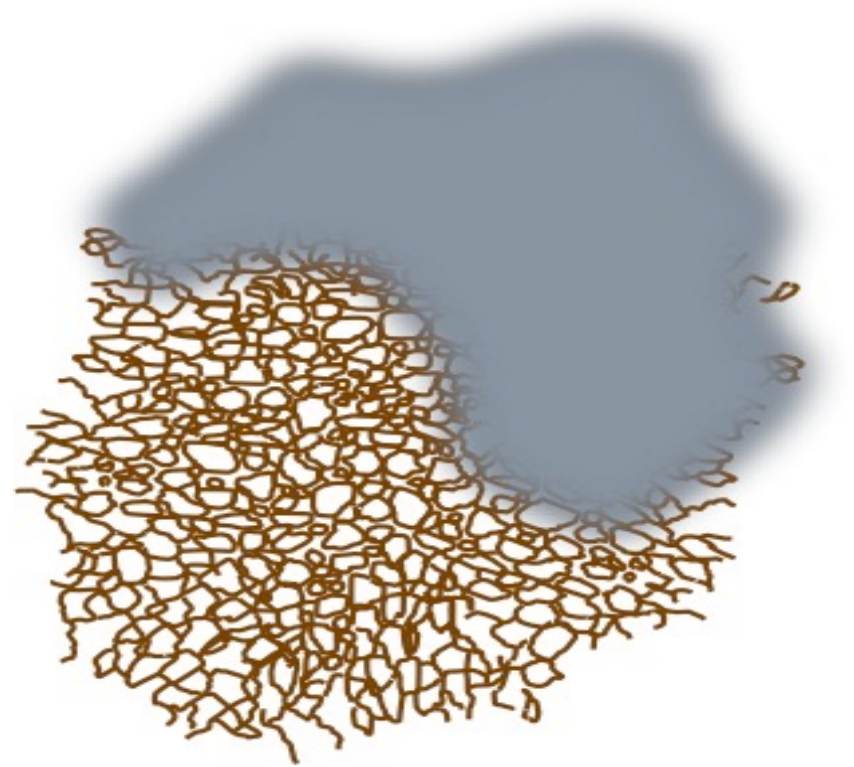
- Aggregation of heavily pigmented cells and/or melanophages in combination with compact orthokeratosis of the stratum corneum

Blue white veil

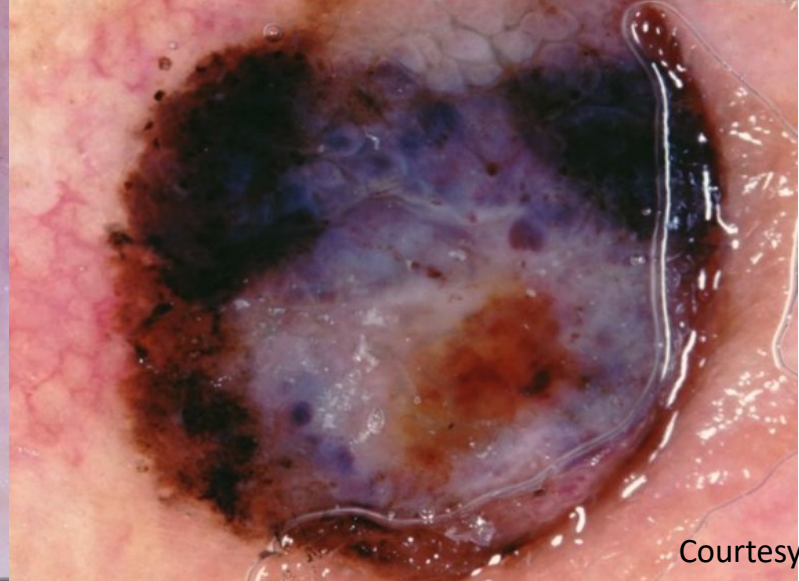
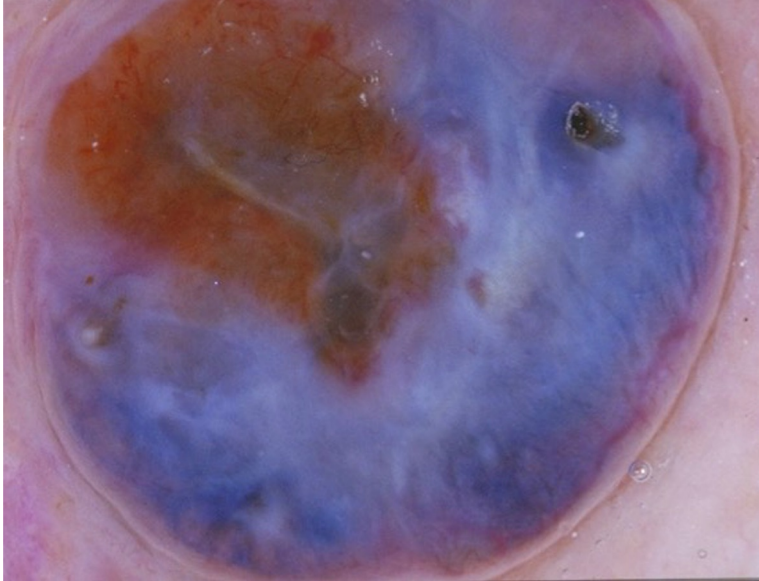
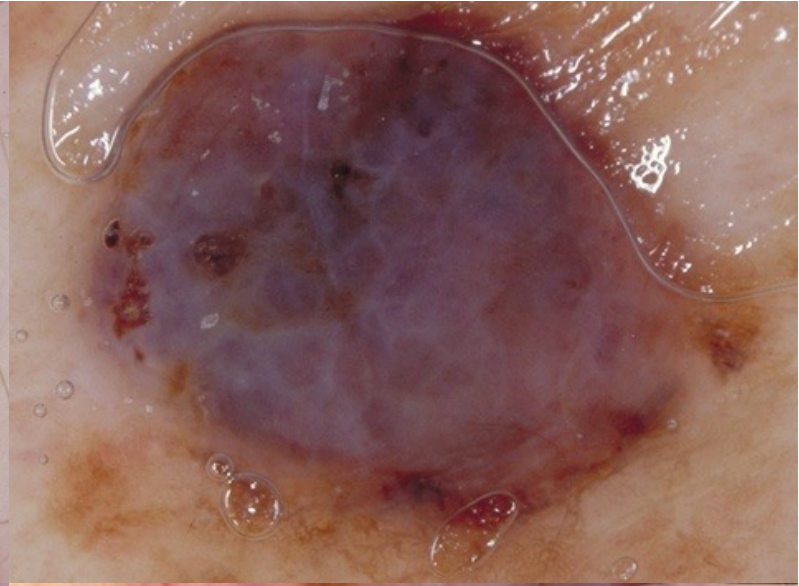
NPD

## Blue White Veil

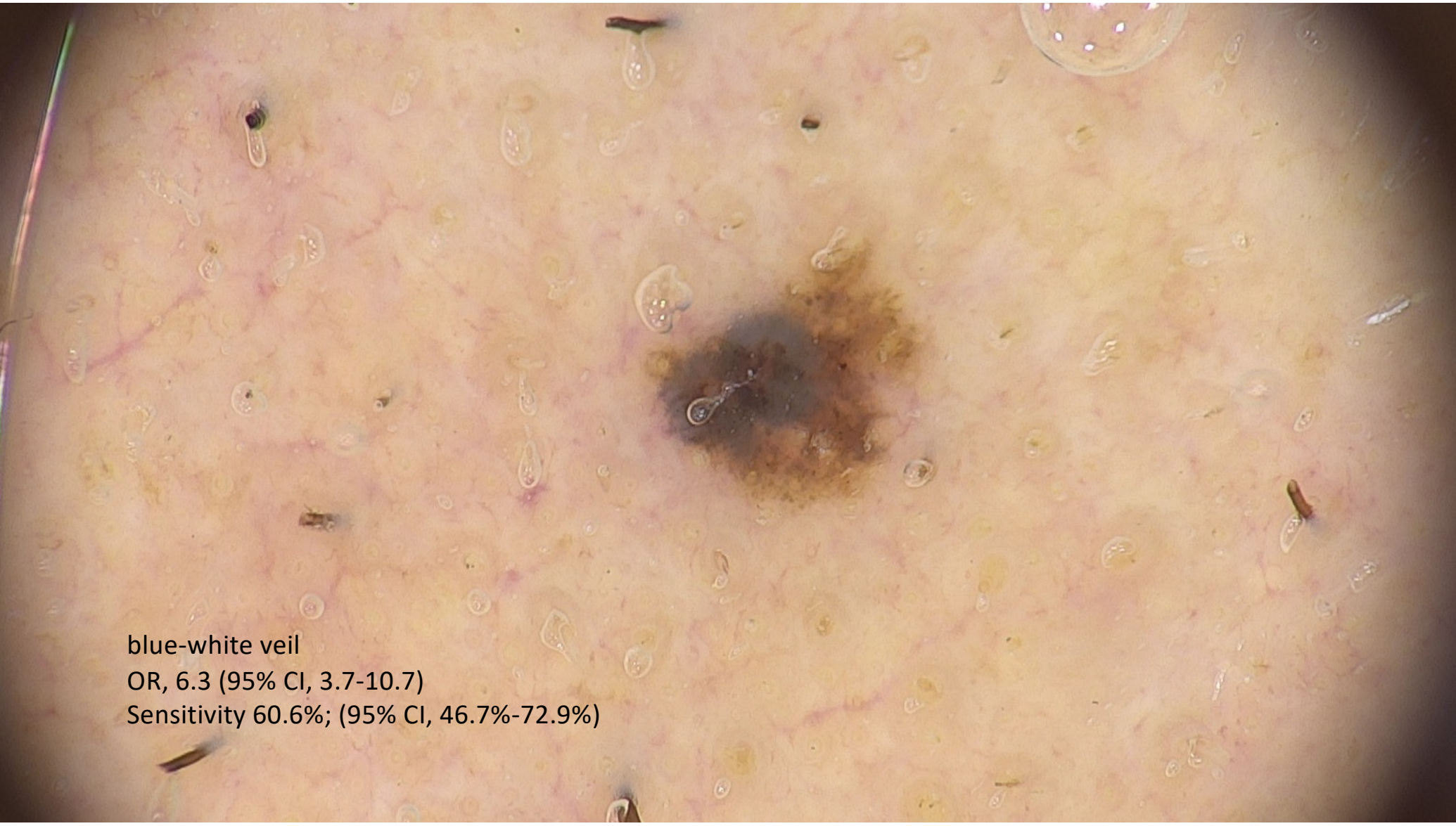
- BWV is not:
  - in the entire lesion
  - Associated with regression structures
- OR, 6.3 (95% CI, 3.7-10.7)
- Sensitivity 60.6%; (95% CI, 46.7%-72.9%)







Courtesy Dr. Rabinovitz

A dermoscopy image of a skin lesion. The lesion is a dark, irregularly shaped area with a blue-white veil, which is a characteristic feature of melanocytic lesions. The surrounding skin is light-colored and shows some minor discoloration and small, dark spots. The text "blue-white veil" is overlaid on the bottom left of the image.

blue-white veil

OR, 6.3 (95% CI, 3.7-10.7)

Sensitivity 60.6%; (95% CI, 46.7%-72.9%)



# Atypical vessels

Research Original Investigation

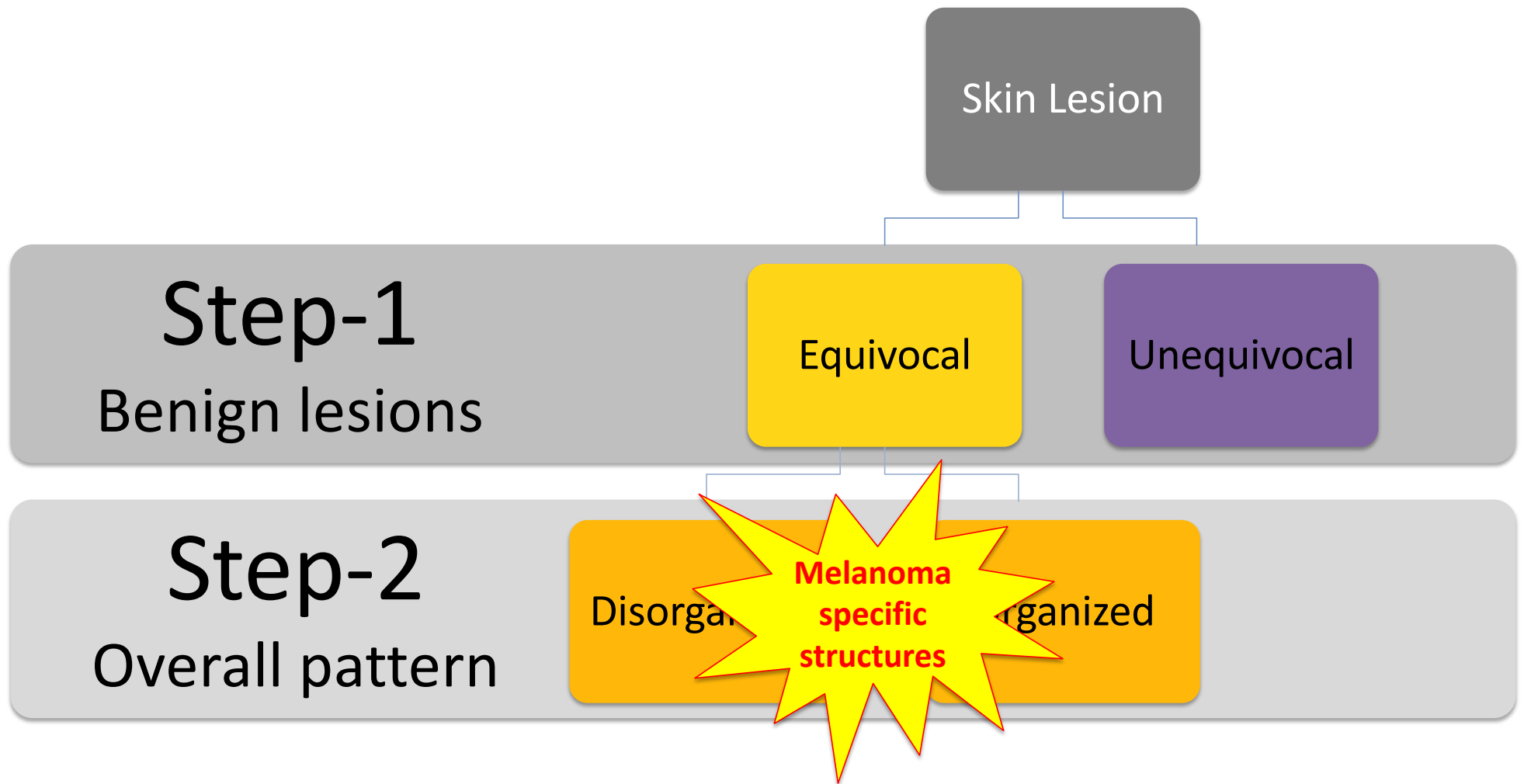
Diagnostic Accuracy of Dermoscopic Structures and Patterns Used in Melanoma Detection

Table 3. Diagnostic Accuracy and Odds Ratio of Each Melanoma-Specific Dermoscopic Structure and/or Pattern From Highest to Lowest Sensitivity

Structure	No. of studies (lesions)	% (95% CI)		Odds ratio (95% CI)	$I^2$ , %
		Sensitivity	Specificity		
Irregular pigmentation	5 (1226)	62.3 (31.2-85.8)	78.6 (57.6-90.8)	6.4 (2.0-20.5)	87.9
Blue-white veil	17 (10 128)	60.6 (46.7-72.9)	79.7 (71.8-85.9)	6.3 (3.7-10.7)	89.0
Atypical network	19 (11 787)	56.8 (43.6-69.2)	71.8 (59.9-81.3)	3.3 (2.4-4.5)	83.8
Multicomponent pattern	9 (12 299)	53.7 (40.4-66.4)	82.4 (72.2-89.4)	5.6 (2.4-13.0)	96.6
Atypical dots and/or globules	17 (5497)	49.7 (37.8-61.8)	73.0 (61.8-81.9)	2.7 (1.8-4.1)	85.1

Williams N, Rojas KD, Reynolds JM, Kwon D, Shum-Tien J, Jaimes N. JAMA Dermatol, 2021



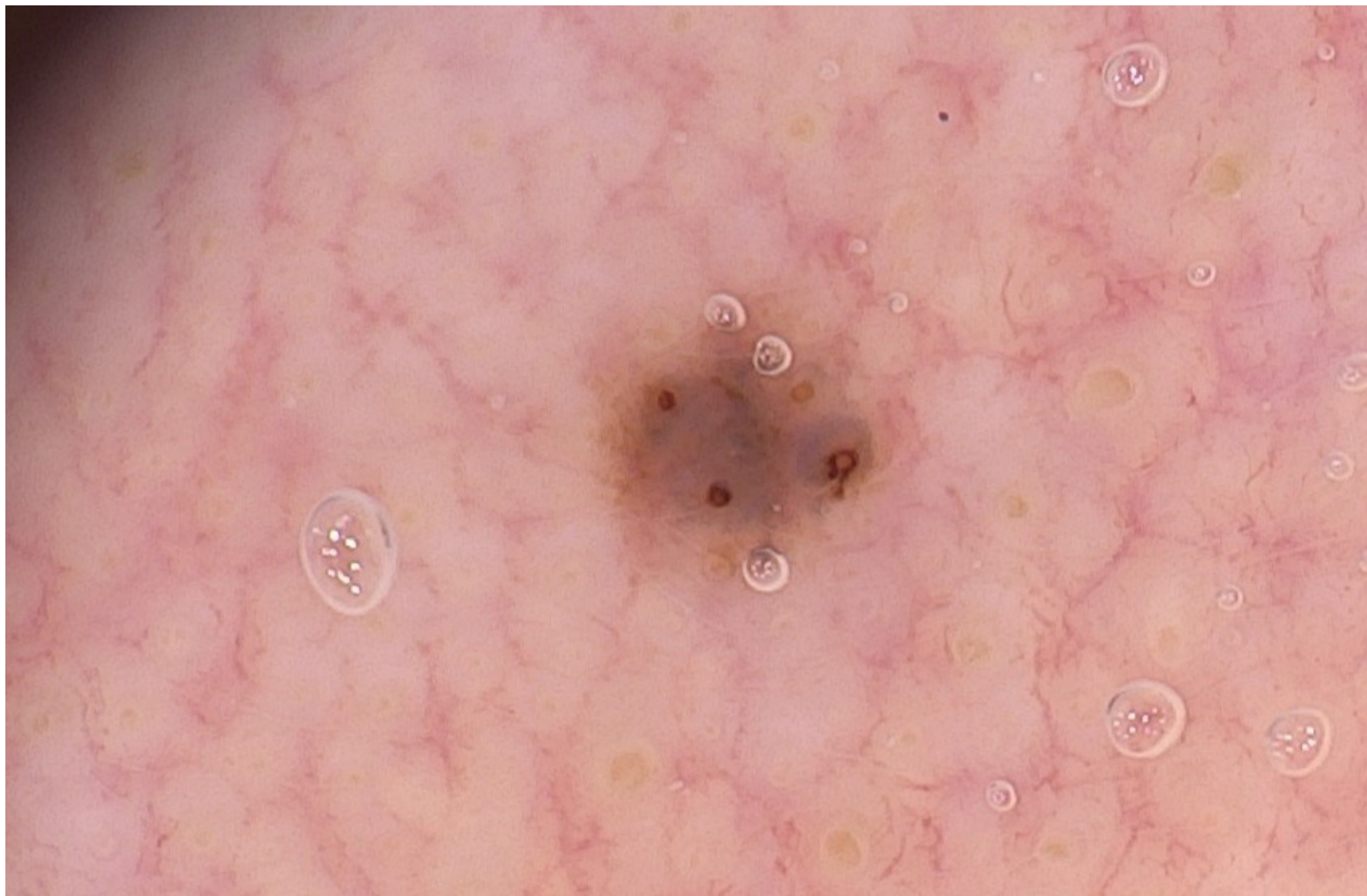


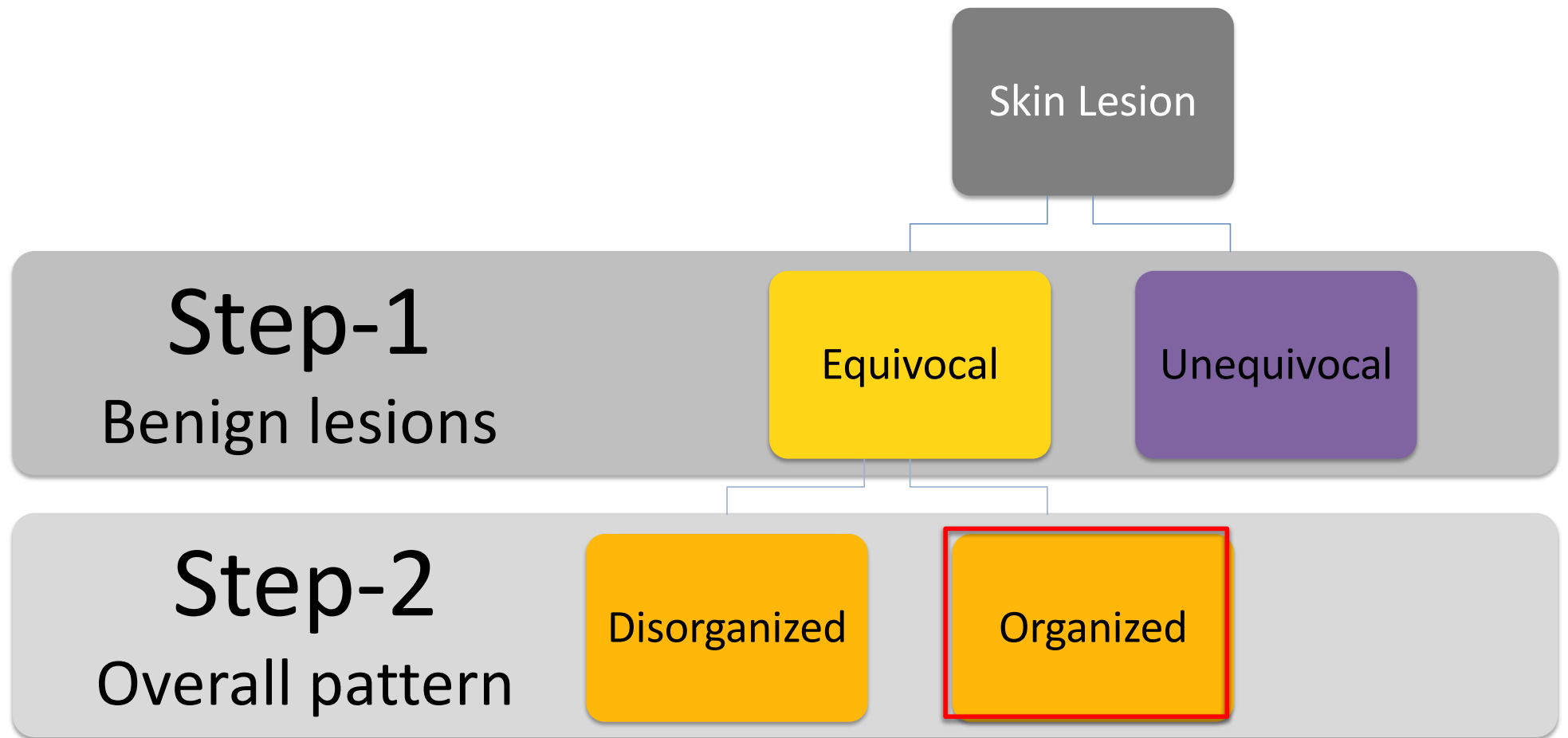
**Last case**















# Dermoscopy for the not faint hearted

Saturday, July 2, 2022

11:30 – 12:00pm

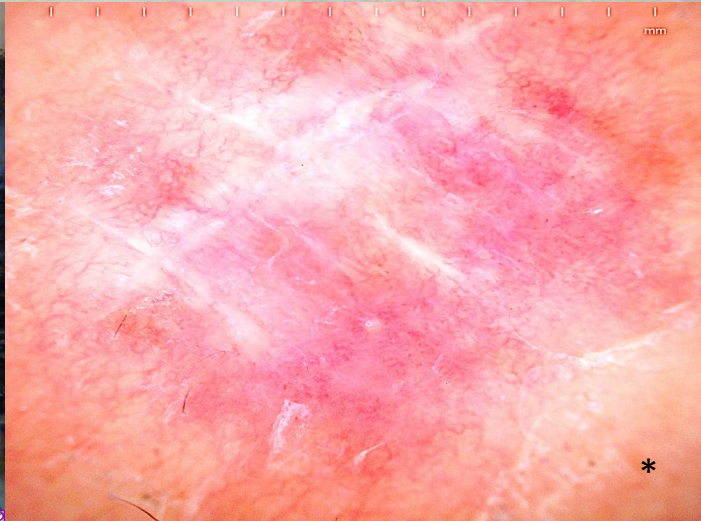
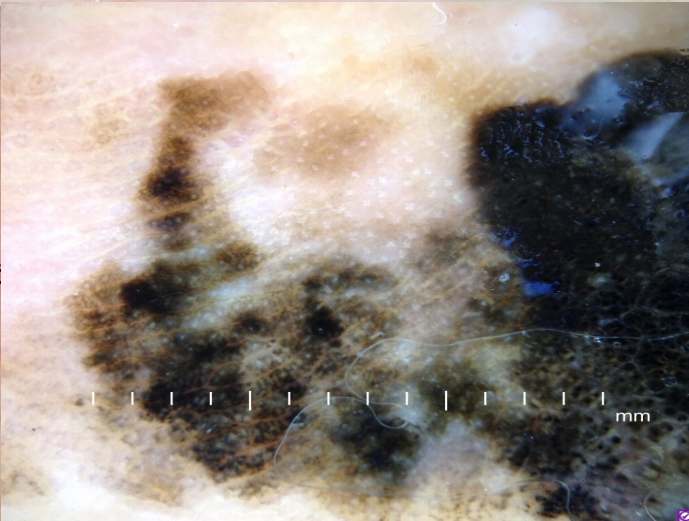
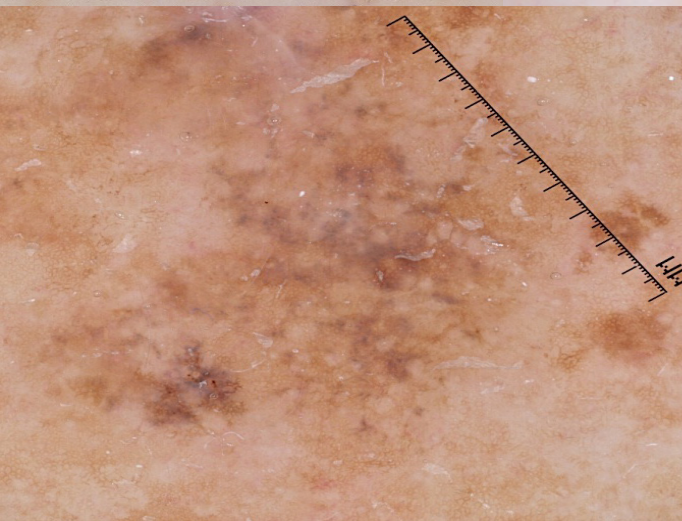
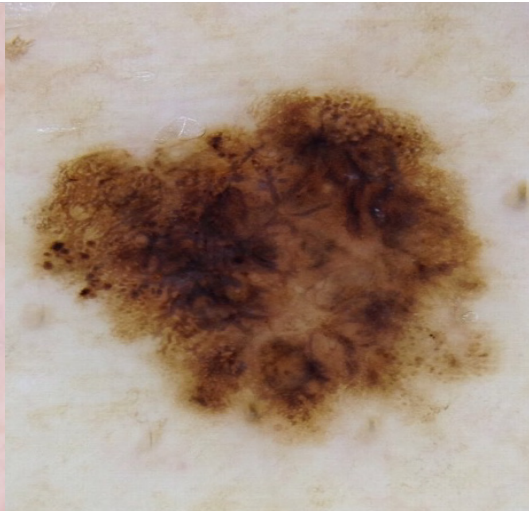
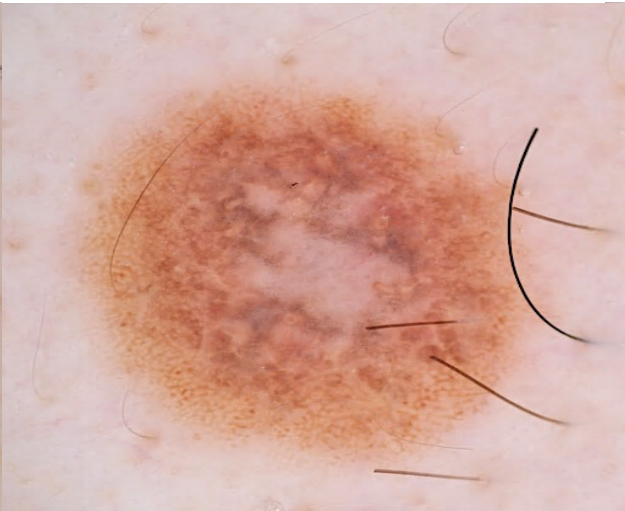
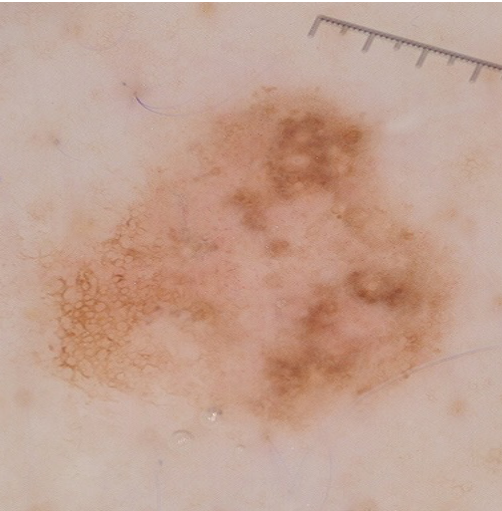
Dr. Marghoob



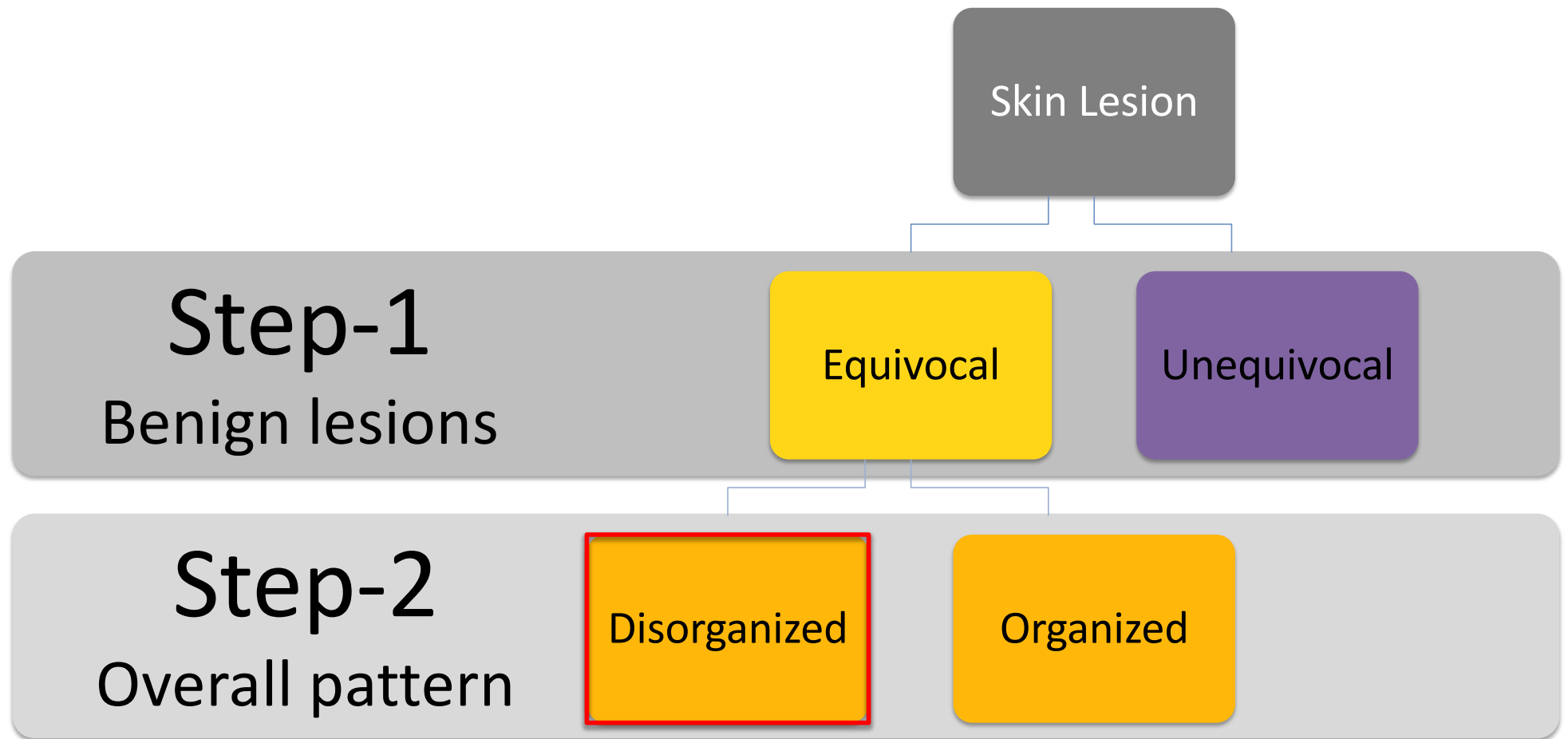
# TUNED!

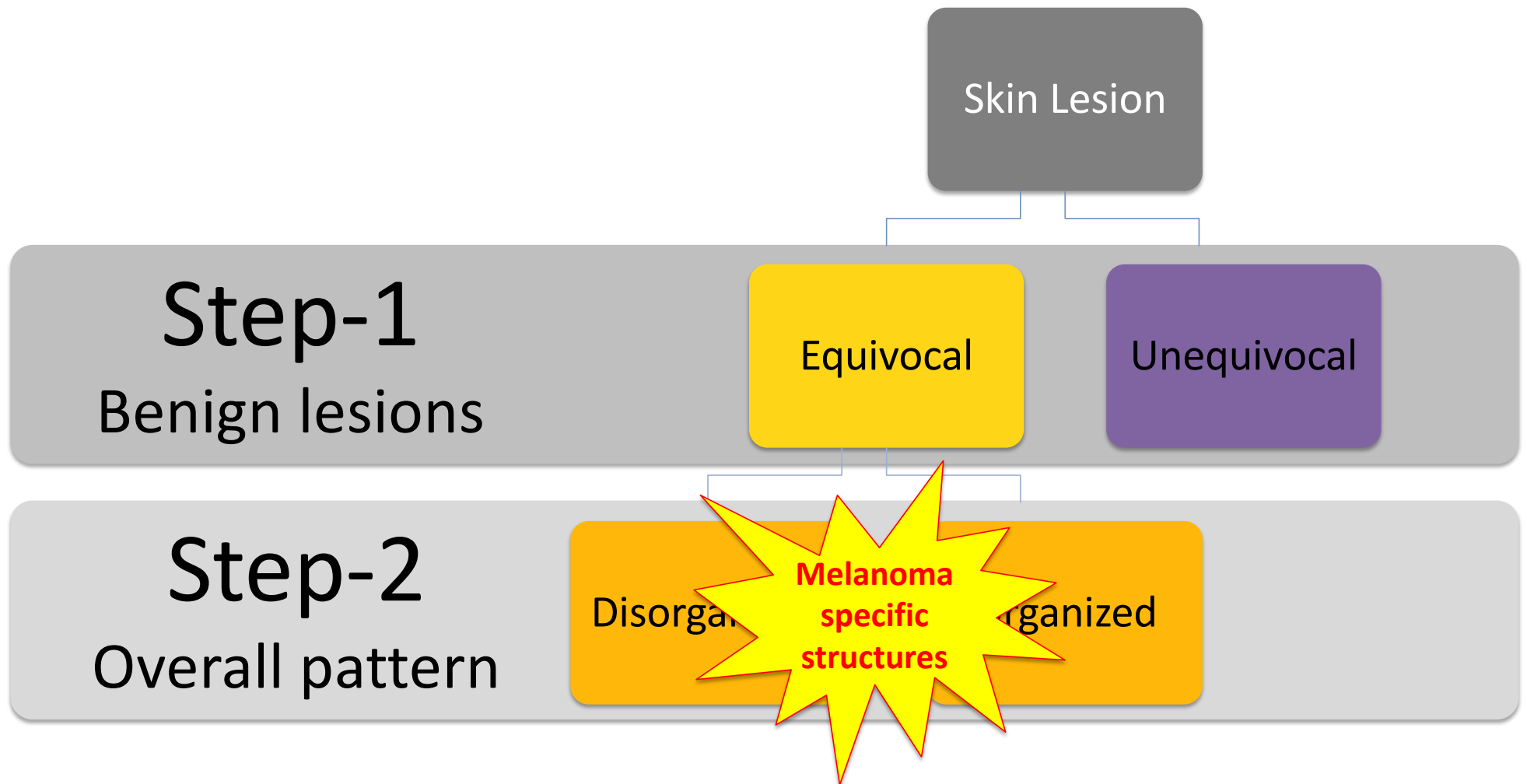


**In Summary**









## **Subtypes of Melanoma**

### **Chronic sun-damaged skin (CSD)**

Melanoma on sun-damaged skin

Desmoplastic melanoma

### **Non sun-damaged skin (NSD) (Intermittent sun exposure)**

Melanoma in association with nevi

De novo melanoma

Nodular or rapidly growing melanoma

Shade of pink melanoma

Spitzoid melanoma

Nevoid melanoma

### **Acral melanoma**

### **Mucosal melanoma**

### **Dermal melanoma**





**KEEP  
CALM**

**IT'S  
TIME TO PLAY  
THE Kahoot!**



**We only get to play this  
game one time, one life.**

Gary Vaynerchuk

