

Chaos Clues and Exceptions

An algorithm for pigmented skin lesions

Cliff Rosendahl MBBS, PhD; Aksana Marozava, MD; Mohammadreza Hassani, MD; Simon Clark, MBChB, FRCPA

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Step 1:

Is it a lesion of concern?

Can I make a confident specific benign diagnosis by dermatoscopic pattern-recognition? If the answer is "no", then apply the algorithm.

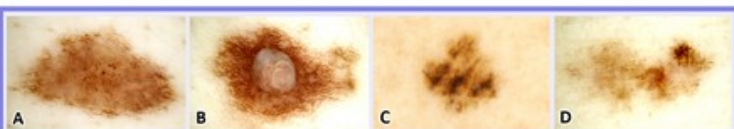
There are 5 benign lesion-categories which cover most skin lesions, pigmented or non-pigmented, encountered in routine practice:



Step 2:

Is there dermatoscopic chaos?

Defined as asymmetry of any, or all of: **pattern, colour or border-abruptness** (Shape does not matter)

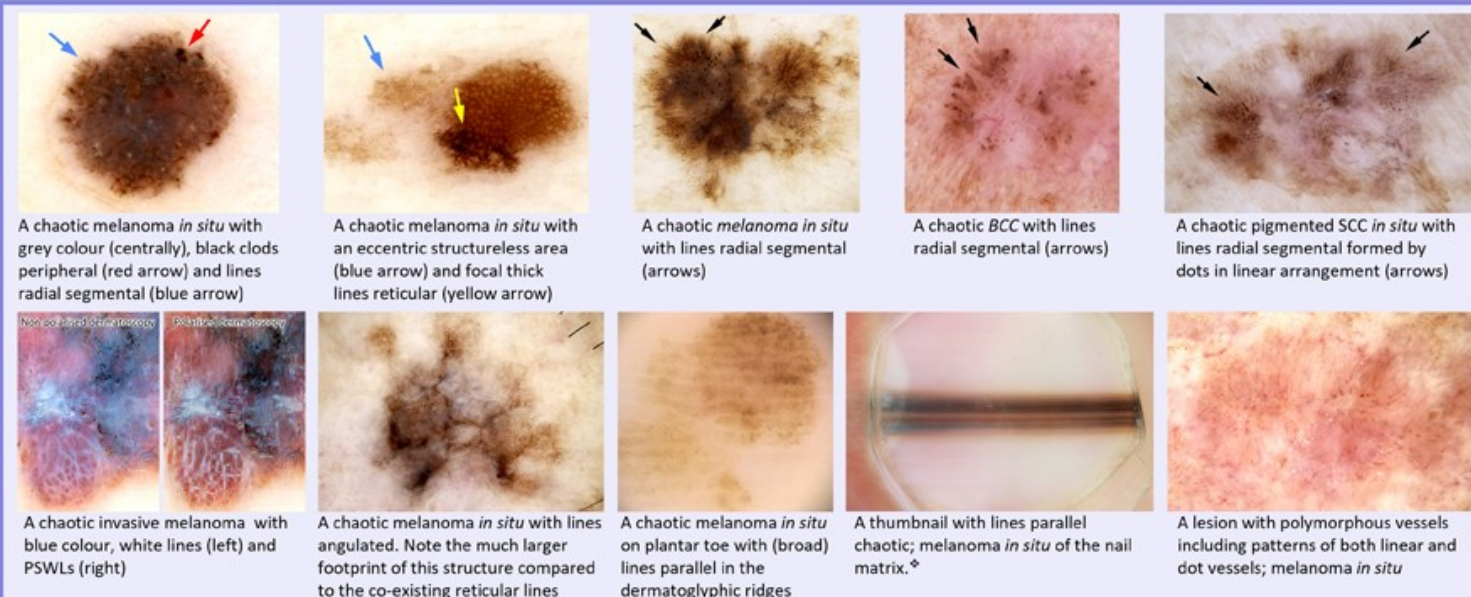


Lesions 'A-C' are non-chaotic with 'D' exhibiting asymmetry of pattern, colour and border-abruptness

Step 3:

Is there one or more of 9 specified clues to malignancy?

Suggestion: specifically look for *grey colour first* – it will be present in most pigmented malignancies
Also deliberately look for an *eccentric structureless area*. If present, with experience, the other clues should be evident.

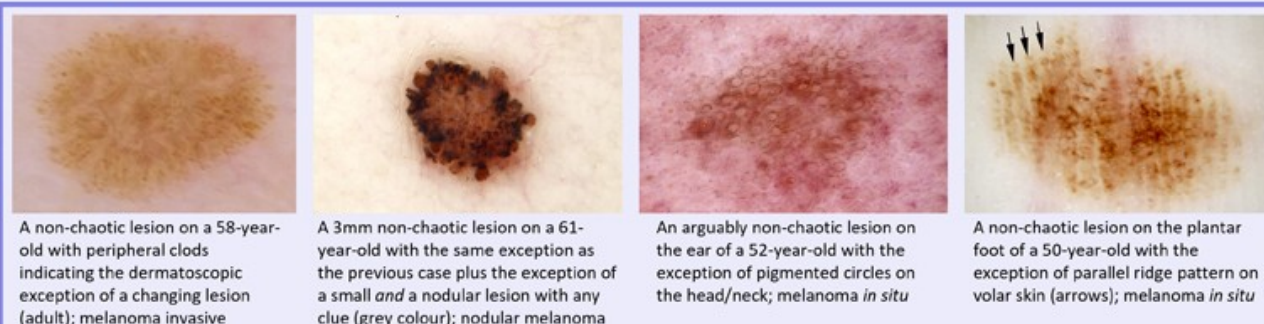


* NOTE: any longitudinal melanonychia, chaotic or not, arising in a single nail after puberty, with progressive widening, requires consideration of nail matrix biopsy.

Step 4:

Is there one or more of 4 specified exceptions?

No lesion of concern which has escaped excision biopsy based on chaos and clues should be spared without first considering exceptions!
Note- the first two exceptions are relevant to all skin lesions but the second two are site-specific.



Abbreviations

BCC: basal cell carcinoma
SCC: squamous cell carcinoma
PSWL: polarising-specific white lines

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cliff@omera.com.au