In addition to remnants of a congenital dermal nevus, there is relatively well demarcated nodular lesion composed of cells with round, oval or elongated nuclei, with fine chromatic and occasional one or two nucleoli. The cells are arranged in trabecules, ribbons, rosettes and pseudorosettes, resembling cell arrangement in carcinoid tumors (carcinoid-like melanoma). Melanin is present but in small amounts.

The designation “carcinoid-like pattern” was used Kacerovska et al in a small series of melanoma and it gives recognition to the principal arrangement of neoplastic cells as trabecules, ribbons, rosettes and pseudorosettes, which most closely resemble that in carcinoids. Additionally, there may be a nested pattern resembling that occurring in insular carcinoids, as seen in the gastrointestinal tract and ovaries. Carcinoid-like pattern can occur in primary cutaneous melanoma, its recurrence or metastasis, or in a melanoma associated with a large congenital nevus. Melanin may be present or absent. In addition to the unusual pattern of growth, some examples may be deceptively bland cytologically, but still being capable of metastasis resulting in the patient’s death. Carcinoid-like melanoma may thus produce a serious diagnostic pitfall, but despite a confusing microscopic appearance, these tumors seem to demonstrate a conventional immunohistochemical profile; ergo, if one is aware of this variant of melanoma the diagnosis should readily be made in most cases using a broad panel of antibodies that includes melanocytic, epithelial and neuroendocrine markers. Other entities that should be distinguished from carcinoid-like melanomas include authentic carcinoids and some sebaceous tumors of the skin. Carcinoids involving the skin are usually metastatic. The neoplastic cells in these lesions typically express various neuroendocrine markers on immunohistochemistry, although rare examples do not. Presence of melanin pigment in can serve as a clue to the nature of the lesion,
but rare genuine carcinoid may also demonstrate this feature. Cutaneous sebaceous tumors with a carcinoid-like pattern usually show mature sebocytes, although these can be present in very small numbers. In general, a broad panel of antibodies including neuroendocrine marker, melanocytic markers and epithelial markers should facilitate the diagnosis.
