

## Long-Term Response to Imiquimod for the Treatment of Lentigo Maligna Assessed With Digital Dermoscopy

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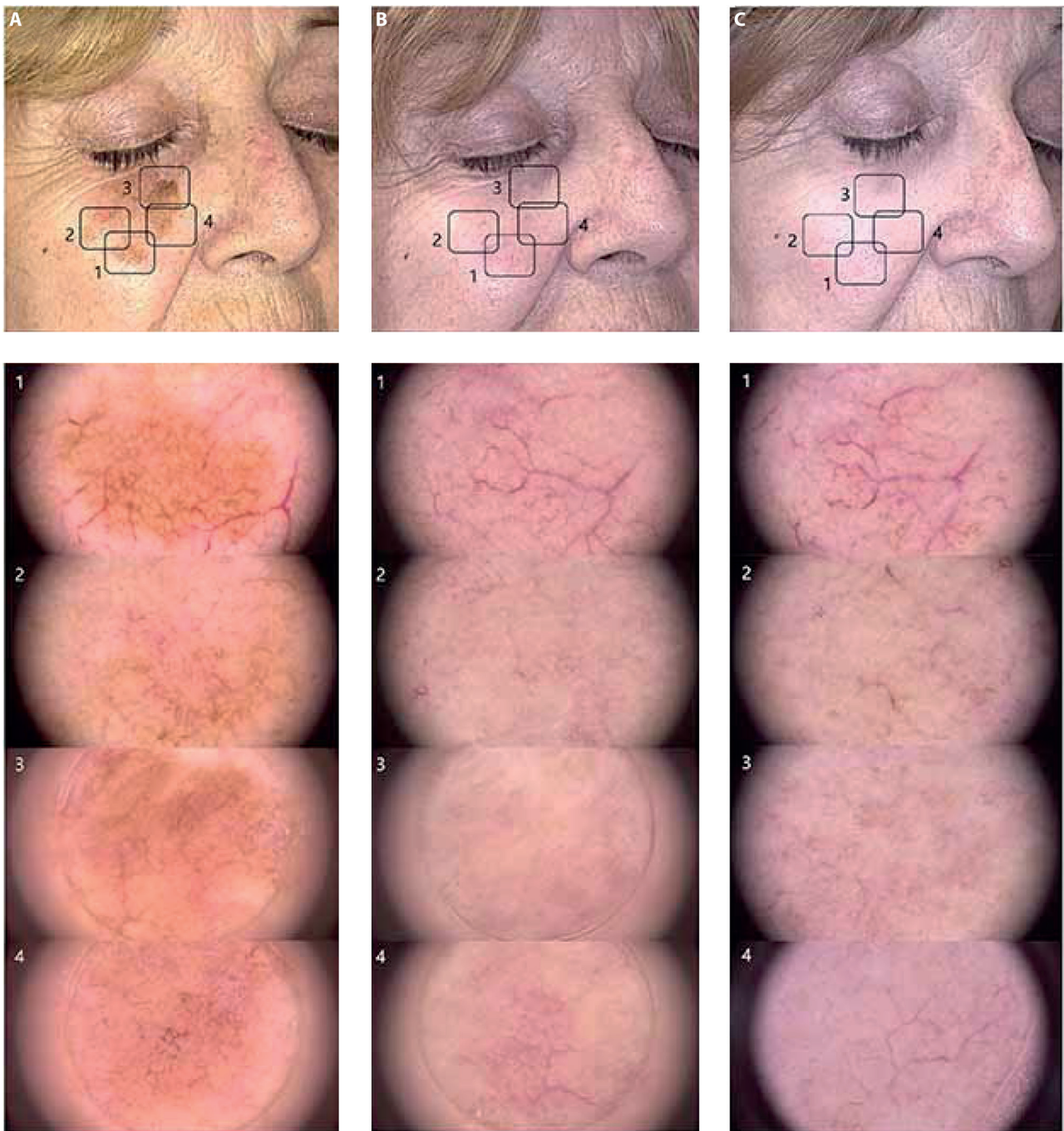
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### Case Presentation

A 72-year-old woman presented with 4 cm irregular pigmented lesion on the right cheek with a histological diagnosis of lentigo maligna (LM). Given the size and location of the lesion, the patient was treated with imiquimod 5% cream applied 5 days per week, once daily. The treatment induced a moderate local inflammatory reaction, including erythema and crusting, and was discontinued after six weeks. Two months after the end of therapy, dermoscopy revealed disappearance of LM-specific patterns. Follow-up evaluations with digital dermoscopy using polarized light (Fotofinder Systems GmbH, Bad Birnbach, Germany) were scheduled every 6 months. The lesion was mapped in a standardized manner for adequate comparison; no evidence of recurrence was observed after 30 months of follow-up (Figure-1).

### Teaching Point

Lentigo maligna (LM) is a form of melanoma in situ commonly found on sun-exposed skin, particularly in older adults. Although surgical excision is the standard treatment, non-surgical approaches such as imiquimod offer a less invasive option, especially for extensive lesions in cosmetically sensitive areas [1,2]. Imiquimod, an immunological response modifier, stimulates both innate and adaptive immunity to eliminate atypical cells. Although it represents an effective alternative to surgery, careful patient selection and long-term follow-up are crucial. There is no consensus about follow-up recommendations for monitoring medical treatment of LM. Reflectance confocal microscopy (RCM) reveals additional information to dermoscopy, and it has been proposed as a useful tool for monitoring response. Since RCM is not widely available, sequential dermoscopy follow-up in search of early signs of recurrence remains as a very useful tool.



**Figure 1.** (A) Lentigo maligna in the right cheek before treatment in March 2022; (B) after nine months of discontinuing treatment, in May 2023, and (C) 30 months after treatment, in November 2024.

## References

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