A 56-year-old man with a 1-year history of a verrucous nodule on his left foot presented to our department due to the unexpected growth. He was previously diagnosed with a plantar wart so underwent salicylic ointment application, liquid-nitrogen cryotherapy and electrocoagulation, with no improvement of the condition.

Clinical examination revealed a 22-mm flesh-colored, centrally hypopigmented and ulcerated, exophytic nodule, with an adjacent 5 × 4 mm pink papule with telangiectasia (Figure 1A and B).

Histological examination established the diagnosis of ulcerated amelanotic malignant melanoma (Clark’s level IV, Breslow’s thickness of 3 mm) with a satellite nodule. Radical inguinal lymph node dissection yielded a negative result. Total-body computed tomographic scan was unremarkable. One-year follow-up revealed no metastatic disease.

Melanoma of the foot accounts for 3% to 15% of all cutaneous melanoma. In acral skin, melanomas tend to have unusual clinical appearances. Amelanotic variants may masquerade as several benign hyperkeratotic dermatoses (warts, calluses, fungal disorders, foreign bodies, moles, keratoacanthomas, hematomas) increasing misdiagnosis and inadequate treatment rates, with a poorer patient outcome. Pedal lesions require close observation and biopsy when diagnostic uncertainty exists or when therapeutic interventions fail.

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**REFERENCE**