## Dermatoscopic Diagnosis of Malignant Melanoma

*Sir*,

I read with interest the report by Lorentzen et al. describing their evaluation of the ABCD rule compared to simple dermatoscopy in the diagnosis of malignant melanoma (1). As the authors mention, propagation of the ABCD rule is due to its didactic qualities. Another important reason for the attempt to determine exact clinical criteria of a melanoma-suspicious, pigmented skin lesion is scientific interest in the biology of this tumour. Nachbar, Stolz et al. (2, 3) as well as Kenet et al. (4, 5) tried to figure out what exact parameters affect the decision of a clinically experienced physician to diagnose a malignant melanoma. To my opinion, these algorithms are of tremendous value despite the fact that due to its complexness these rules will probably never enter daily clinical routine.

The sensitivity of clinical diagnosis of malignant melanoma of 9 observers was higher when applying only dermatoscopy compared to the strict application of the ABCD rule following dermatoscopic examination. This seems to be irrelevant as the authors cannot show any modification of the ABCD rule which would result in an even better correlation than already observed. One useful approach for the generation of a better dermatoscopic ABCD-rule than that already proposed by Stolz et al. would be its evaluation compared to other rules. Lorentzen et al (1) stated that "A comparison of Stolz's and Kenet's different diagnostic strategies will be performed" in a following article. This will be of interest.

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## Response to V. Waldmann

I thank Dr Volker Waldmann for his comments on our study. I agree that the results may be difficult to implement as no rule is explicitly suggested. The nature of the dermatoscopic ABCD rule is inductive (from gathering a lot of symptoms a diagnostic hypothesis is proposed). What we called "simple" dermatoscopy is only simple in the sense that no rule was used. The diagnostic process intended was hypothetico-deductive, i.e. a diagnostic hypothesis is suggested within the first 10 s that an observer assesses an image and thereafter he tries to validate his diagnosis by finding signs of malignancy in the lesion. These signs may be subtle changes of the pigment network. Several research papers have pointed to an upper limit of the ABCD rule's diagnostic potentiality and Binder and coworkers (1) have reported similar finding to those reported by us. Compared to the multivariate and inductive ABCD rule, we found the hypothetico-deductive diagnostic process superior. The next step is the conceptualization of this process. We hope our comparison of Kenet's and Stolz's rules (2) will clarify this matter.

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