**Methods**

We retrieved a series of consecutive pigmented melanocytic lesions located on the neck, excised to rule out melanoma, from patients referred to the Santa Maria Nuova Hospital of Reggio Emilia, Italy, from March 2011 to February 2018.

The institutional review board of Reggio Emilia (protocol No. 2011/27989) approved this study and all clinical investigations were conducted according to the Declaration of Helsinki principles.

Patient demographics were recorded. Clinical and dermoscopic images were retrospectively examined, by blinding for histopathological diagnosis, by 3 expert dermoscopists.

For each lesion, a series of clinical characteristic was assessed examining macroscopic images (Table 1). Then, dermoscopic images were examined to assess the presence/absence of melanoma features: the classic criteria of the 7-point checklist were taken into consideration [3], integrated by the evaluation of the presence of grey colour and the presence of 3 recently introduced descriptors for in situ melanomas: the irregular hyperpigmented areas (multiple, small, dark-brown or black areas, irregularly shaped, usually seen in the central parts of a lesion), the prominent skin markings and the angulated lines [4]. Second, dermoscopic images were also analysed to assess the presence/absence of the most known criteria of lentigo maligna melanoma [1, 2]. When available, reflectance confocal microscopy (RCM) images were retrospectively examined by the same clinicians, with expertise in confocal microscopy. The presence/absence of conventional RCM criteria were evaluated (Table 2), and a final diagnostic score was given to each lesion, calculated by means of a recently described dermoscopic-confocal algorithm for the detection of thin melanomas (a score ≥2 is suggestive of melanoma diagnosis) [5].

Absolute and relative frequencies for clinical characteristics, dermoscopic and confocal criteria were obtained. Pearson’s χ2 or Fisher’s exact tests were used for qualitative variables; for quantitative variables, Student’s *t* test was used after checking for normal distribution via the Kolmogorov-Smirnov test. The α-level was set at 0.05.