**Materials and Methods**

The study was carried out over a 14-year period between January 2005 and March 2019 and was performed at the Dermatology Unit of University of Campania Luigi Vanvitelli. Clinical and dermoscopic images of CMN were retrospectively collected from the database of our pigmented lesion unit in Naples, Italy.

The inclusion criterion for the current study was the availability of clinical and dermoscopic images of histologically confirmed melanomas arising on CMN. The size of CMN was retrospectively evaluated on clinical images, in which a ruler was available. Patients of the database affected by melanoma arising in CMN, whose clinical information (age, sex, location of the lesion, Breslow thickness) was absent or incomplete, were excluded (Fig. 1).

Clinical images were acquired using a high-resolution digital camera (Fig. 2a). Dermoscopic images were captured using nonpolarized dermoscopes (DermLite Foto, 3Gen LLC, Dana Point, CA, USA) (Fig. 2b, c).

Three of us (S.C., G.C., G.A.) evaluated the maximum diameter of CMN (in children, the metrical data referring to the largest diameter of CMN were related to the projected adult size), their topography, and analyzed the global dermoscopic pattern of CMN and the local features of melanomas, Breslow thickness, and percentage of melanoma in the context of CMN surface (Fig. 1).