A healthy 61-year-old female patient presented for evaluation of a medial canthal pigmented lesion that had been growing larger for the past 2 years. She denied itching, bleeding, or pain. A dermatologist had noted brown and red papules on her chest thought to be seborrheic keratoses, benign nevi, and cherry angiomas. Examination revealed a flat 3 × 3-mm hyperpigmented lesion with irregular margins. Histopathology from a 2-mm punch biopsy demonstrated atypical keratinocytes spanning the entire thickness of the epidermis without invasion of the dermis.