

Workup and Staging of Malignant Melanoma



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KEYWORDS

• Melanoma • Skin neoplasms • Melanoma workup • Melanoma staging

KEY POINTS

- Melanoma is the fifth most common cancer in the United States, and its incidence is increasing.
- Skin lesions with asymmetry, irregular borders, heterogeneous coloration, increasing diameter, or changes over time should be investigated for possible melanoma.
- Pathologic reports after skin biopsy should include important prognostic factors, including histologic subtype, Breslow depth, dermal mitotic rate, and presence of lymphocytic invasion, ulceration, or regression.
- Sentinel lymph node biopsy is important for staging, prognosis, and treatment planning.
- Radiologic assessment for metastases should be performed routinely only in those with symptomatic stage III melanoma.

INTRODUCTION

Melanoma is the fifth most common cancer in the United States, with an estimated 76,100 new cases and 9710 deaths in 2014.^{1,2} The incidence has steadily increased over the past 4 decades, with an average increase of 2.6% per year for each of the last 10 years, making it one of the most rapidly rising cancers in terms of incidence.³ Although the largest number of melanoma cases occurs in individuals aged 55 to 64 years, is it the most common cancer in adults aged 25 to 29 years, and the second most common cancer in adolescents.⁴

Risk factors for melanoma include history of blistering sunburn (particularly at a young age), personal history of melanoma, family history, immune suppression, presence of multiple atypical moles, chronic sun or tanning bed exposure, or genetic syndromes, such as Wiskott-Aldrich syndrome or *xeroderma pigmentosa*. In addition, individuals with red or blond hair, fair complexion, or light eyes are at increased lifetime

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risk for melanoma.⁴ Melanoma frequently occurs in existing moles, and early signs of melanoma are described by the mnemonic “ABCDE” (Fig. 1).⁵

PRINCIPLES OF BIOPSY

The first step to accurately staging a patient with suspected melanoma is a complete history and physical examination, including complete examination of the entirety of the skin and all draining lymph node basins. Lesions suspicious for melanoma should be biopsied, taking care to obtain sufficient tissue to allow for accurate assessment of the

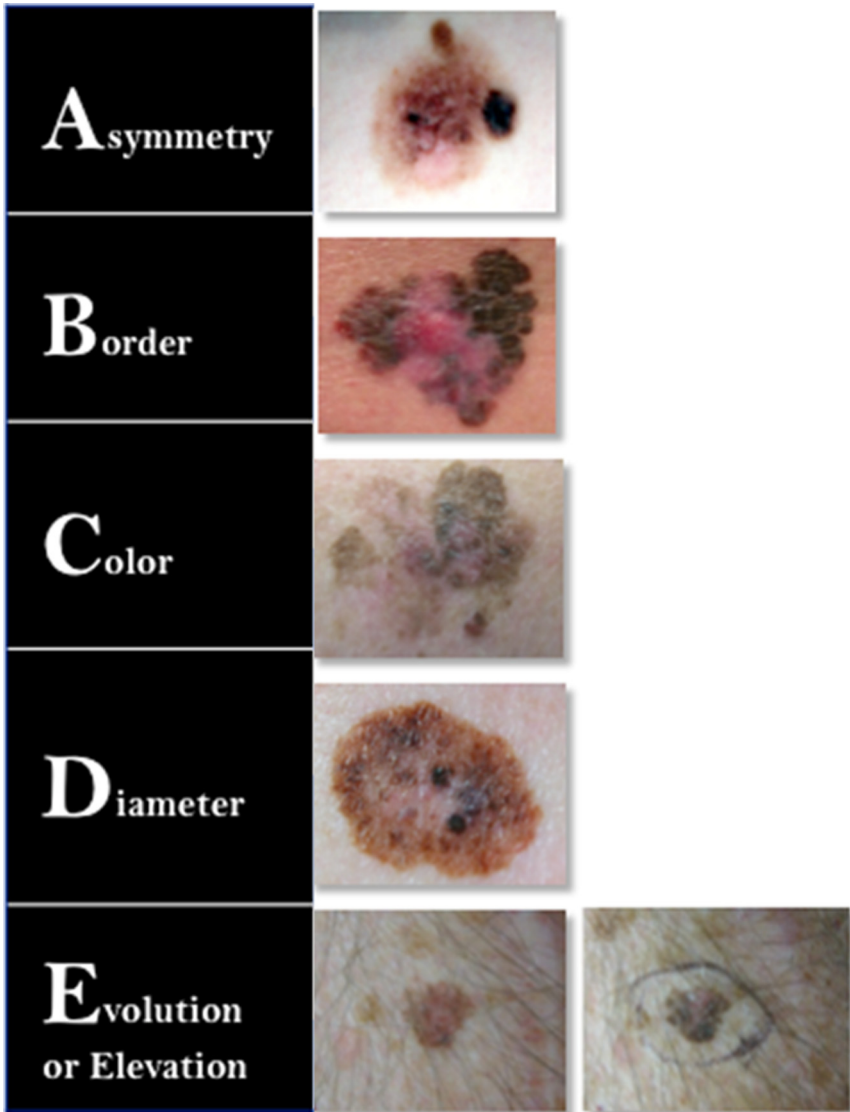


Fig. 1. Early signs of melanoma are described by the mnemonic “ABCDE”. (Courtesy of Jae Jung, MD, Department of Dermatology, City of Hope Medical Center, Duarte, CA; and Dr Lynn Cornelius, Washington University, St Louis, MO.)

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