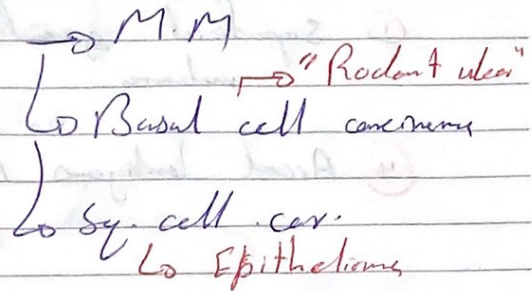


Malignant melanoma

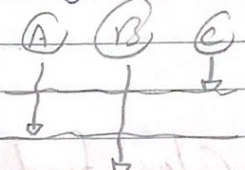
Malignant Skin neoplasms



① M.M.

↳ Defn: Malign. tumor from epidermal melanocytes.

↳ Incidence: Commonest cause of death in skin tumor
↑ in sunny countries
M > F
"30-60" yr skin



↳ predisposing ① prolonged sun exposure - UV-B.

A - not carcinogenic & not absorbed by skin
C - ↓ destr. but ozone absorb it.

- ② Exposure to radiation "x-ray"
- ③ pig. skin lesion "Scar, sinus, nevi"
- ④ Carcinogenic e.g. "Tar, wood dust."
- ⑤ ↓ Immunity & familial.
- ⑥ Benign nevi V.V.T

clinical classification

- ① Superficial spreading melanoma
- ② Nodular
- ③ Lentigo M.M.
- ④ Arcal lentiginous M.
- ⑤ Amelanotic M.

Clinically : mostly affects face, legs & male back in young adults & face in both sexes in older adults.

Classification of M.M.

① Breslow class "Depend on thickness"

Stage I : < 0.75 mm

↳ Stage II : $0.75 - 1.5$ mm

↳ Stage III : $1.5 - 2.25$ mm

↳ Stage IV : $2.25 - 3$ mm

↳ Stage V : > 3 mm

② Clark's class "Depend on depth of invasion"

Stage I : Epiderma in situ

" II : dermoepi junction

" III : invad papillary dermis

" IV : " reticular "

" V : " subcut. tissue

} Brel prog.

D.D.

1- Pig. Basal cell ca, sq. c.c & Basal cell

2- Granuloma or haemangioma, histiocytoma

3- compound or junctional naevus, seborrheic keratosis

Inv. The only sure method is Biopsy & hist. pathology

Treatment

surgical excision + side margin
suture closure of defect by 1
or skin graft

Regional LN excised by block dissection
if clinically involved

if mets. → chemo, interferon &
interleukin 2.