

* D.D of THE CASE:

1. MALIGNANT MELANOMA
2. ATYPICAL MOLE
3. PIGMENTED BASAL CELL CARCINOMA
4. BENEIGN MELANOCTYIC LESIONS

* WORKUP:

1 HISTORY:

- OCCUPATION WHERE THERE MAY BE EXPOSURE TO UV LIGHT
- HX OF SUNBURNS / RADIOTHERAPY
- LARGE NUMBERS OF BENEIGN NEVI
- PMH: PERSONAL HX OF MALIGNANT MELANOMA
- FAMILY HX: MELANOMA OR SKIN CANCER
OR HX OF IRREGULAR PROMINENT MOLES
HX OF PANCREATIC CANCER OR ASTROCYTOMA (FAMILIAL MELANOMA SYNDROME)
↳ ASSOCIATED W/ CDKN2A TUMOR SUPPRESSOR GENE (P16)

2 EXAMINATION:

CHECK IF PT HAVE FAIR SKIN.

(1) TOTAL BODY EXAMINATION: AND EPILUMINESCENCE MICROSCOPE.

(2) SKIN EXAMINATION:

- ASSESS NUMBER OF NEVI
- ATTEMPT TO DIFFERENTIATE THEM BTW TYPICAL AND ATYPICAL LESIONS
USING ABCD'S

↳ ASYMMETRY:
WHEN DRAWING A LINE THROUGH THE CENTER THE TWO HALVES WON'T MATCH.

↳ BORDER
IRREGULAR

↳ COLOR
VARY IN COLOR AND ARE MORE DARK BLACK OR BLUE

↳ DIAMETER:
> 6 mm

- GLASGOW SYSTEM SCORE ≥ 3 = REFERRAL.

↳ MAJOR FEATURES (2 POINTS)

- CHANGE IN SIZE
- IRREGULAR ~~PIGMENTATION~~ PIGMENTATION
- IRREGULAR BORDER

↳ MINOR FEATURES (1 POINT)

- INFLAMM.
- ITCHING / ALTERED SENSATION
- LARGER THAN OTHER LESIONS > 7 mm
- COILING / CRUSTING OF LESION

3 Lymph Node Examination:

3 EXCESSIONAL BIOPSY + LN BIOPSY:

4 COMPLETE CHEMISTRY PANEL:

- GIVE CLUE TO POSSIBLE METASTATIC DISEASE

↳ ALKALINE PHOSPHATASE - MIZ TO BONES AND LIVER

↳ \uparrow LFT = MIZ TO LIVER

- RFT TO MONITOR KIDNEYS DURING CHEMOTHERAPY

- LACTATE DEHYDROGENASE MIZ TO LUNG + LIVER (PART OF STAGING SYSTEM)
USED TO MONITOR / DIAGNOSE

5 IMAGING (FOR STAGING)

CXR

CT → CHEST / ABDOMEN / PELVIS (BELOW THE WAIST)

PET

* STAGES OF MELANOMA:

STAGE 0 = IN SITU (CONFINED TO EPIDERMIS)

STAGE 1 = TUMOR IS ~~FROM~~ THICK

1A = W/O ULCER (1 mm THICK)

1B = W/ ULCER (> 1 mm - < 2 mm)

STAGE 2 = > 2 - > 4 mm AND MIGHT ULCERATE

2A = > 1 mm BUT < 2 mm W/ ULCER OR > 2 mm - < 4 mm W/O ULCER

2B = > 2 < 4 mm W/ ULCER OR > 4 mm W/O ULCER

2C = > 4 mm W/ ULCER

STAGE 3 = SPREAD TO NEARBY LYMPH, VESSELS, LN, NEARBY SKIN.

STAGE 4 = ANY SIZE (ANY T)
ANY LN (ANY N)

AND HAD SPREAD TO DISTANT LNS OR TO ORGANS (LUNGS, LIVER, BRAIN)

* TREATMENT:

SURGERY IS THE DEFINITIVE TREATMENT FOR EARLY STAGE MELANOMA
WIDE LOCAL EXCISION W/ LN RESECTION IF SENTINAL LN BIOPSY IS POSITIVE.

- STAGE 0 = EXCISION

- STAGE 1-2 = EXCISION W/ OR W/O LN MANAGEMENT

- STAGE 3 = (RESECTABLE) = EXCISION W/ OR W/O LN MANAGEMENT; ADJUVANT THERAPY AND IMMUNO-THERAPY.

- UNRESECTABLE STAGE 3, 4 AND RECURRENT MELANOMA = INTRALESIONAL THERAPY, IMMUNOTHERAPY, SIGNAL TRANSDUCTION INHIBITORS, CHEMOTHERAPY, PALLIATIVE LOCAL THERAPY.