

Melanoma is a skin cancer that develops from melanocytes (pigment cells) in the skin. If detected early most melanomas are curable. If it is not caught in the early stages it can be life threatening.

Causes

Most melanomas are caused by excessive UV exposure, from sun and also from sunbeds. Sun exposure in childhood is riskier than sun exposure in later life. A small number of melanomas are genetic in origin.

Risk factors

Fair skin, red or blonde hair colour, a history of severe sunburns or sunbed use all increase the risk of melanoma. It can also be seen in darker skinned people.

The chance of developing a melanoma increases with age however it is reasonably common in younger age groups. It is very rare prior to puberty.

Those at high risk typically have one of the following:

- a personal history of a previous melanoma or non-melanoma skin cancer
- a family history of melanoma
- a large number of moles on their skin,
- one or more large, irregularly shaped moles (called atypical naevi)
- Parkinson's disease.

Appearance

Melanomas can occur anywhere on the skin, even in areas that are not exposed to the sun but rarely in other sites such as the mouth, eye or genitals.

They usually appear as a new spot, or less often as a changing existing mole.

While they are usually pigmented, they may also be pink or red in colour (amelanotic melanoma).

Types of Melanoma

The most common type of melanoma is Superficial spreading melanoma.

Another type of melanoma, Lentigo maligna melanoma, is usually very slow growing.

Nodular melanomas are rare but aggressive - look for elevated firm growing lumps. These are often pink and not pigmented in colour. They require urgent diagnosis and excision.

Acral and Subungual melanomas occur on the soles and palms and under the nails.

Diagnosis

Dermoscopy greatly aids the early diagnosis of melanoma, allowing an experienced user to identify signs that are not visible to the naked eye.

A lesion that is identified as a possible melanoma requires a biopsy. This involves excising (cutting out) the mole with a narrow margin of normal skin around it and stitching up the wound.

This tissue is then sent to a pathology laboratory for examination under a microscope. If melanoma is confirmed a second surgical procedure will be required.

Understandably, it can be difficult to process a melanoma diagnosis.

Molecheck is here to support you through your diagnosis and treatment, so please do not hesitate to contact us with any questions you may have.

Prevention

- Where possible, wear UV protective clothing, broad-rimmed hats, and UV protective sunglasses.
- Apply high sun protection factor (50+) broad-spectrum sunscreen to affected areas every 2 hours. Remember to top up your sunscreen if you have been in the water.
- Seek shade during peak sunshine hours.
- Diary a note to complete self-examination (we suggest monthly) to check existing moles.
- If you discover a change in size, shape or colour of existing moles or find a new mole or lesion, make contact and discuss with Molecheck as soon as you can.
- Book in your annual review at Molecheck. Regular skin checks with a doctor experienced in dermoscopy increases the chance of a developing Melanoma being caught early at a curable stage.
- As melanoma can be genetic, it is important you advise close family members of your diagnosis and increased risk of developing melanoma. Please remind them of the need to have regular skin checks.

Further information can be found at

www.dermnetnz.org/topics/melanoma