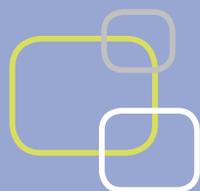


moles & melanoma
advice &
recommendations



RoodlaneMedical

Moles & Melanoma

Moles are common and normally harmless. Moles (correctly called melanocytic or pigmented naevi) may be flat or protruding. They vary in colour from pink flesh tones to dark brown or black. The number of moles a person has depends on genetic factors and on sun exposure; most Northern Europeans have 20-50 of them.

Moles begin to grow in infancy but new ones can appear at any age, sometimes in crops. Moles may darken following sun exposure or during pregnancy. During adulthood they often lose their pigmentation, and may disappear altogether in old age.

Sometimes the skin around a mole loses its colour so the mole appears to be surrounded by a white ring. This halo naevus occurs most often in children and teenagers. It is harmless, and with time the central mole and the white ring disappear.

FRECKLES

Freckles are small pale brown flat marks, more common in fair skinned individuals, especially those with red hair and blue eyes. They occur in sun exposed areas of skin, and are darker and more numerous during the summer months.

ATYPICAL NAEVI

Atypical naevi are moles that have unusual features such as irregularity of outline, variations in colour. They may therefore look like a cancerous mole (melanoma), but are actually harmless. Because of their worrying appearance, they are often removed, although this is not always necessary. People with atypical naevi may have an increased risk of developing melanoma, especially if there has been a close family member who has had a melanoma.

MELANOMA

Malignant melanoma is a cancerous growth occurring in melanocytes (pigment cells). Sunburn increases the risk of melanoma. It is important to detect and remove a melanoma at an early stage as it is then usually cured.

Melanomas can occur in anyone, but they are very uncommon below the age of 20 years. They are more common in fair skinned people who have been sun burnt in the past, especially in those with large numbers of moles. Some melanomas arise in a mole, others in previously normal skin.

A melanoma looks like a growing mole with a spreading, often notched, margin, and variation in colour. Later it becomes thicker and may bleed.

If a mole changes or a new one develops in adult life it should be evaluated. Sometimes the doctor can be reassuring that it is harmless, at other times it is necessary to cut the mole out for pathological examination.

PREVENTION OF SKIN CANCER

Sun protection is important.

- Cover up: Wear a hat, long sleeves and long skirt or trousers. Choose fabrics designed for the sun (UPF 40+) when outdoors in summer between 10am & 5pm.
- Apply Sunscreen: Choose Broad Spectrum Very High Protection (SPF 15+) sunscreens, applied frequently to exposed areas.

SKIN EXAMINATIONS

- Perform a skin self-examination every few months - report significant changes in moles or new lesions to your doctor.
- If you have a lot of moles then you may want to have them professionally photographed – you can discuss this with your doctor.
- If you have an atypical mole and you want to check on it from time to time, then take a photograph of it and refer to this when you check the mole.
- If you have sun damaged skin and many moles then you may want to be seen regularly by your GP or a dermatologist for skin checks.

REMOVAL OF MOLES

Although most moles are harmless and can be safely left, moles may be treated under the following conditions:

- Possible malignancy; a mole that has bled, has an unusual shape, is growing rapidly or changing colour.
- Nuisance moles; a mole that is irritated by clothing, comb or razor.
- Cosmetic reasons; the mole is unsightly.

SHAVE BIOPSY

Treating a protruding mole is simple using a procedure called a shave biopsy. After numbing the skin with local anaesthetic the doctor removes the projecting part of the mole with a scalpel. The wound heals to leave a flat white mark, but sometimes the colour remains the same as the original mole.

EXCISION BIOPSY

Excision biopsy is necessary if the mole is a flat one or melanoma is suspected. The full thickness of the skin is removed and the wound is sutured (stitched). The specimen should always be sent to the laboratory for examination. The resulting scar may be just a thin line, but is sometimes more noticeable than the mole was.

Removal of a mole requires an incision (cut) which is as wide as the mole and usually three or more times the length of the mole. This is so that the skin can be sewn back together without puckering. For a typical mole of 5mm diameter this means a small scar of 1.5-2.0 cm in length.

MELANOMA

Melanoma is a serious skin cancer which is curable if detected early.

Melanoma grows from pigment cells (melanocytes) in the outer layer of the skin and mucous membranes (epidermis). Although melanoma usually starts as a skin lesion, occasionally it occurs in other parts of the body such as the eye, mouth or vagina.

Melanoma tends to spread out within the skin before moving into the deeper layer of the skin (the dermis).

It can occur in adults of any age. Melanoma is commonest in people aged 50-70. Occasionally it can occur in teenagers but it is almost unheard of in children.

CAUSES

The risk factors for developing melanoma include:

- Sunlight particularly during childhood
- Serious sunburn, especially when young - however, melanoma sometimes occurs on areas of the body not normally exposed to the sun
- Family history of melanoma
- Fair skin which burns easily - melanoma is common in people with Northern European ancestry, and melanoma is not common among dark-skinned people
- A large number of abnormal moles (called atypical naevi) - these moles are usually larger than 5mm, with an irregular shape and multi-coloured. Atypical naevi are not cancers, and a melanoma does not necessarily start in an atypical mole.

WARNING SIGNS OF MELANOMA

- Change in size: especially if it grows larger rapidly.
- Change in colour: especially if it develops multiple shades of tan, brown, black, and a mixture of red, white, blue, or the colour spreads from the edge into the surrounding skin.
- Change in shape: especially if it develops an irregular notched border, which used to be regular.
- Change in height: especially if it used to be flat.

THE ABCDS OF MELANOMA

A pigmented lesion (mole or freckle) should be checked by an experienced doctor if it has any of the ABCD characteristics. Not all such lesions prove to be malignant.

- A - Asymmetry (goes from being regular and round to irregular)
- B - Border irregularity
- C - Colour variation (goes pale or dark bits appear in a previously evenly coloured mole)
- D - Diameter over 6 mm

Changes in a mole do NOT necessarily mean that it is becoming cancerous. Moles do change with age and can get bigger and smaller.

THE WARNING SIGNS – THINGS TO BRING TO THE DOCTOR

A mole, birthmark, beauty mark, or any brown spot that:

- Changes colour.
- Increases in size or thickness.
- Changes in texture.
- Is irregular in outline.
- Itches or hurts.
- Crusts or scabs.
- Ulcerates or bleeds.

TREATMENT

Early melanomas are removed surgically (cut out). The extent of surgery depends on the thickness of the melanoma and its site. Most thin melanomas do not need extensive surgery. They are usually removed using a local anaesthetic, and the defect stitched up. A small area of normal skin around the melanoma is also excised to make sure that all the melanoma cells have been removed.

For thicker melanomas, a much wider area of skin is cut out. A skin graft might be necessary, which replaces the removed skin with skin taken from another part of the body. The lymph glands in the area may also be removed.

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