Pigmented Lesions; Excise or Ignore

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Presenter Disclosure

- **Faculty/Speaker: Dr. Lorne D. C. Hurst**

- **Relationships with financial sponsors:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria: N**one
  - **Consulting Fees:** None
  - **Other:** None

Mitigating Potential Bias

- Not Applicable

Learning Objectives

At the end of this session, participants will be able to:

- Comfortably identify the 5 most common pigmented lesions that present in an office setting
- Differentiate from the 3 most common pre-malignant/malignant lesions that present in an office setting
- Describe the benefits of dermoscopy
- Explain when to do an punch biopsy versus an excision of a pigmented lesion

Take Home Message

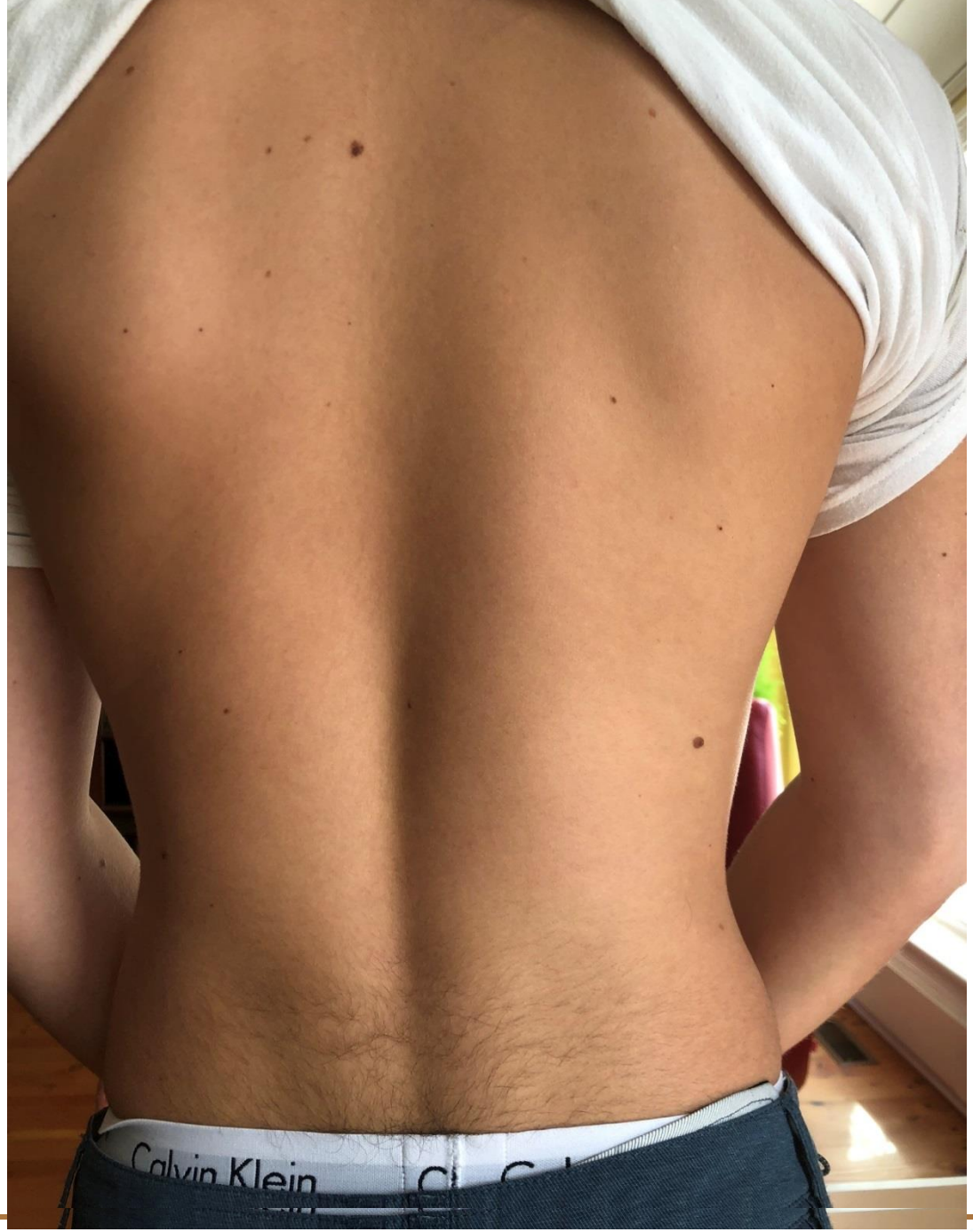
If the lesion of concern is not similar (The Ugly Duckling) to multiple others consider a second opinion

Doc, do you think this dark spot is dangerous?

- Nevus/Dysplastic Nevus
- Seborrheic Keratosis/Pigmented Actinic Keratosis
- Angioma
- Pigmented Basal Cell Carcinoma
- Lentigo Maligna/Melanoma

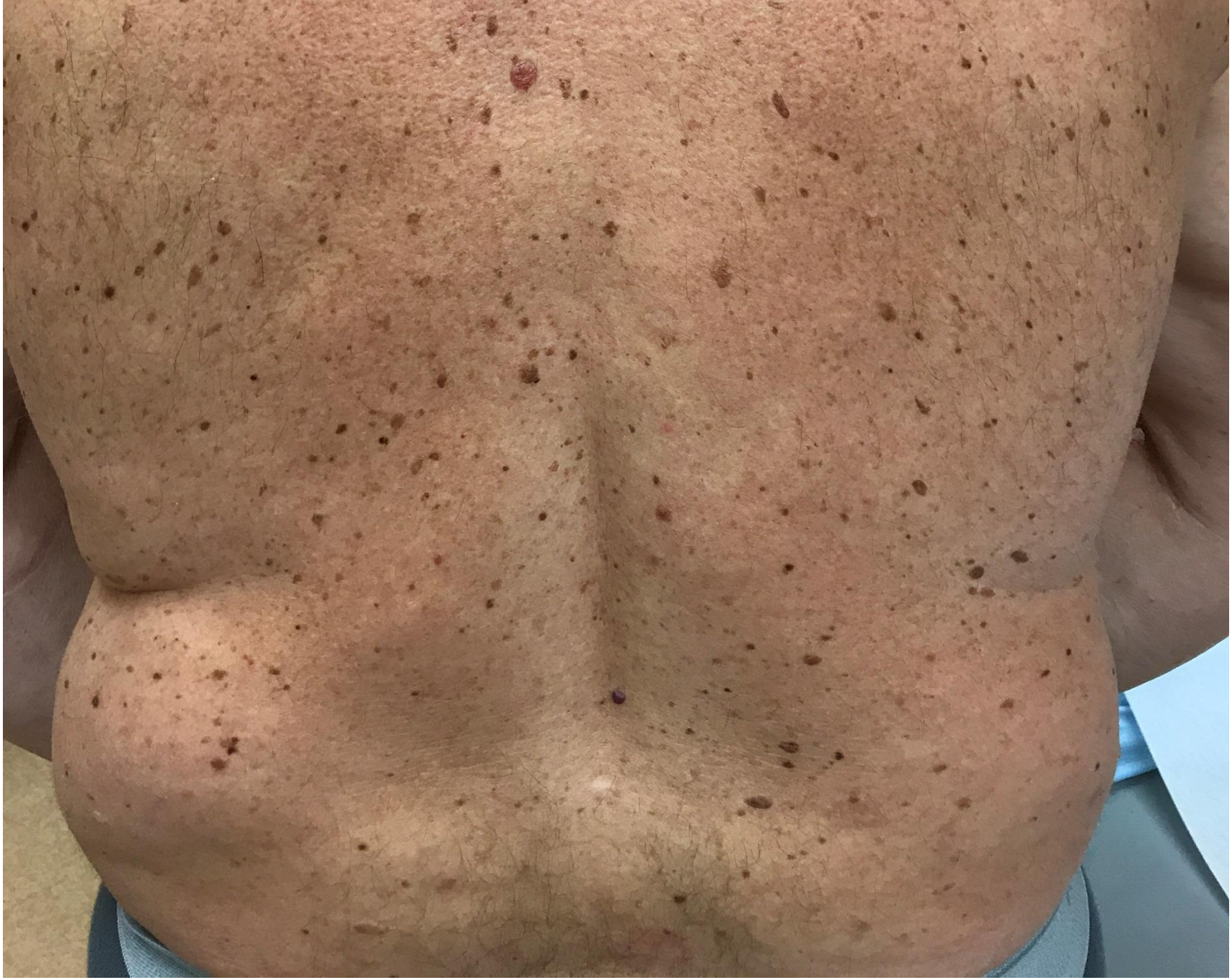
Nevus

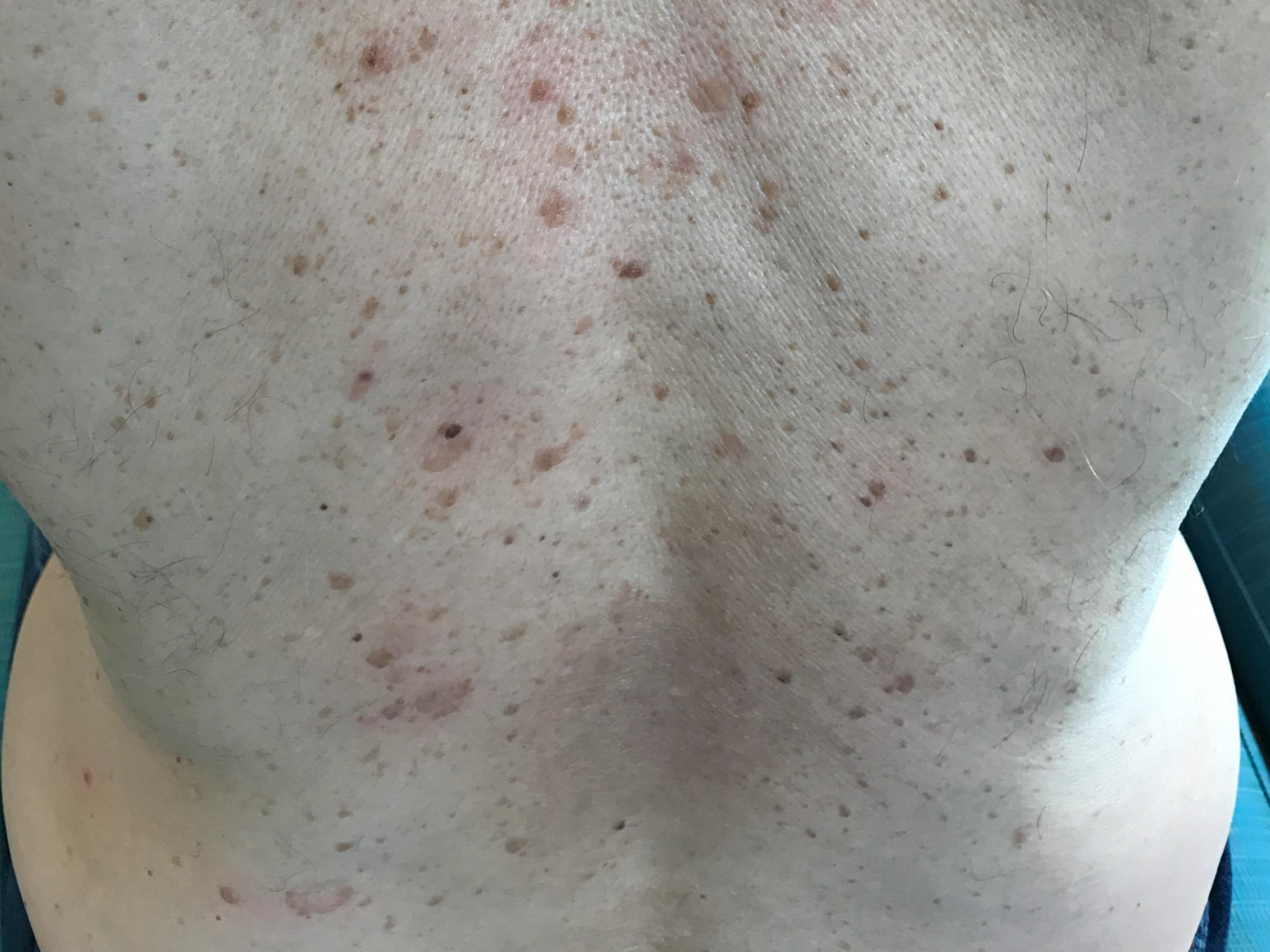
- Should have essentially uniform borders and pigmentation
- Should have other similar lesions elsewhere on the skin
- Preferably fewer than 50 on the whole body
- Dermoscopy should show similar patterns in many of the nevi
- Monitor with ABCDE


Calvin Klein

Dysplastic Nevus

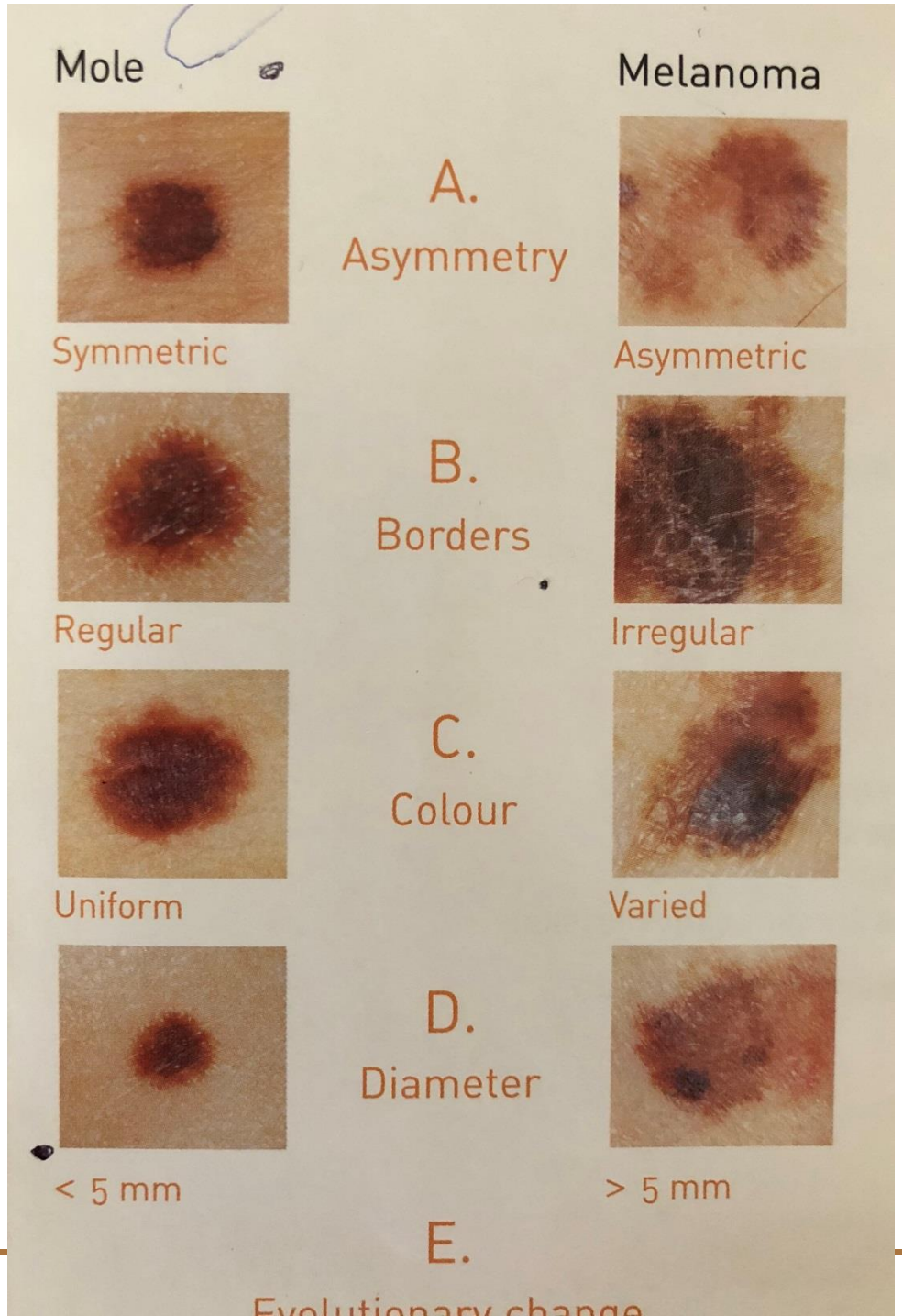
- This is a histological Dx of what is usually a clinically atypical nevus
- The histology may show mild, moderate or severe architectural disorder, but not enough features to be labelled melanoma
- Dermoscopy is equivocal
- Utilize the ABCDE criteria
- Excision with narrow margins to deep dermis





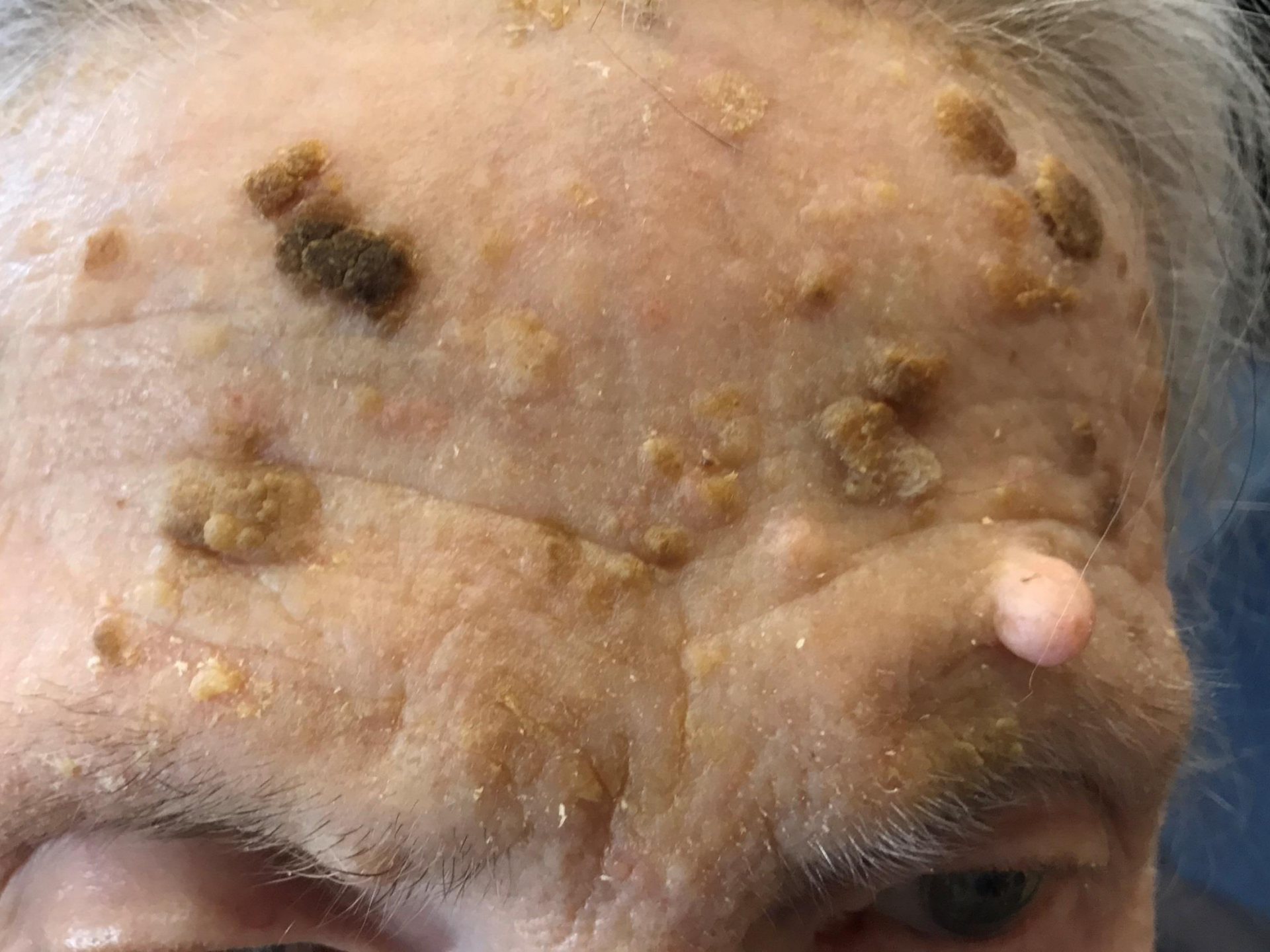
Body photos

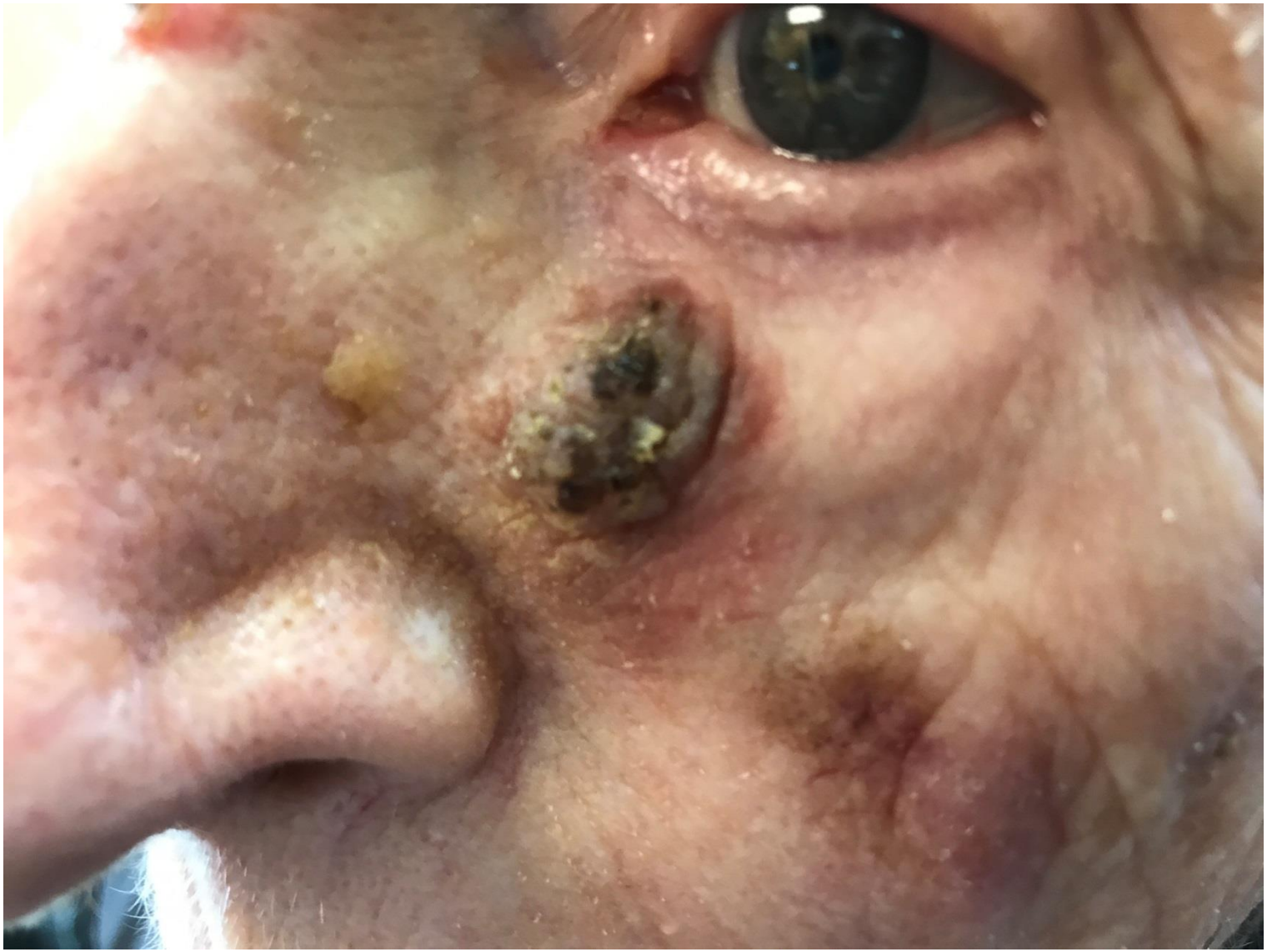
- 5”x7” glossy photos ; 3 of posterior torso, 3 of anterior torso and 4 of each limb is usually adequate
- These are done once as a baseline and then used on successive follow up visits looking for change or “the new ugly duckling”
- Pt retains their own body photos

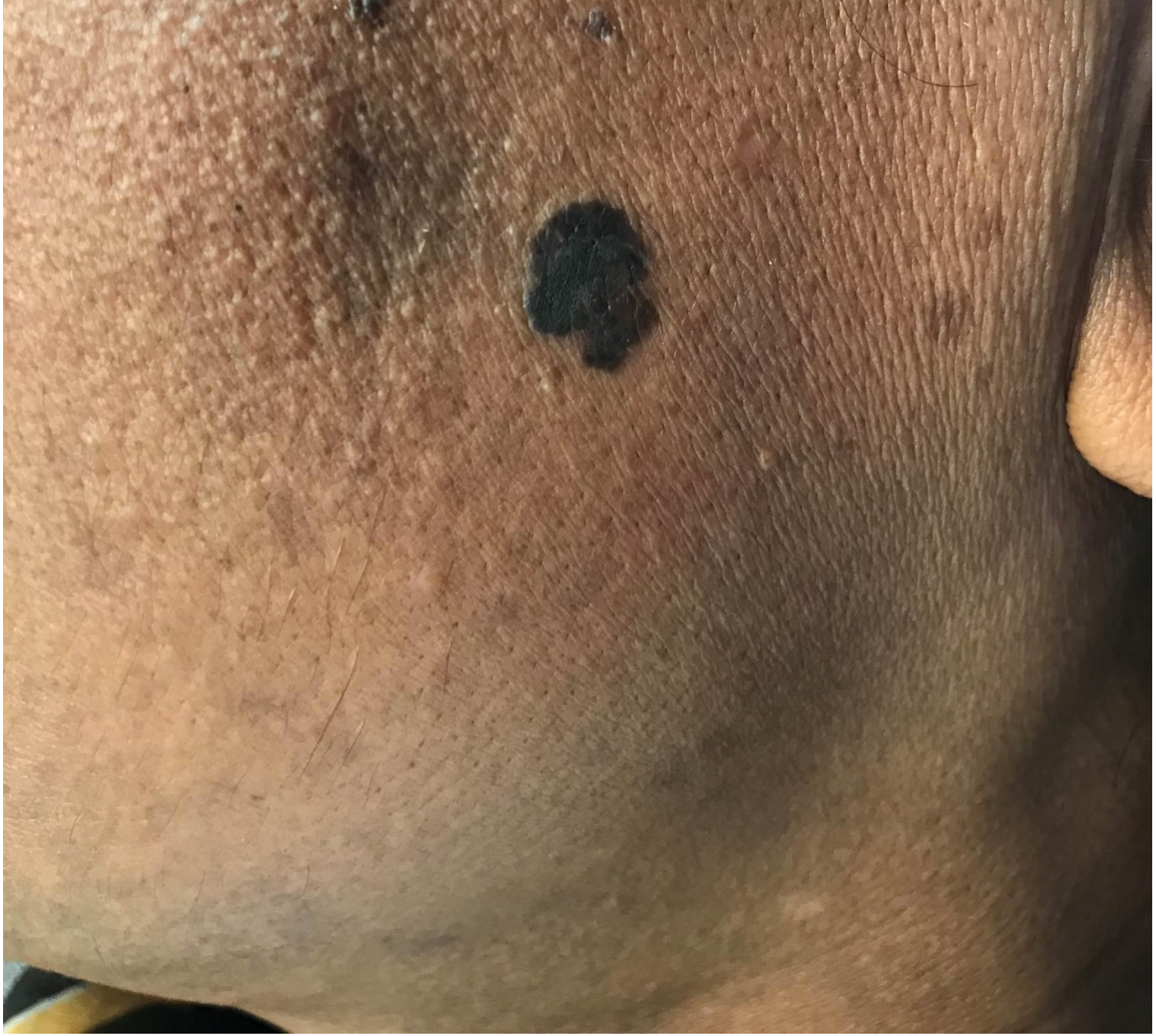

Mole
Melanoma
A.
Asymmetry
Symmetric
Asymmetric
B.
Borders
Regular
Irregular
C.
Colour
Uniform
Varied
D.
Diameter
< 5 mm
> 5 mm
E.

Seborrheic Keratosis

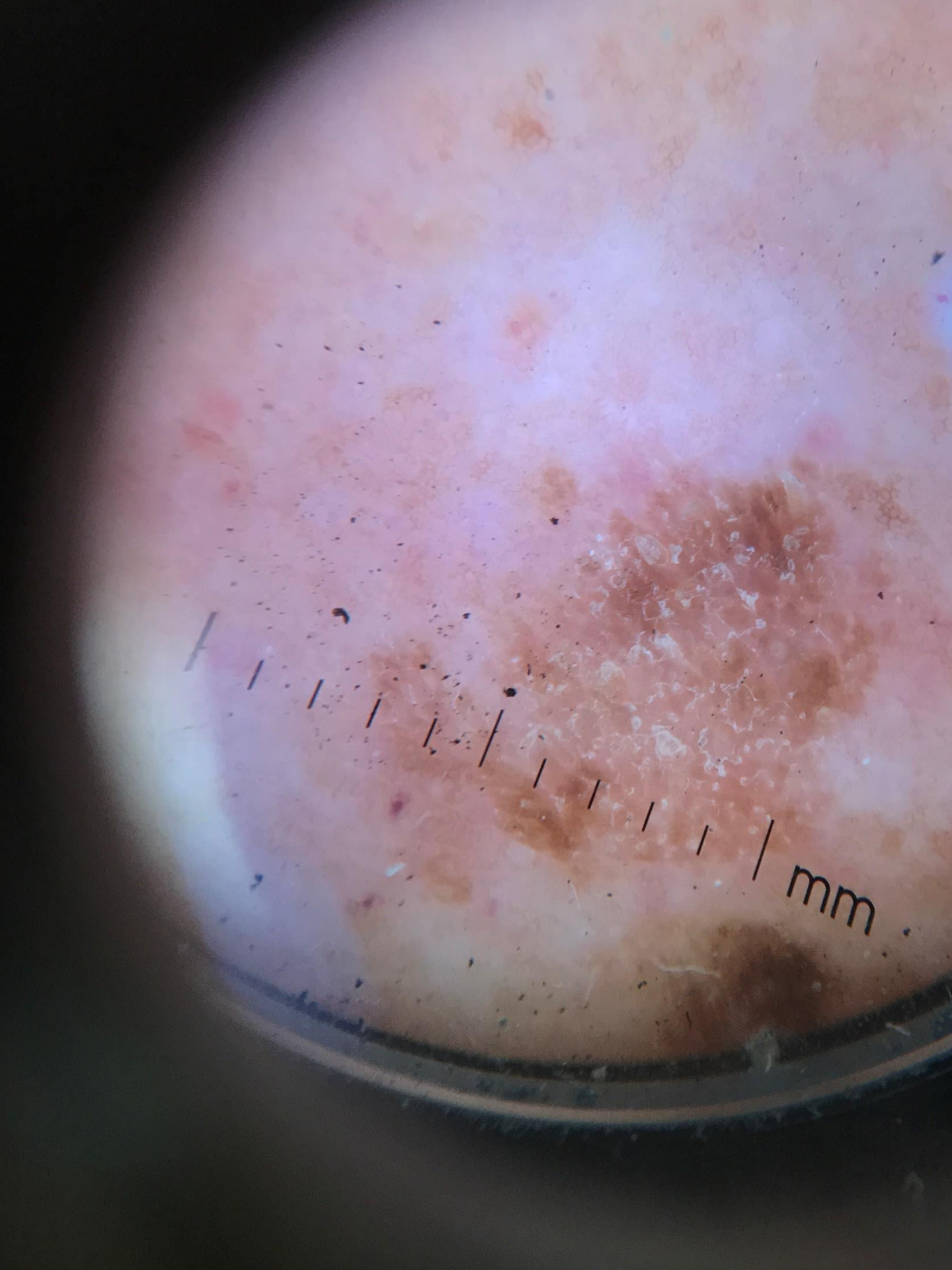
- Can range from 5-30mm
- These look tan, light or dark brown, and even black. But they are actually colourless under the microscope
- Dermoscopy shows uniform *keratin pearls and pseudo horncysts*
- As they contain no pigment cells, they are a cosmetic, not medical concern
- You can choose to treat them by cryotherapy





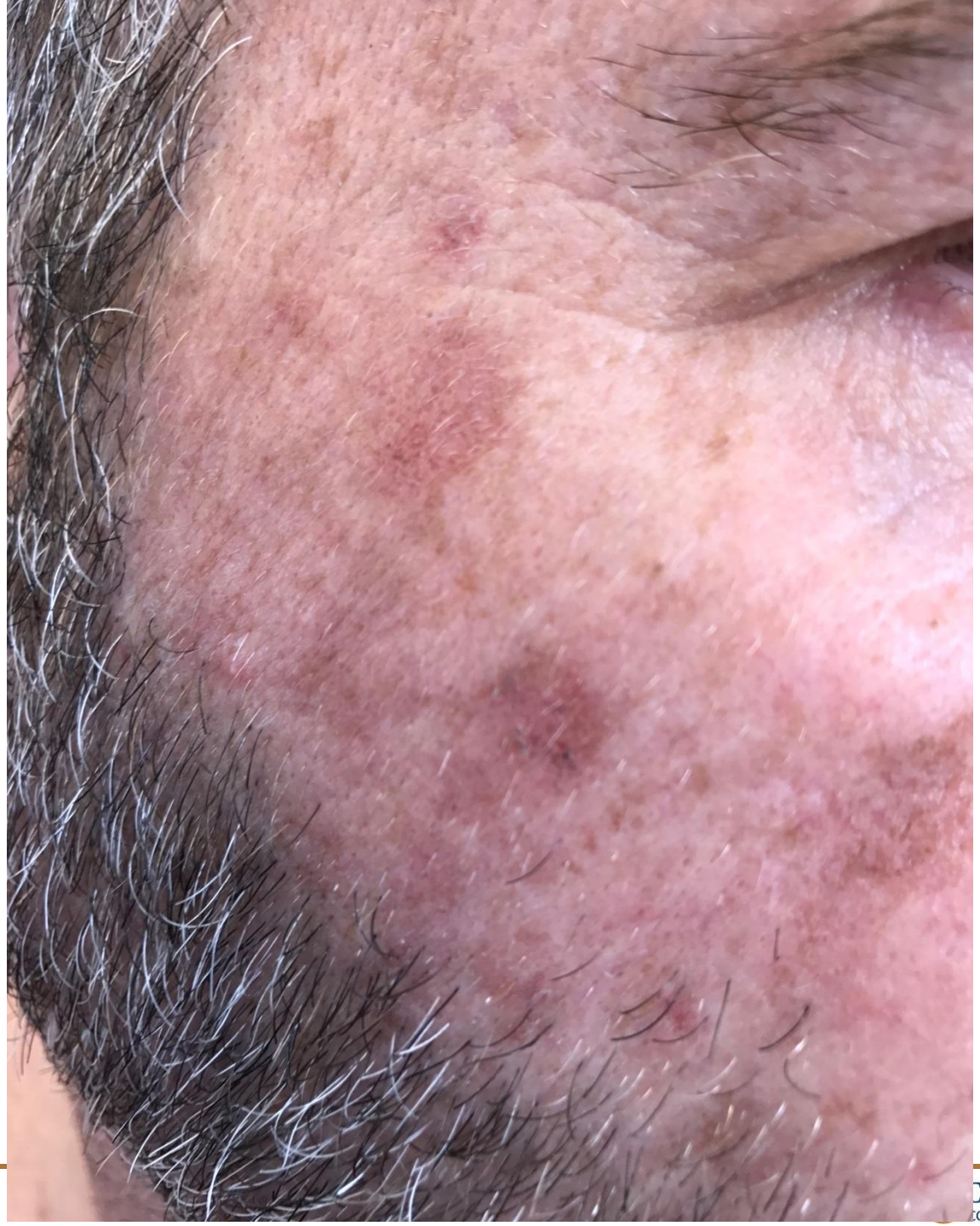


MODE
DermLite pro


mm

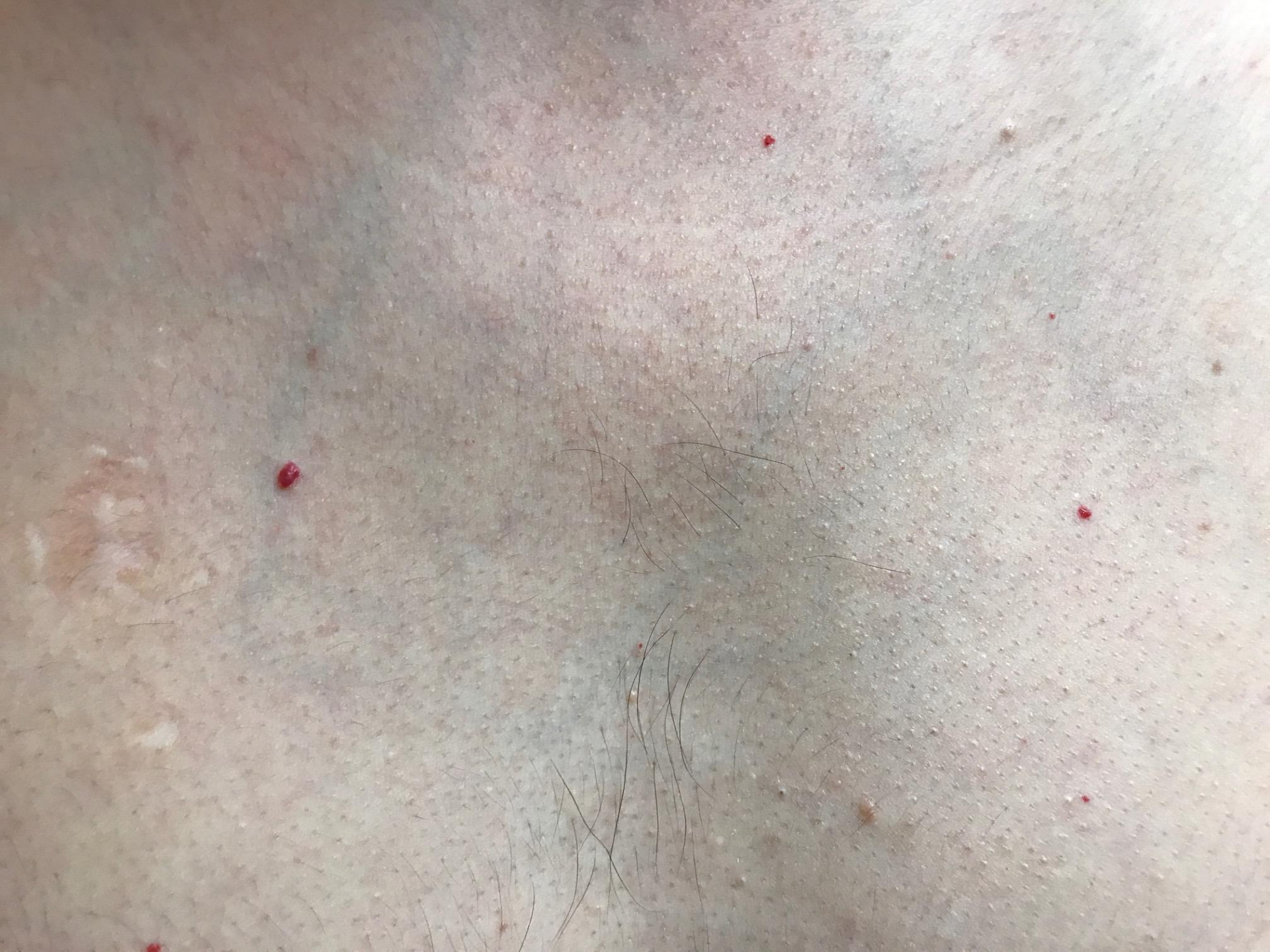
Pigmented Actinic Keratosis

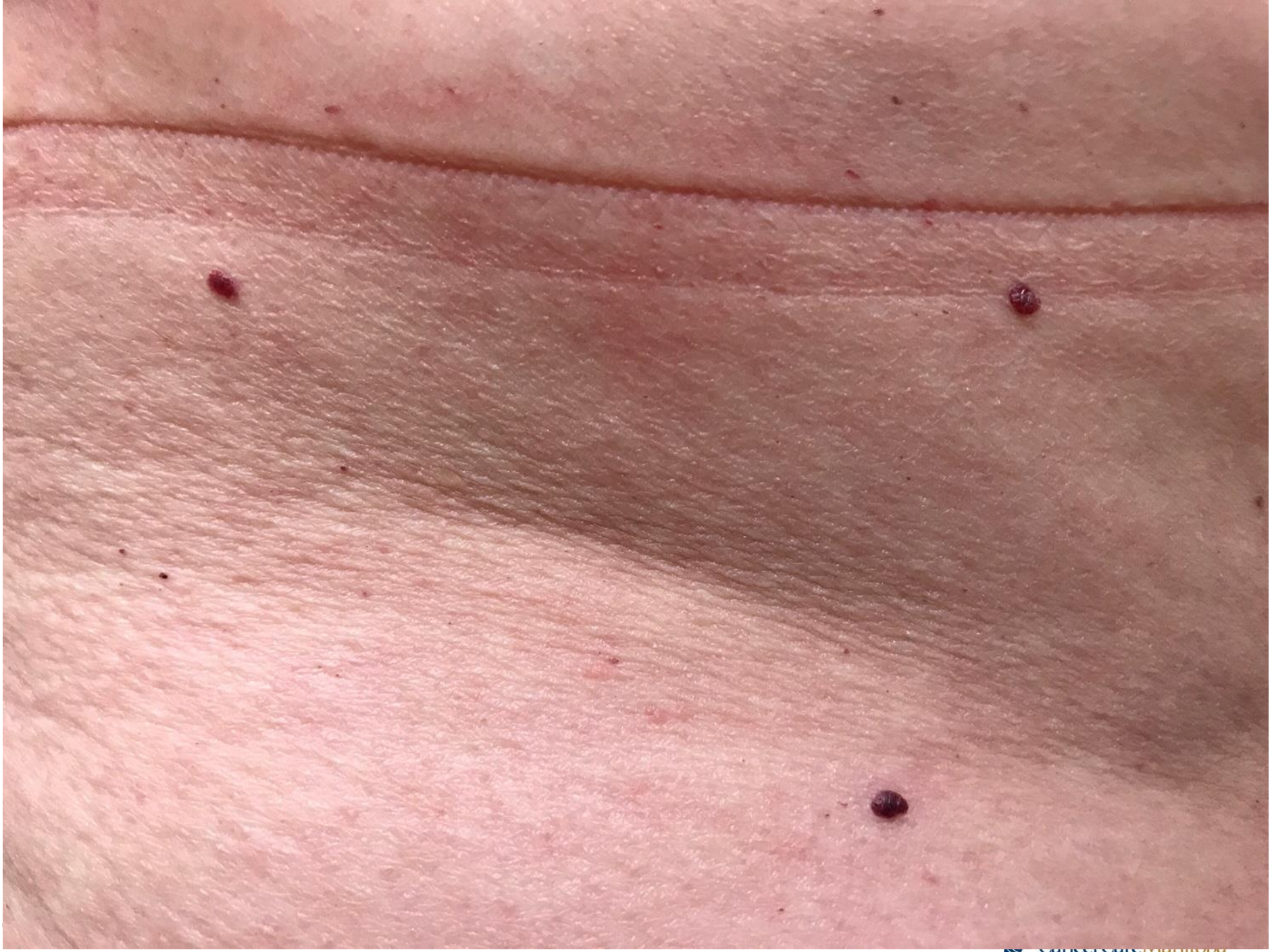
- Discreet red brown and scaly macules on sun exposed skin
- Ranging in size from 5-20mm
- Often tender to touch or when exposed to sun light
- Treatment: cryotherapy and/or topical chemo therapy

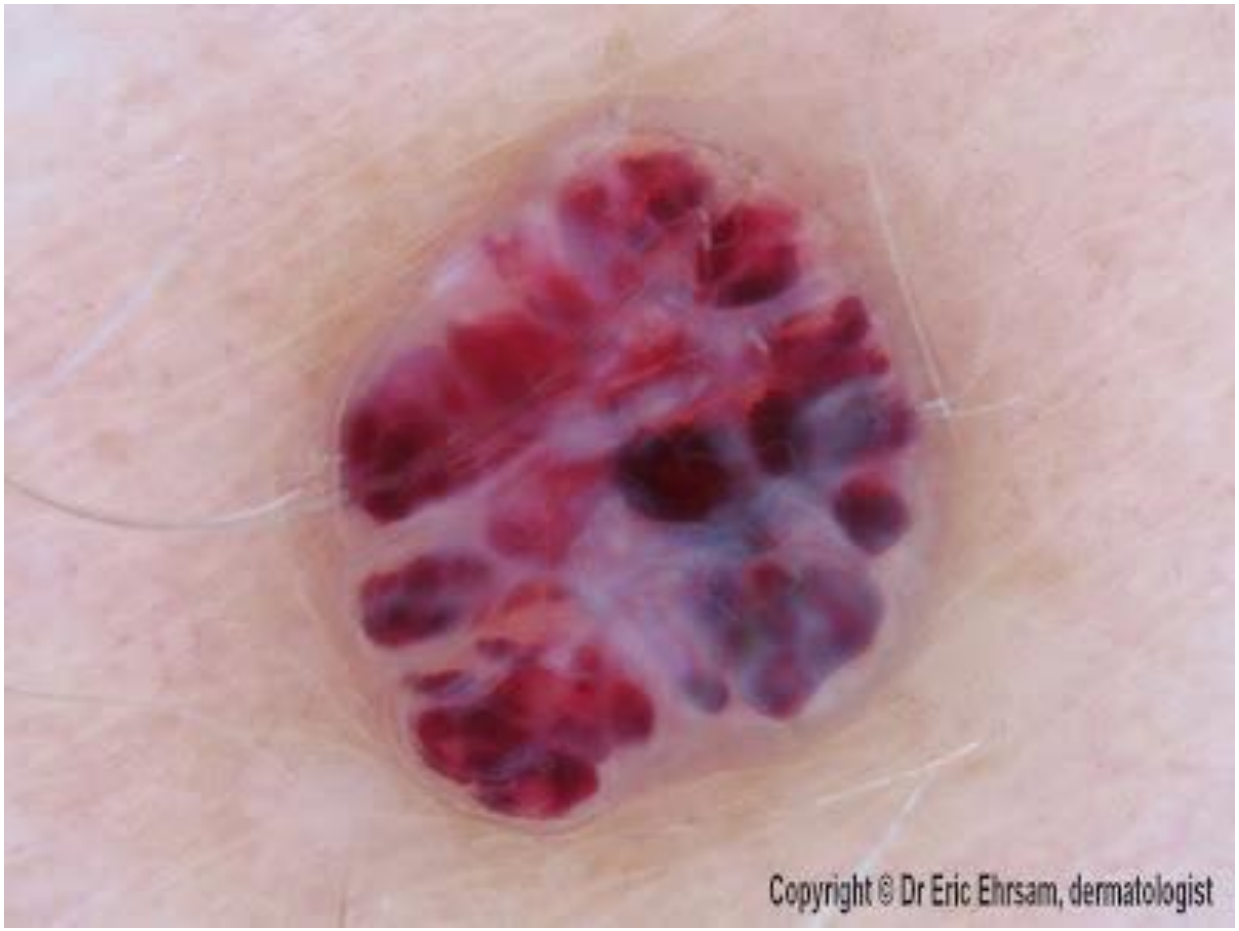


Angioma

- These are commonly 1-5mm in size
- The majority will be red
- Confusion develops when they are dark purple/black
- Dermoscopy shows *Lacunae*
- You can choose to treat by laser



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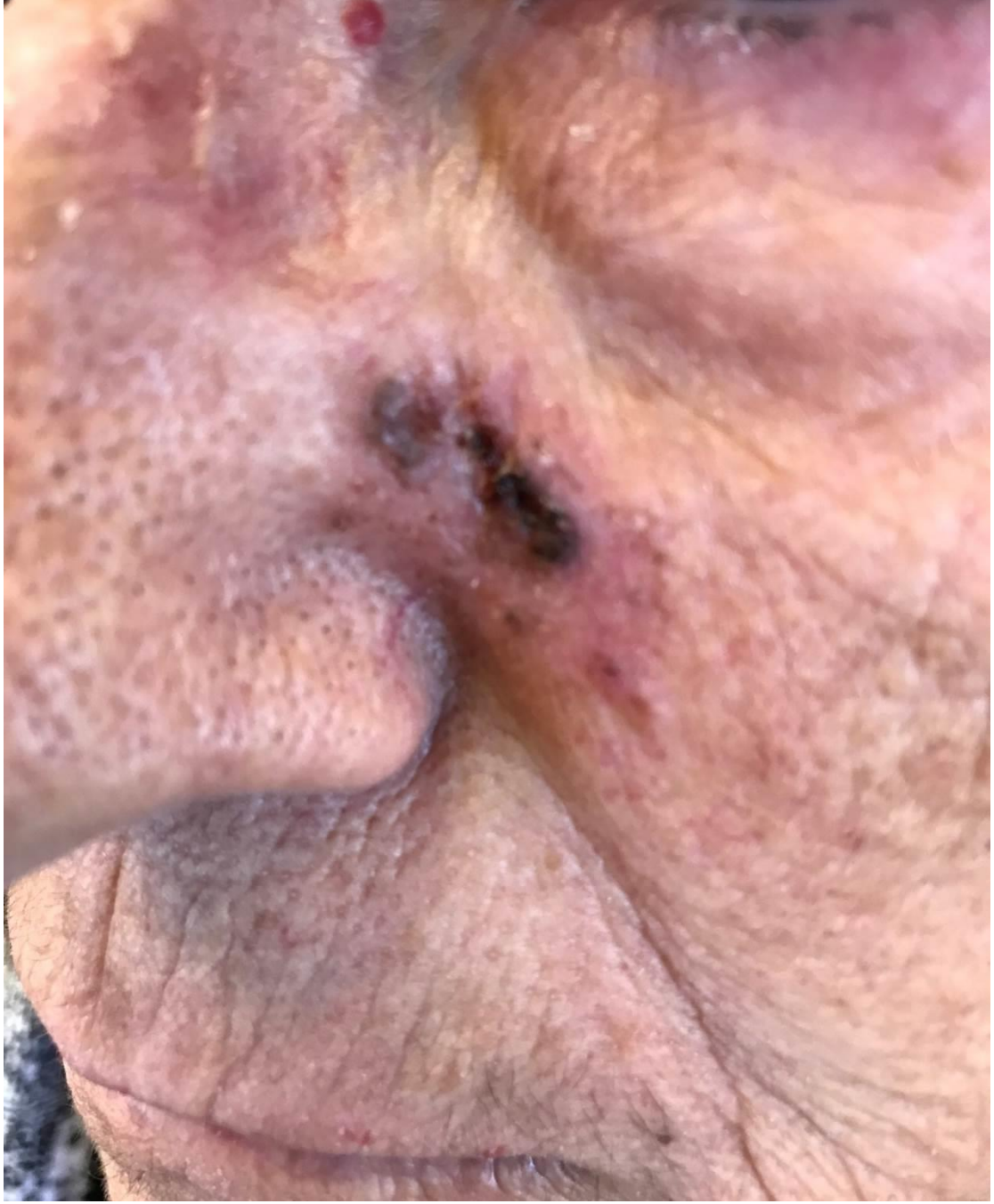
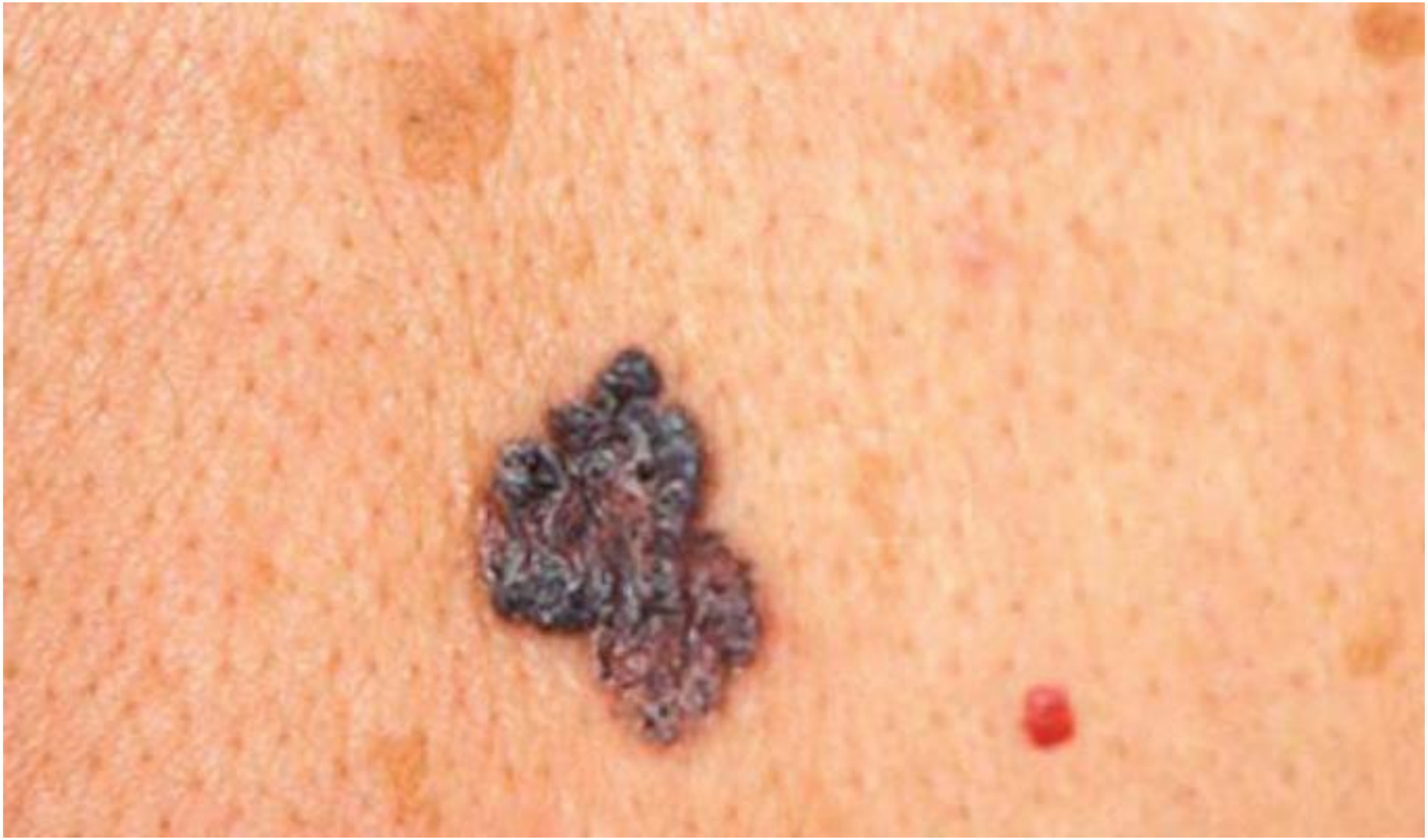
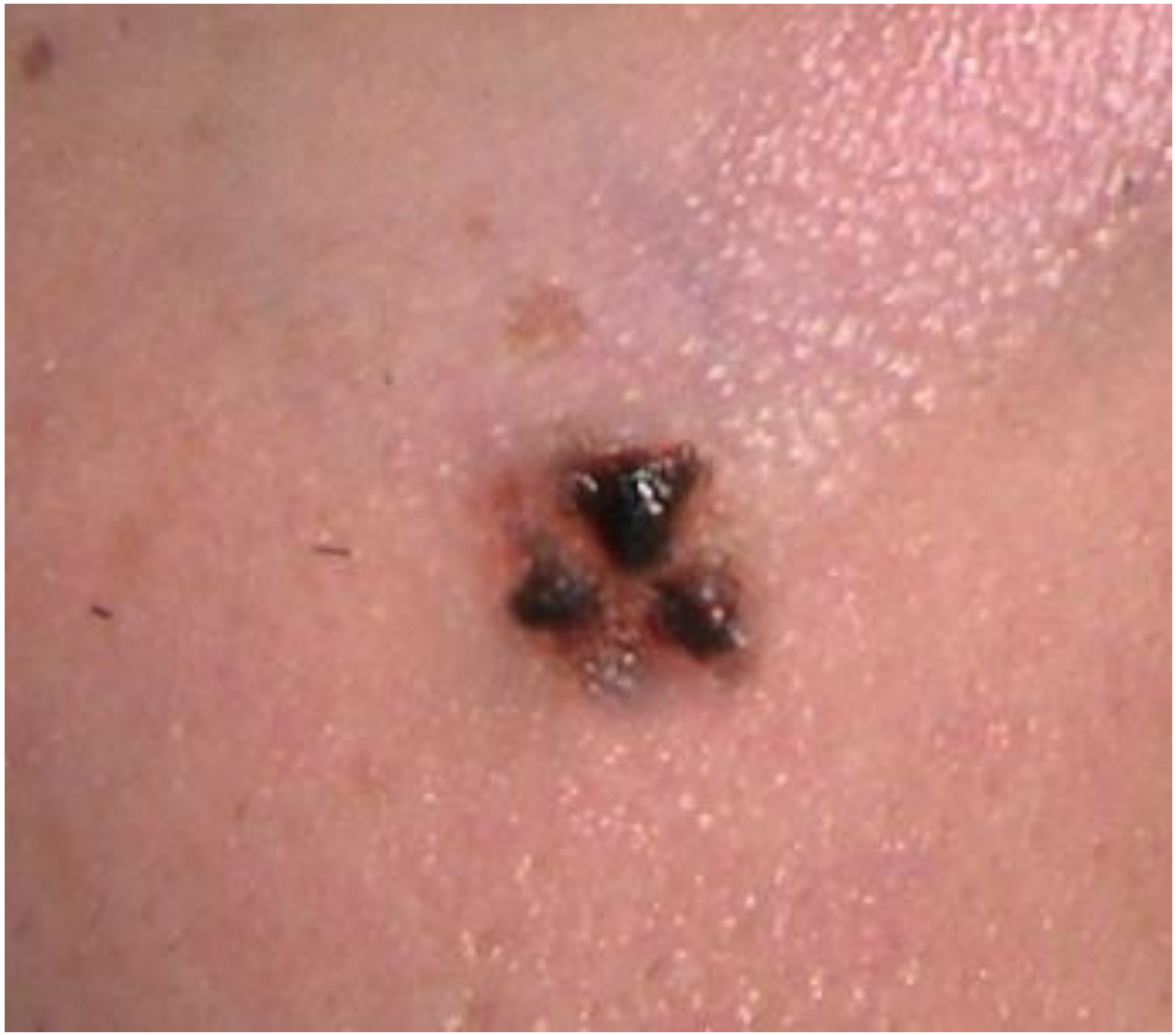
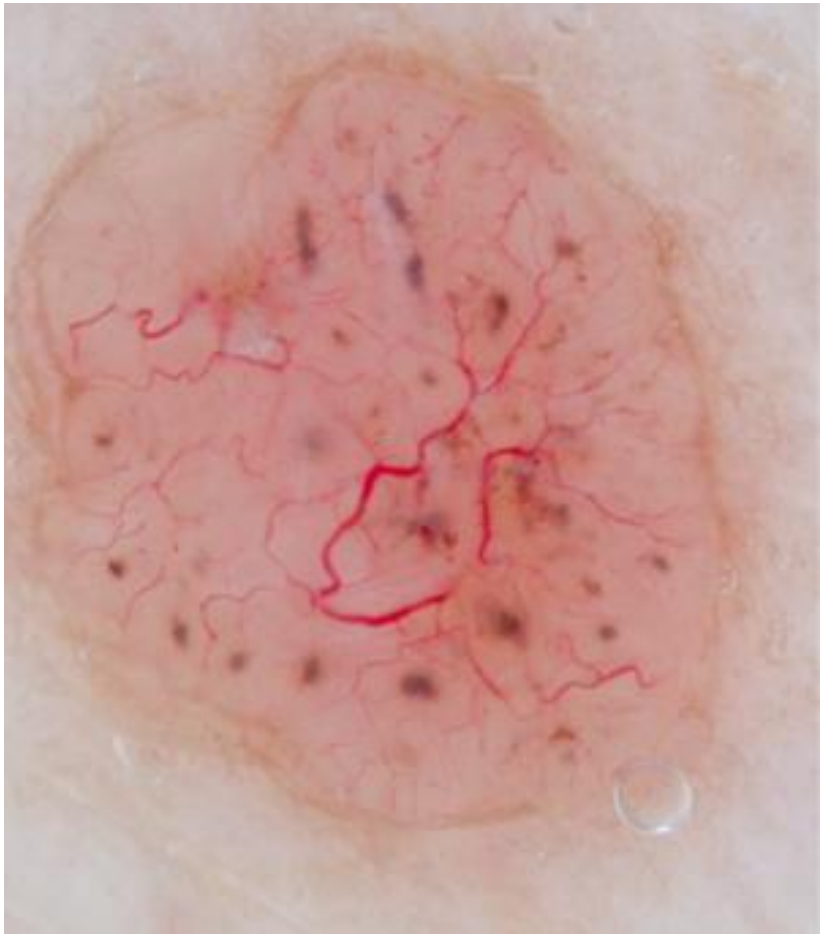
Pigmented Basal Cell Carcinoma

- These can range from 5mm-5cm
- They are red-brown-black, bleeding pearly bordered ulcers
- Dermoscopy shows *arborizing vessels* at the pearly borders
- These should be excised with 3-5mm clear margins when clinically possible vs Moh's surgery/radiation



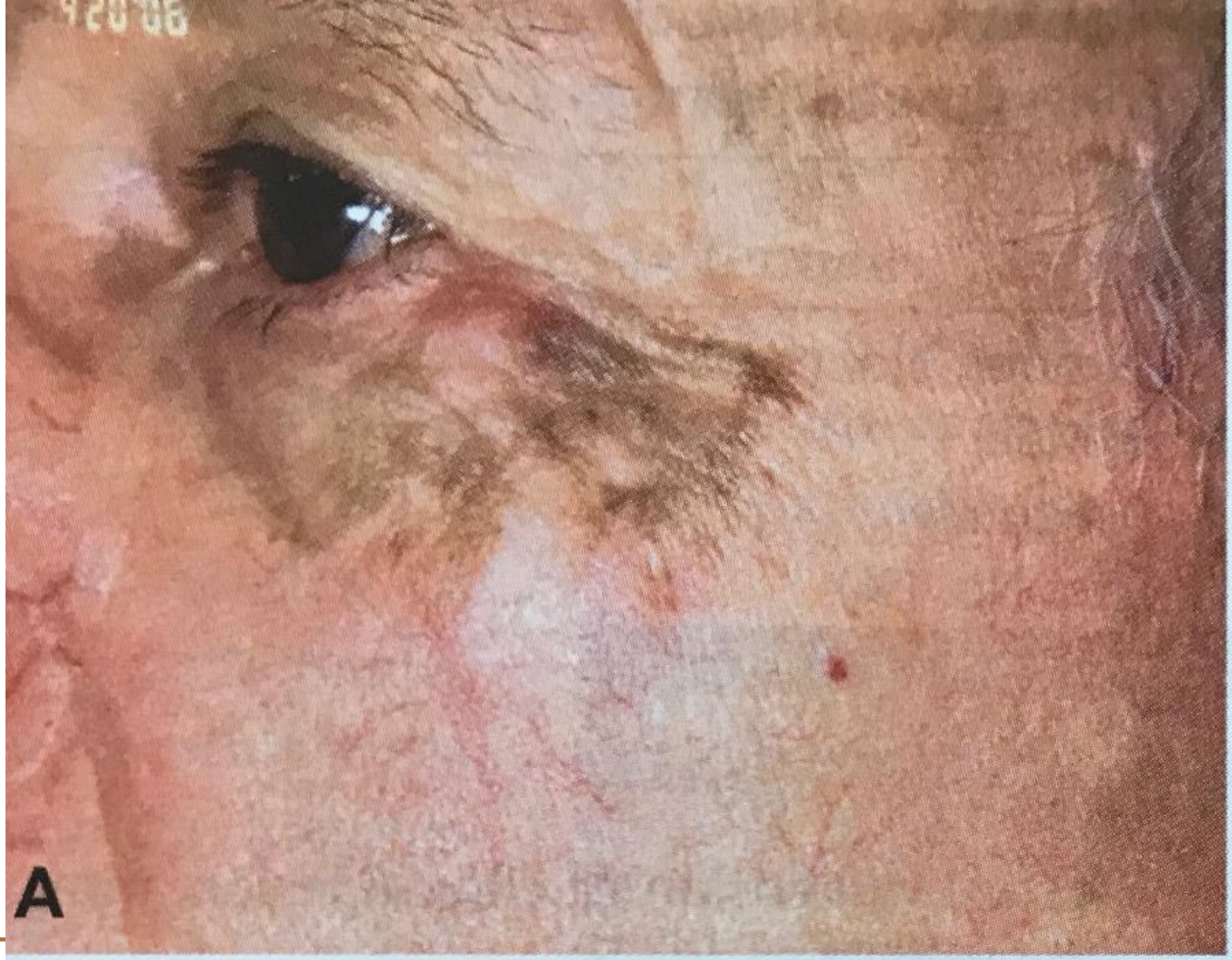






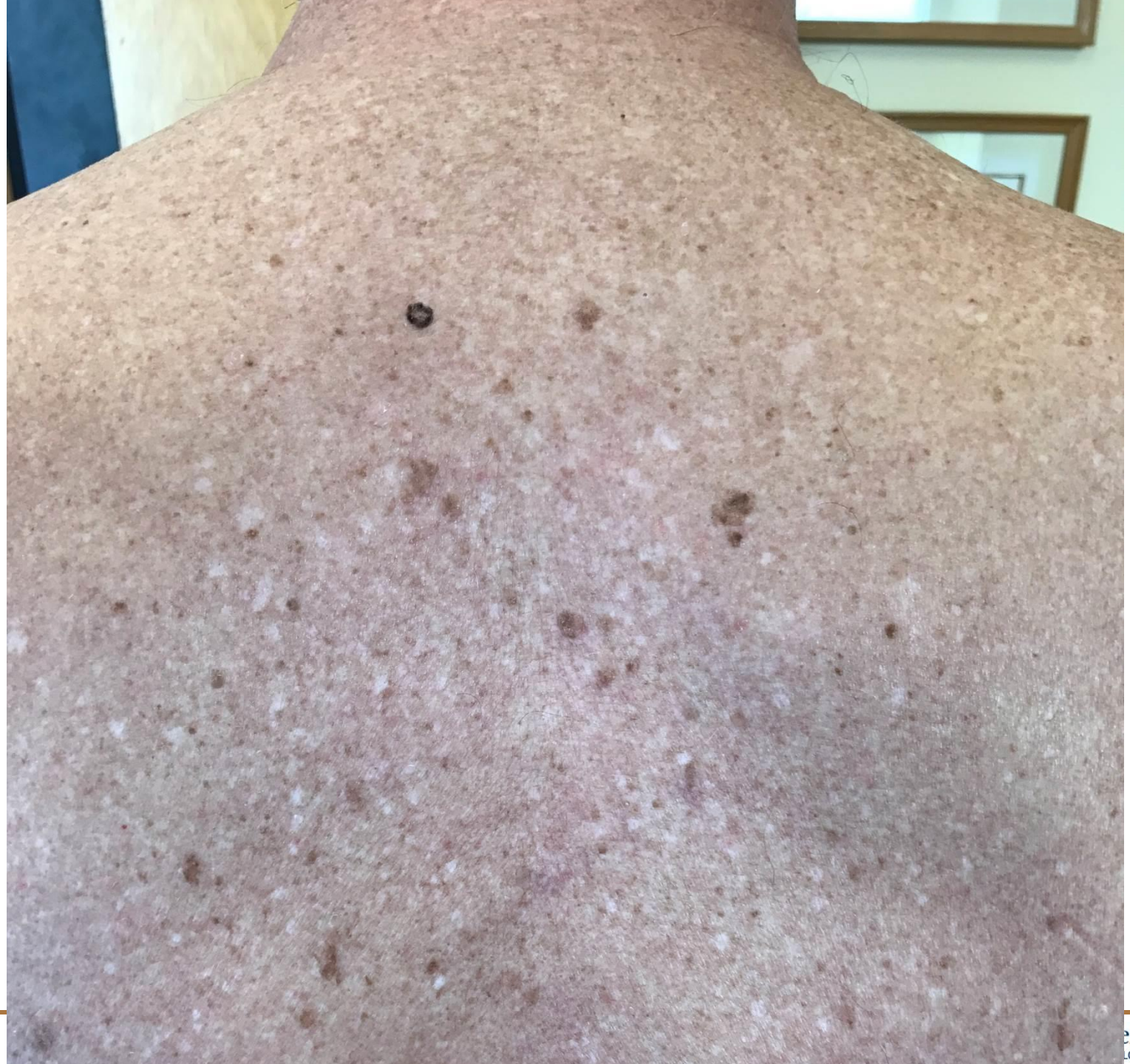
Lentigo Maligna

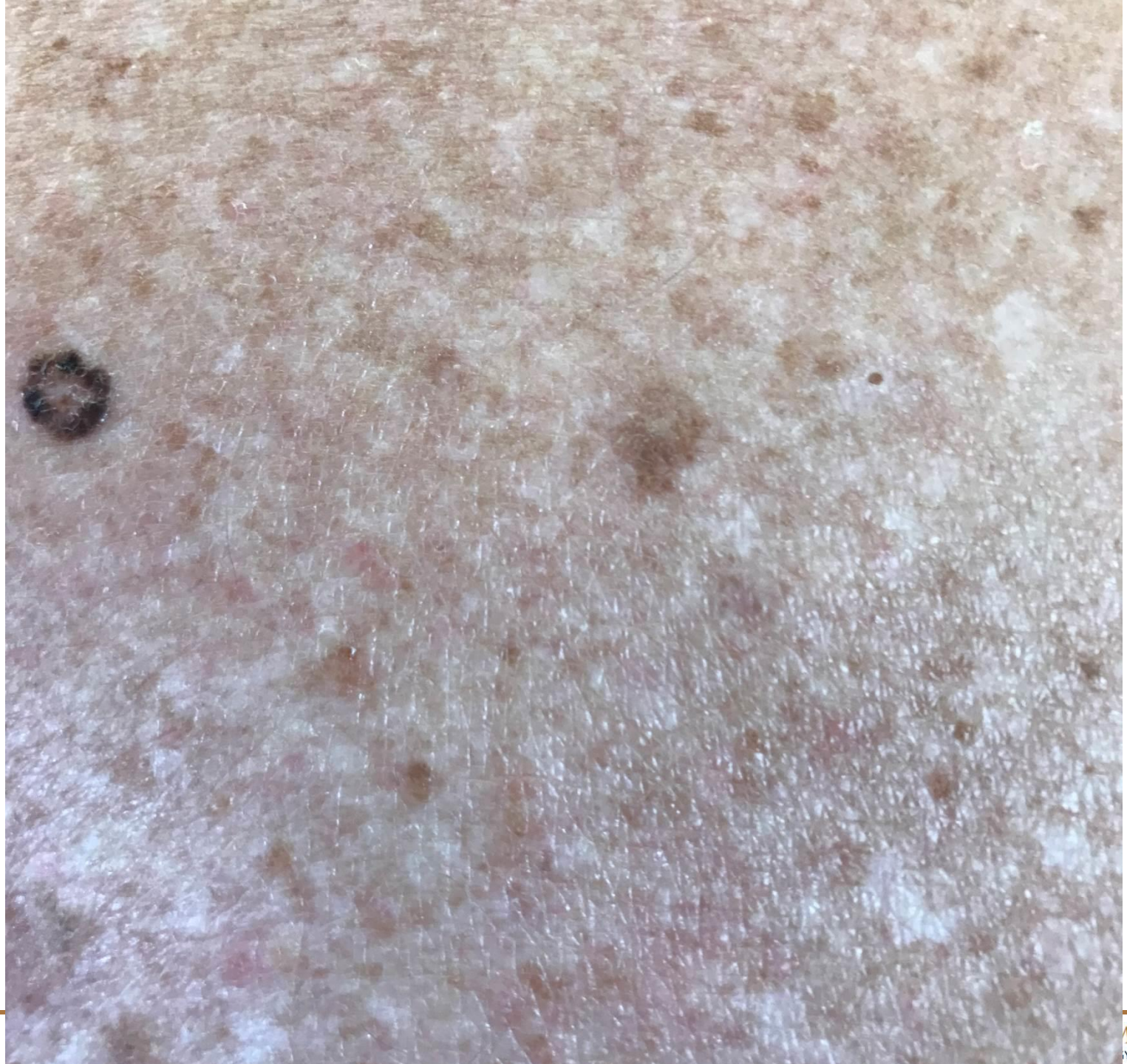
- Single lesion 15mm or larger
- Variable pigmentation throughout(light/dark brown and black)
- Usually present for well over 5 yrs, occurring in people 40 yrs or older
- Dermoscopy equivical
- Long narrow incisional biopsy
- Imiqumoid cream and Moh's surgery

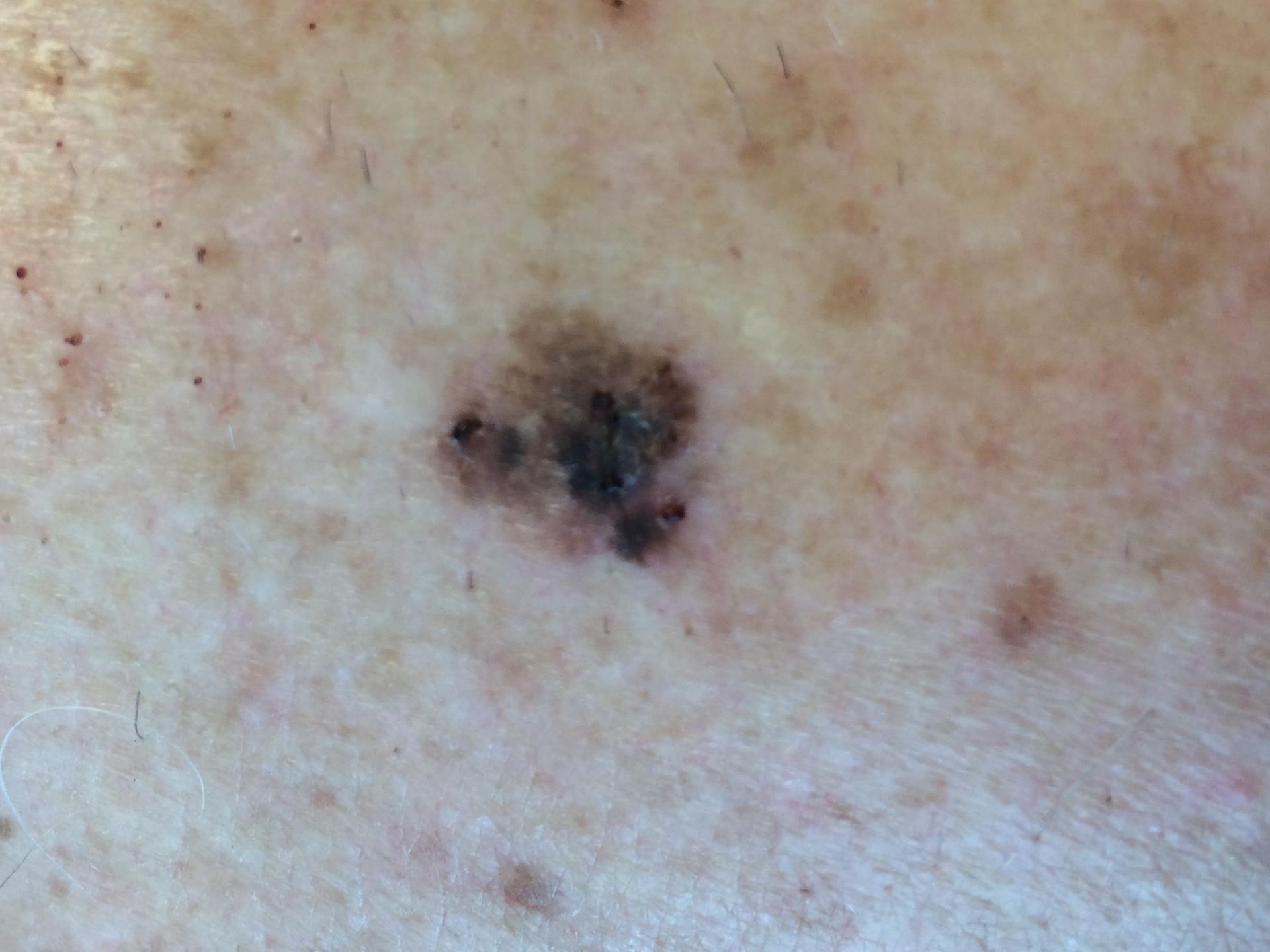

A

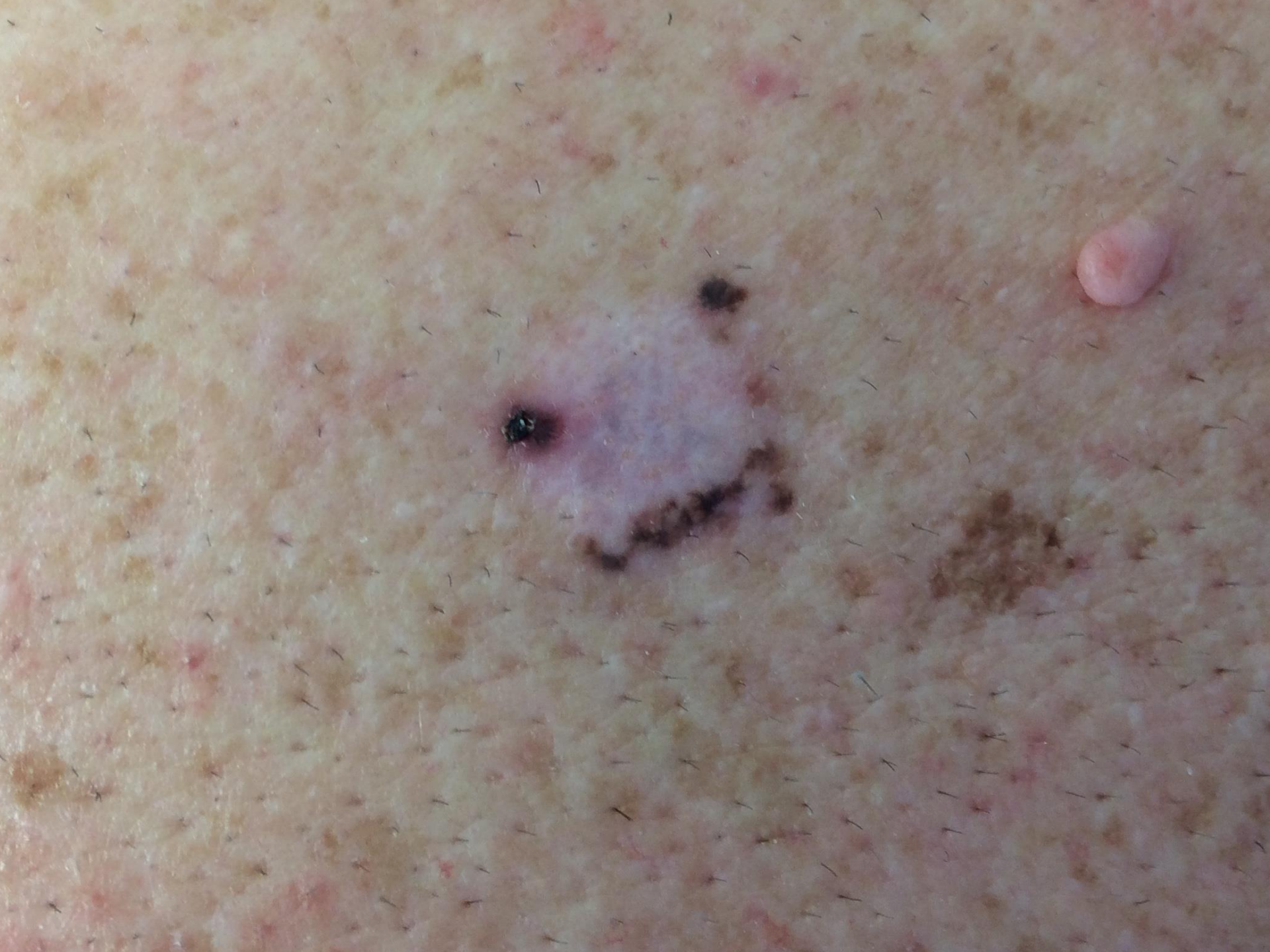
Melanoma

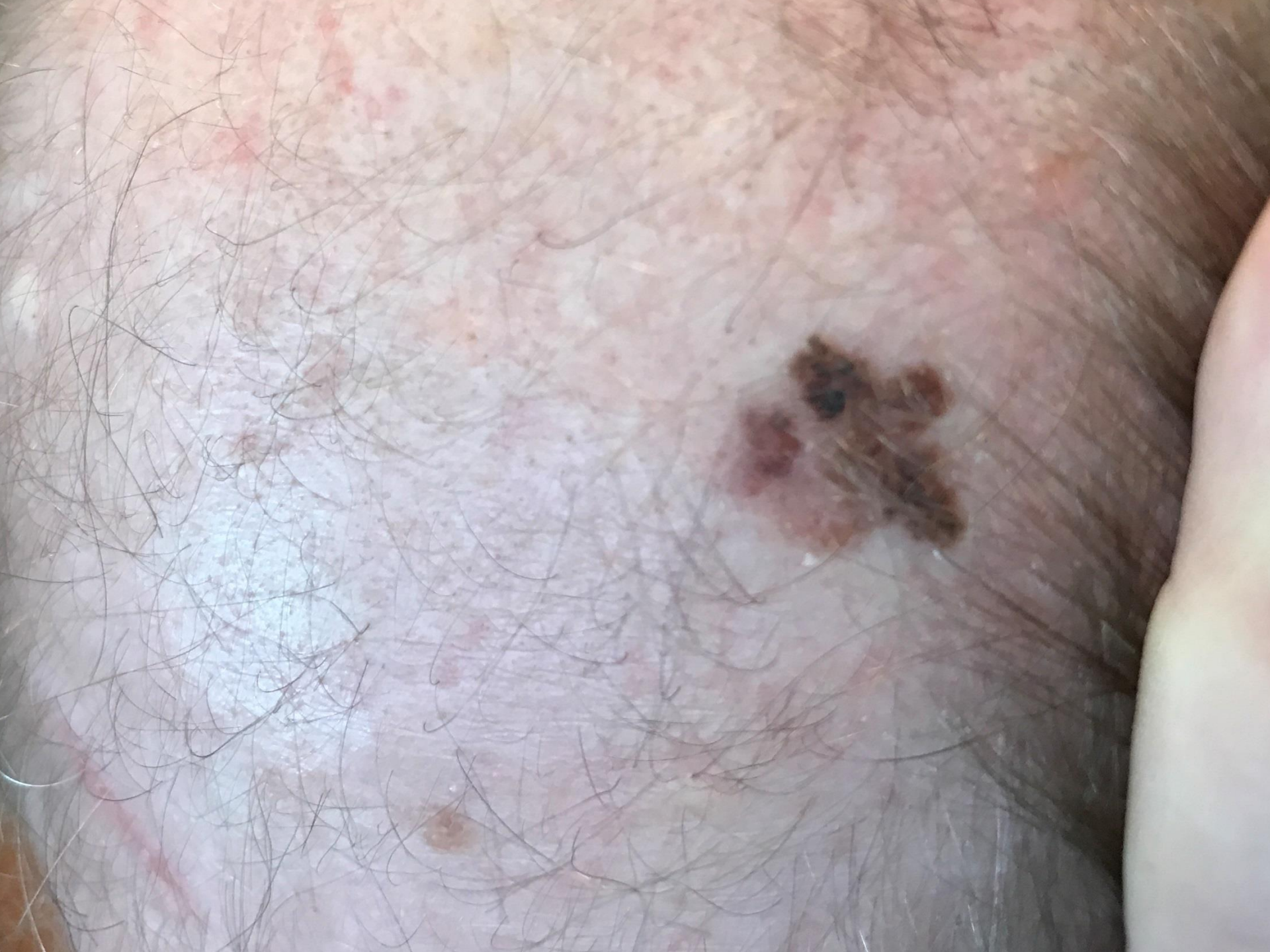
- Usually rapid development of a “new mole or a recent change in a longstanding mole”
- Almost always single, 6mm or larger
- Variable pigmentation; white, blue, brown, red, and or black
- Can bleed with mild irritation
- Dermoscopy shows non uniform pigment pattern

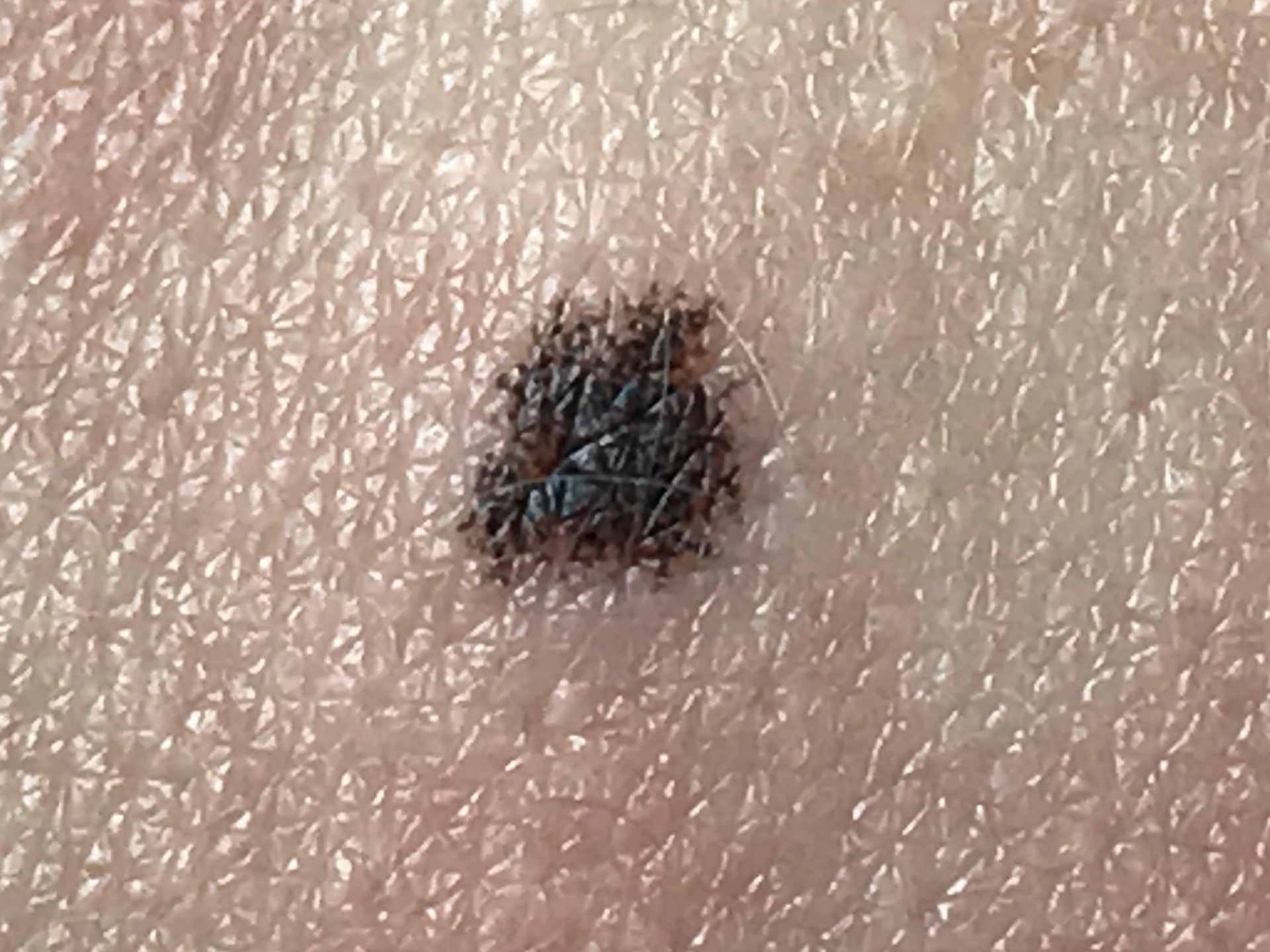


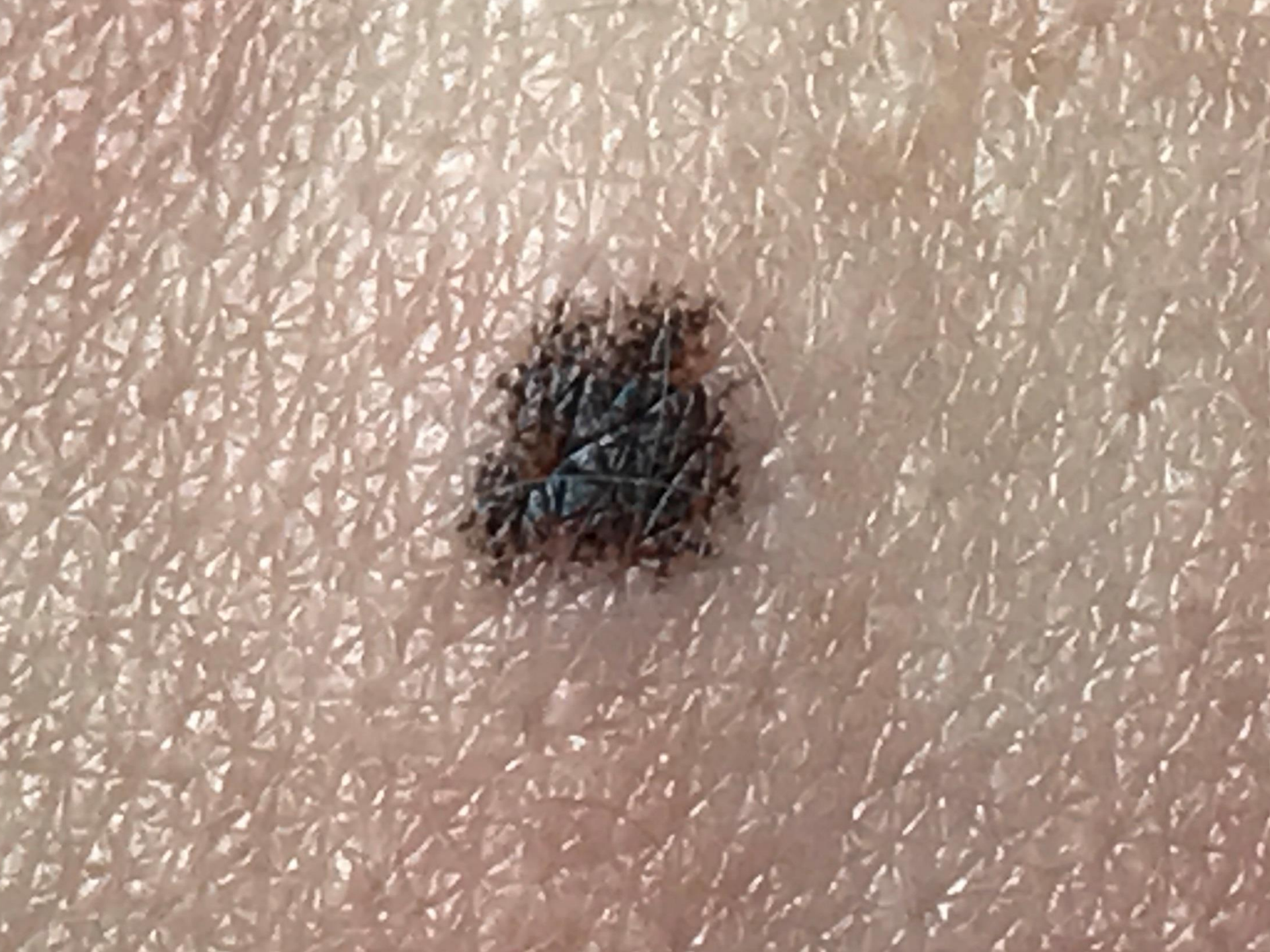


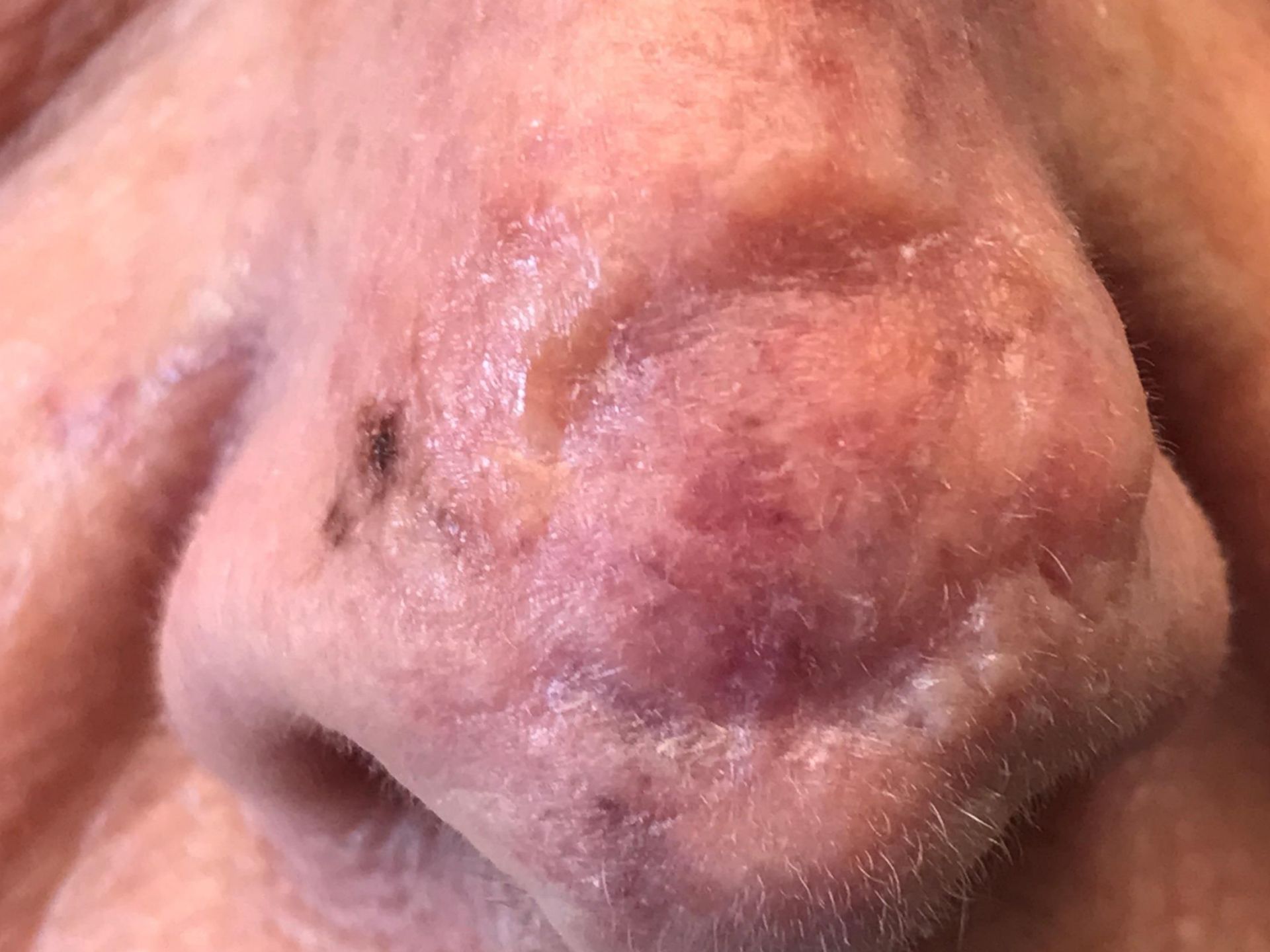












TISSUE REPORT

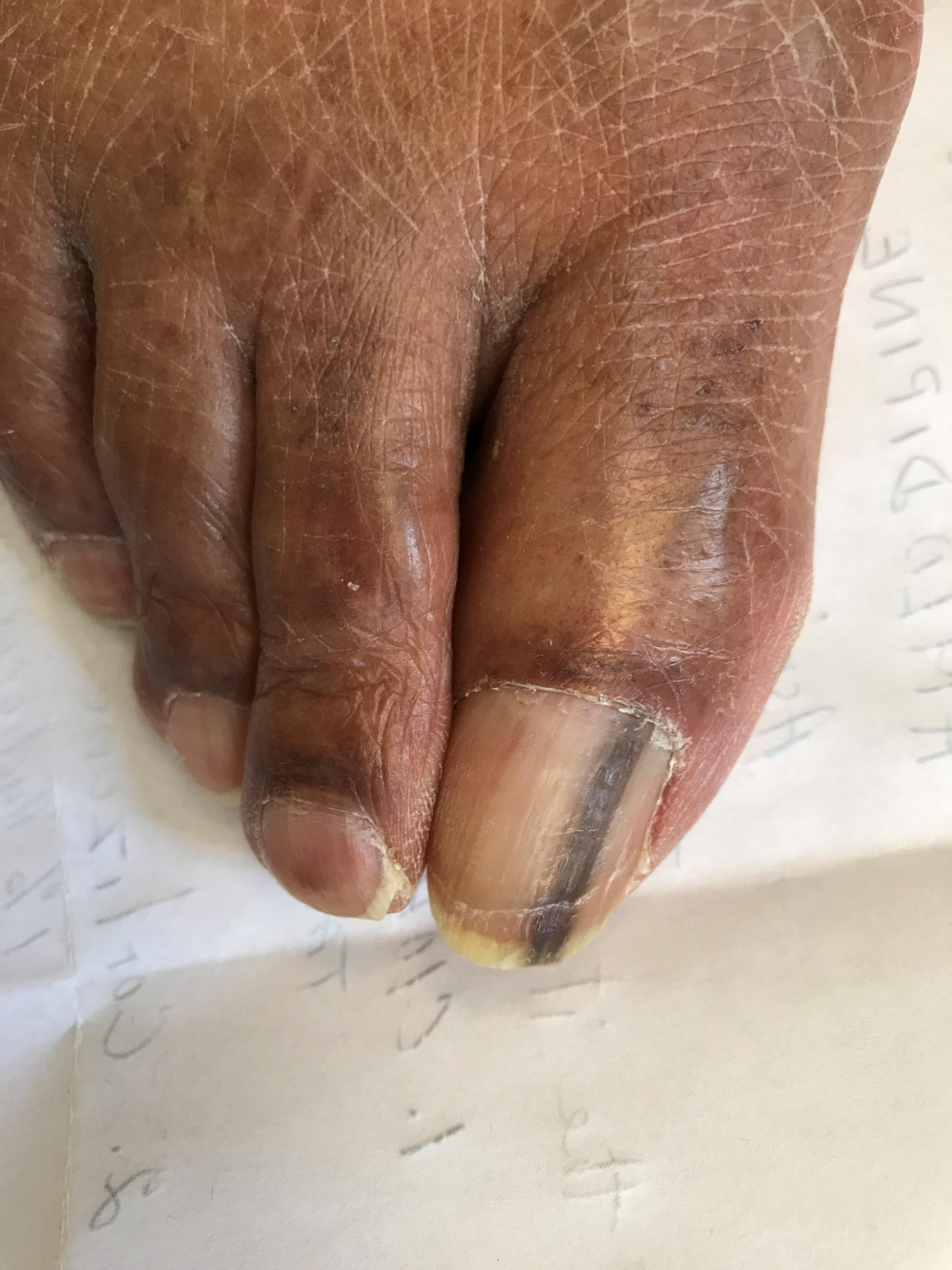
CLINICAL INFORMATION: TIP OF NOSE. LENTIGO MALIGNA VS SUPERFICIAL SPREADING MALIGNANT MELANOMA.

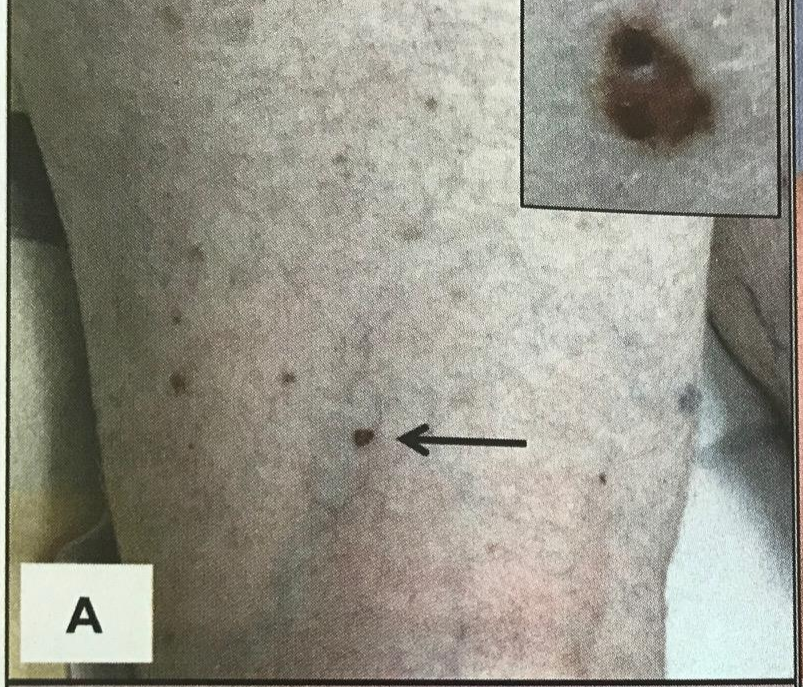
GROSS: SPECIMEN LABELLED "NOSE" CONSISTS OF AN ELLIPSE OF ROUGH GRAY SKIN MEASURING 0.8CM X 0.6CM TO A DEPTH OF 0.2CM. (3 CROSS SECTIONS. SUBMITTED IN TOTAL).

MICROSCOPIC/DIAGNOSIS: SKIN, EXCISION, TIP OF NOSE:
- **MELANOMA IN SITU, LENTIGO MALIGNA TYPE.**
- **PROMINENT ADNEXAL INVOLVEMENT IS NOTED.**
- **NO EVIDENCE OF INVASIVE MALIGNANCY.**
- **PRESENT AT BOTH PERIPHERAL SKIN MARGINS.**

R - DR. HURST COPY SENT TO:
GISTRY

DR. L. HUZEL

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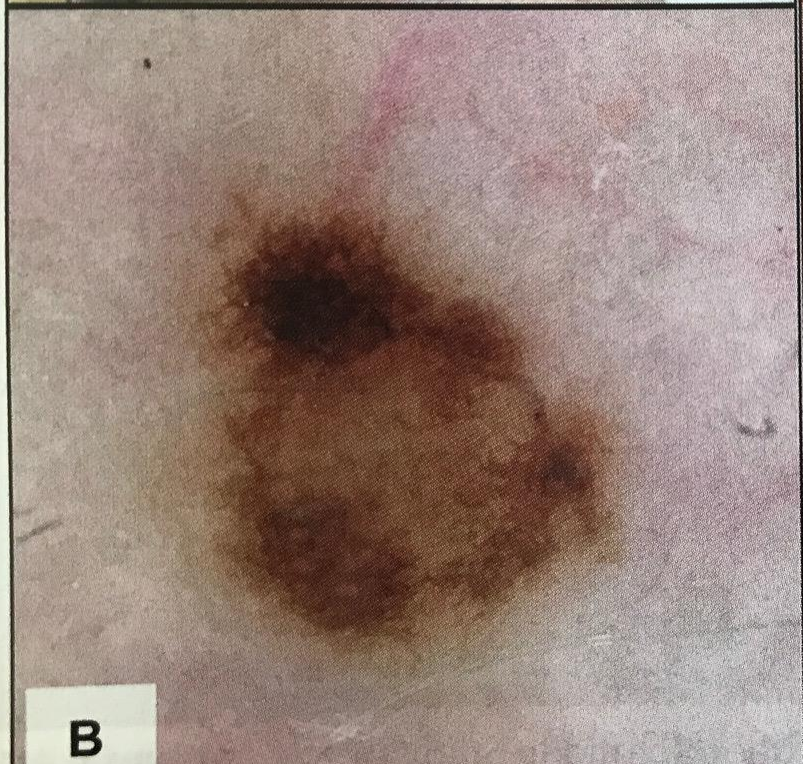
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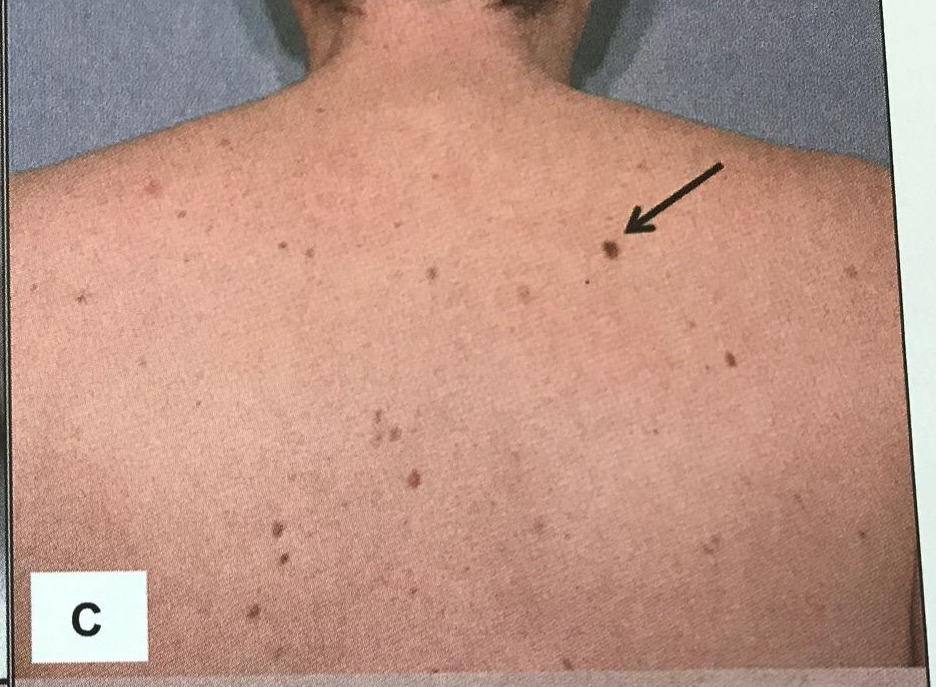
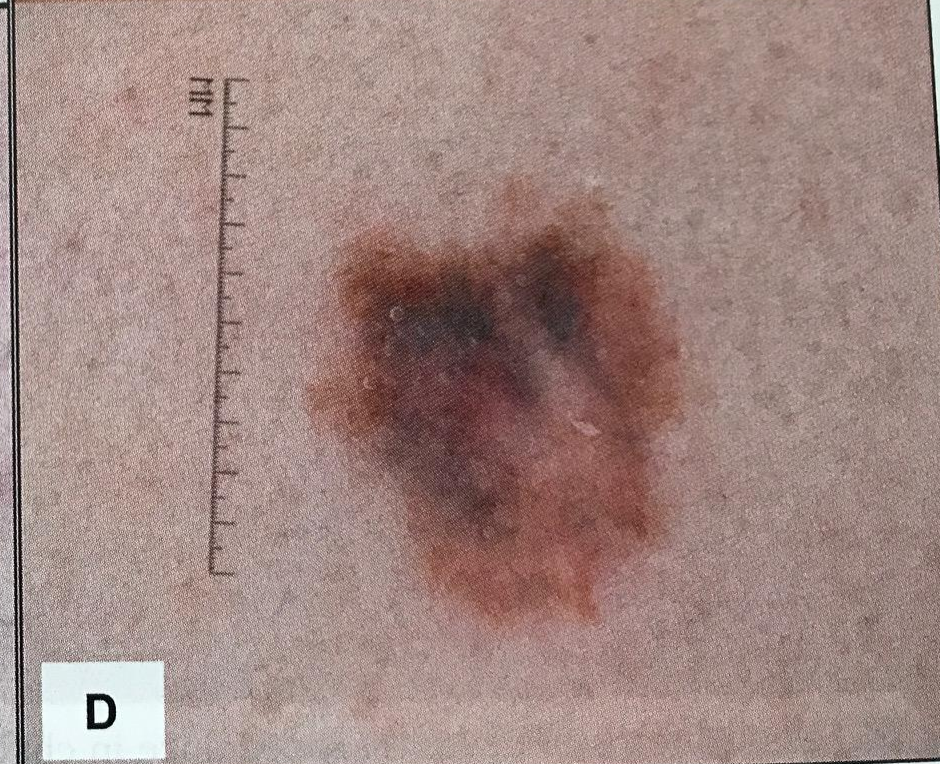
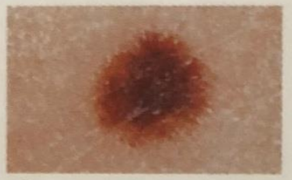
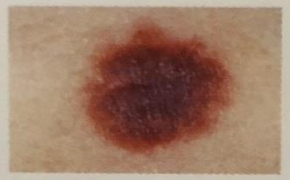
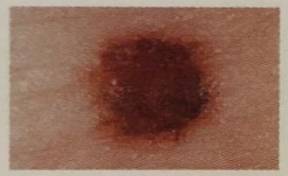
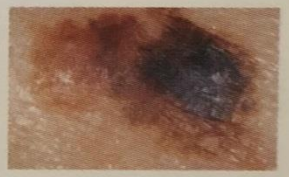
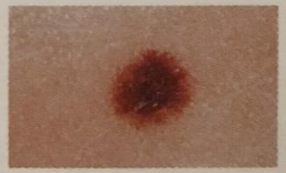
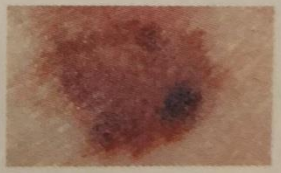
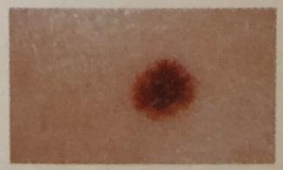

C


D

	Mole	Melanoma
Asymmetry	 Quite round and symmetrical	 Asymmetrical
Borders	 Regular and geometric	 Irregular and jagged edge
Color	 One	 Several : light brown to black
Diameter	 Small size (< 6 mm)	 Big size (> 6 mm)
Evolution	  Evolutive in its size, its color or its thickness	

Melanoma treatment

- Excise with narrow lateral margins down to subcutaneous fat
- This allows for the pathologist to determine **Breslow** depth (this is one of the best prognosticators for survival)
- Depending on Breslow depth, the second surgery will have margins of 5,10 or 20mm and can be preceded by Lymphscintography