Skin lesions –
Getting it right

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Outline

- Deciding beauty from the beast
Missed diagnoses

- Missed cancer diagnosis > 50% litigation cases
- Skin cancer 4\textsuperscript{th} most commonly missed
- Failure to examine the patient properly
The facts

- Melanoma causes over 2000 deaths in the UK
- Over 5 people die every day from melanoma in the UK
- 14,000 new cases per year
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The facts*

- Melanoma still causes over 2000 deaths in the UK
- Over 5 people die every day from melanoma in the UK
- 14,000 new cases per year

- Non melanoma skin cancer is the most common cancer in the western world
  - Over 100,000 cases in the UK alone

- The most preventable cancer

- Easily curable if treated early

*Cancerresearchuk.org
What features suggest malignancy

- History
- History
- History
- Examination
What features suggest malignancy
Benign lesions

- Junctional naevus
- Halo compound naevus
- Blue naevus
- Intradermal naevus
Spotting the high risk patient?
History is key
Beware – history is key

- Sunbeds increase risk of melanoma
- Used twice – doubles risk of melanoma
- Fake tans are safer – still need to use sunblock
High risk patients?

- Number of moles on body (>100 high risk)
High risk patients?

- Number of moles on body
  - >100 high risk

- Number of moles on arm
  - >11 high risk

History – spotting signs early

Individual risk factors for skin cancer

- Individuals who are lighter skinned (skin types I & II)
- Individuals who work outdoors
- Prior or current treatment with immunosuppressants
- Excessive exposure to sunlight and sunbeds
Sun damage

- Not to be accepted
- Should be diagnosed
- Treatment is a choice
What should patients be doing?
What should patients be doing?

- Examination of their skin regularly
- Monthly exams of whole body and each other
- Baseline photos

If You Can Spot It, You Can Stop It

Skin cancer is the most common of all cancers, afflicting more than two million Americans each year, a number that is rising rapidly. It is also the easiest to cure, if diagnosed and treated early. When allowed to progress, however, skin cancer can result in disfigurement and even death.
How to examine skin - Skincancer.org

1. Examine your face, especially the nose, lips, mouth, and ears - front and back. Use one or both mirrors to get a clear view.

2. Thoroughly inspect your scalp, using a blow dryer and mirror to expose each section to view. Get a friend or family member to help, if you can.

3. Check your hands carefully, palms and backs, between the fingers and under the fingernails. Continue up the wrists to examine both front and back of your forearms.

4. Standing in front of the full-length mirror, begin at the elbows and scan all sides of your upper arms. Don't forget the undersides!

5. Next focus on the neck, chest, and torso. Women should lift breasts to view the underside.

6. With your back to the full-length mirror, use the hand mirror to inspect the back of your neck, shoulders, upper back, and any part of the back of your upper arms you could not view in step 4.

7. Still using both mirrors, scan your lower back, buttocks, and backs of both legs.

8. Sit down and look each leg in turn on the other side or chair. Use the hand mirror to examine the calves. Check front and sides of both legs, thighs to shin, ankles, tops of feet, between toes, and under nails. Examine soles of feet and heels.
Melanomas detected with the aid of total cutaneous photography

1. N.E. Feit
2. S.W. Dusza and
3. A.A. Marghoob

Article first published online: 6 APR 2004
DOI: 10.1111/j.0007-0963.2004.05803.x
Photograph monitoring

[Images of a person's back with moles and a phone taking a photograph of the moles]
Real world scenario

- No history!!!!
- Changing mole –bigger!
Clinical diagnosis

- Recognise the worrying features
Melanoma

The "Ugly Duckling" Sign

Agreement Between Observers

Alon Scope, MD; Stephen W. Dusza, MPH; Alia Ashfaq A. Marghoob, MD

Clinical diagnosis
Clinical diagnosis

- Seborrheic keratosis
- Early melanoma
NICE Guidance – July 2015

- It recommends that ALL pigmented lesions should be assessed using Dermoscopy by healthcare professionals that are suitably trained in this technique.

- This is shown to increase Melanoma pick up rate and the vast majority of Dermatologists already use this device.
Clinical diagnosis

Seborrheic keratosis

Early melanoma
ABCDE rule
ABCDE rule

Asymmetry
Border
Colours
Diameter

Evolution: Change or growth / symptoms / family history / sun

>7mm
Amelanotic melanoma
Pigmented skin

Haemangioma

Basal cell
Dermoscopy

A

B

Lentigo maligna

Seb k
Subungual haematoma
Nails streaks - benign
Nail pigmented streak

Dysplastic naevus

Melanoma

At 18 months

At 6 months
Pre-cancerous lesions

- Not to be accepted
- Should be diagnosed
- Treatment is your choice
- Indicates patient is higher risk for skin malignancies
Worrying lesion?

• Presence of tenderness / pain

• Unresponsive to topical treatment
Progression (<1%)
Squamous cell carcinoma

- Second most common skin cancer

- Classically presents with
  - Changing nodule, bleeding, pain

- Abnormal crusting
Benign cutaneous horn

Squamous cell carcinoma
Nodular BCC

- Telangiectasia
- Pearly appearance
- Sun exposed area
- Asymptomatic
- Slow growing
Nodular BCC

- Dermoscopy
  - Absence of pigment network
  - Telangiectasia

Pearly appearance
Skin coloured nodules?
Skin coloured nodules?

- Basal cell
- Intradermal neavus
- Sebaceous naevus
- Molluscum
Thank you!

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