

MALIGNANT MELANOMA /  
CUTANEOUS MELANOMA

# Melanoma

## CATEGORY:

## Lesions (cancerous)

### LOOKS LIKE:

May be coloured and a few mm to several cm in diameter

### FEELS LIKE:

Itchy, painful, tender, or no symptoms

### PREVENTION:

Sun protection and regular skin checks

### LOCATION:

Can occur anywhere; most common on sun-exposed sites eg, face, forearms, back, & legs



## WHAT IT CAN LOOK LIKE —



A slowly enlarging pigmented (dark-coloured) lesion on the chin



A rapidly enlarging pigmented nodule (bump) - nodular melanoma



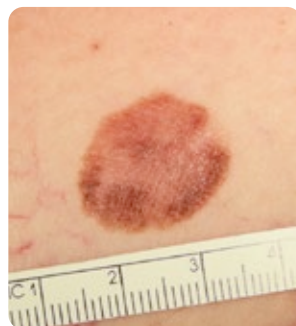
An enlarging pigmented lesion with an irregular edge and variability of pigmentation (colour)



An enlarging pigmented area on the sole - note notched border, irregular edge and variable colour



A pink enlarging lump on the ear - this was an amelanotic melanoma (non-pigmented)



A changing mole on the chest - notched irregular border and variable pigmentation

## What is it?

Melanoma is a type of skin cancer. It starts in pigment/melanin-producing skin cells (melanocytes), which absorb harmful ultraviolet (UV) radiation. Melanoma occurs when damaged melanocytes grow uncontrollably and abnormally. It can sometimes spread to other parts of the body and become deadly.

Melanoma is most common in adults aged over 60 years, and is very rare in children. You are more likely to get melanoma if you have pale skin, lots of moles, a weak immune system, Parkinson's disease, a family history of melanoma, or have had skin cancer before.

# Melanoma

---

## CAUSES —

Melanoma can arise as a new spot on the skin, or grow within a previously non-cancerous mole, freckle, or birthmark.

Most melanomas are related in some way to UV radiation exposure such as sun damage over time from outdoor activities, sunbathing, or sunbed use. This can cause melanocyte changes (mutations) in the skin, which in turn leads to the growth of a melanoma. Genetics can also play a part.

## SYMPTOMS —

There are many types of melanoma, which can look and feel different. They may be:

- Flat or raised
- Scaly, rough, or crusted
- Millimetres to centimetres across, and may grow
- Black, brown, pink, or multi-coloured
- Sometimes itchy or painful.

The **ABCDE** acronym can help identify suspicious growths:

- **A**symmetry of shape and colour
- **B**order irregularity including smudgy or poorly-defined edges
- **C**olour variation

- **D**ifferent: an 'ugly duckling' spot that stands out from others
- **E**volving: changing/growing over time.

Melanomas can be found anywhere but are most commonly found on the back in men, and on the legs in women. Rarely, they arise on the palms of the hands, soles of the feet, under the nails, or on mucous membranes (eg, inside the mouth).

## COMPLICATIONS —

- **Invasive melanoma:** spreading into deeper skin layers.
- **Metastatic melanoma:** spreading to other parts of the body (eg, lymph nodes, lung, bones); can be deadly.
- **Recurrence:** when melanoma grows back after treatment; more likely with invasive or metastatic melanoma.

## DIAGNOSIS —

All new, changing, or unusual skin spots should be checked by your doctor.

They will perform a visual examination, sometimes with the help of a handheld magnifying tool (dermatoscope). Suspected melanomas are usually cut out (**excised**) and sent for testing to confirm whether it is a melanoma and how severe it is.

Other tests may be used to check if the cancer has spread, such as lymph node testing, or scans (imaging).

## TREATMENT AND PREVENTION —

**Sun protection** is crucial to reduce your melanoma risk. Use sunscreen, wear sun protective clothing, avoid sunbeds, and limit sun exposure, particularly during the middle of the day.

If you are diagnosed with a melanoma, further skin surrounding it may be removed (a wide local excision), to help stop the cancer coming back. If the melanoma has spread, treatment may include removal of affected lymph nodes; strong medications (eg, chemotherapy or immunotherapy); or further surgery.

## OUTCOME —

Melanomas that are thin and haven't spread anywhere else are usually cured by removal (excision), and recurrence is rare. Melanoma that has spread usually needs additional treatment, and recurrence is more common.

If you've had melanoma, you are also more likely to get another melanoma on a different area of skin. Ongoing sun protection and **regular skin checks** are strongly recommended. Photographs of moles over time can also help track changes.



### MORE INFORMATION —

[www.dermnetnz.org/topics/melanoma](http://www.dermnetnz.org/topics/melanoma)

