Dermatology- diagnosing pigmented skin lesions

Windows and uncertainty

Aims

- Increase confidence in diagnosing pigmented skin lesions
- Manage diagnostic uncertainty whilst reducing the risk of missing a malignant melanoma

Objectives

- Recognise benign moles and understand benign changes
- Apply a system to evaluate skin lesions when faced with uncertainty (to safety net against missing malignant lesions and to develop a management plan to deal with uncertain lesions)

Dermatology Window

	I know what it's called	Don't know what it's called
Worried about it	A	В
Not worried	C	D

Е



Dermatology Window

	I know what it's called	Don't know what it's called
Worried about it	A	В
Not worried	C	D

Е

Moving line to right

	I know what it's called	Don't know what it's called
Worried about it	A	В
Not worried	C	D

Moving line up

	I know what it's called	Don't know what it's called
Worried about it	A	В
Not worried	C	D

How do we do this?

- Reading- online, textbook
- Course
- Ask colleague at time
- Take picture and review with trainer
- Experience pattern recognition, learning from mistakes
- Develop a strategy for looking at pigmented skin lesions

Strategy 1

Know the natural history of benign moles

Differential Diagnosis in Dermatology By Richard Ashton and Barbara Leppard

Skin layers



Junctional naevus- flat and brown





Compound naevus - raised and brown





Intradermal Naevus raised and skin coloured





Lentigo Maligna - large irregular brown patch





Superficial Spreading Malignant Melanoma





Nodular Malignant Melanoma





Malignant Melanoma

- = malignant tumour of melanocytes
- > 2/3 from normal skin, 1/3 pre-existing mole
- 4 clinical patterns (lentigo maligna, SSMM, SSMM with nodule, nodular)
- Risk factors
- Breslow thickness and prognosis
- Prevention advice

Risk factors

- Skin types 1 and 2
- Sun exposure (including sunbeds)
- Badly burnt in childhood
- Large number moles (>50)
- Multiple atypical moles
- FH malignant melanoma
- Previous malignant melanoma

Breslow Thickness

Breslow Thickness	Prognosis (5 year survival)
<1mm	95-100%
1–2mm	80-96%
2.1–4mm	60-75%
>4mm	50%

Strategy 2 Use a checklist

ABCDE checklist

- Asymmetry
- Border irregular
- Colour irregular
- Diameter over 7mm
- Evolution

Glasgow 7 point checklist

- Major features (score 2 points)
- 1. Change in size (diameter)
- 2. Change or irregular shape
- 3. Change or irregular colour
- Minor features (score 1 point)
- 1. Diameter more than 6mm
- 2. Inflammation
- 3. Oozing or bgleeding
- 4. Mild itch or altered sensation

Arden Cancer Network Two Week Referral Services. This referral is made on the basis that the referring doctor consider that the patient has clinical indications of a new malignancy. SKIN									
REASON FOR REFERRAL									TICK
MELANOMA									
Pigmented lesion > 5 mm			Lo	ocatio	n				
Features	Features								
Growing in size / shape			Irregular outline			In	flammation		
Change in colour			Mixed colour	r		U	lceration		
SCC									
Non-healing lesion	ng lesion Location								
Induration on palpitation	ation on palpitation Documented expansion								
Risk factors									
Prolonged UV exposure			Immunosupp	pressio	on				

Managing Uncertainty

	Doctor worried	Doctor not worried
Patient worried	A	В
Patient not worried	C	D










































- 1. Junctional naevus
- 2. Intradermal naevus
- 3. SSMM
- 4. Junctional naevus
- 5. SSMM
- 6. Nodular melanoma
- 7. BCC
- 8. Seborrhoeic keratosis
- 9. Compound naevus
- 10.SSMM maybe nodular
- 11. Lentigo maligna

- 12. Junctional naevus
- 13. Nodular melanoma
- 14. Intradermal naevus
- 15. Compound naevus
- 16. SSMM
- 17. BCC
- 18. Superficial BCCs
- 19. Orf
- 20. Spider naevus
- 21. Congenital naevus

Thank you!