




# Pigmented skin lesions

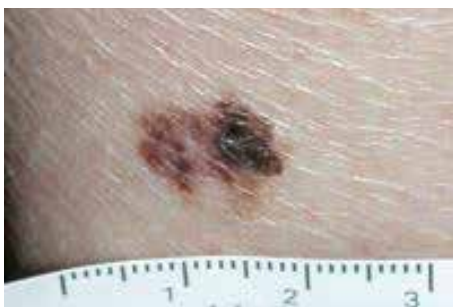
Australia has the highest prevalence of skin cancer in the world. Australian GPs manage skin cancer at a rate of 1.2/100 encounters, and excision of skin lesions is one of the most common procedures in general practice. There is an expectation that GP registrars should be able to comprehensively assess and manage skin cancers, including undertaking a range of related minor procedures. This teaching plan relates to pigmented skin lesions - there is another teaching plan for non-melanoma skin cancers (NMSC).

|   |   |             |  |              |  |
|---|---|-------------|--|--------------|--|
| <p><b>TEACHING AND LEARNING AREAS</b></p>  | <ul style="list-style-type: none"> <li>• Risk factors for melanoma</li> <li>• Assessment of pigmented skin lesions, including the ABCDEFG rule dermatoscopic features and <a href="#">how to use a dermatoscope</a></li> <li>• Algorithmic approach to pigmented lesions e.g. '<a href="#">Chaos and Clues</a>'</li> <li>• Management approach to pigmented lesions and melanoma</li> <li>• <a href="#">Dermatological procedural skills</a></li> <li>• How to perform a <a href="#">skin check</a></li> <li>• <a href="#">Screening guidelines for prevention of skin cancer</a></li> <li>• Advice and referral pathways for melanoma</li> </ul>   |             |  |              |  |
| <p><b>PRE- SESSION ACTIVITIES</b></p>   | <ul style="list-style-type: none"> <li>• Read the AFP article <a href="#">Melanoma - A management guide for GPs</a></li> </ul>  |             |  |              |  |
| <p><b>TEACHING TIPS AND TRAPS</b></p>    | <ul style="list-style-type: none"> <li>• Adequate lighting and magnification are essential</li> <li>• Look at every lesion with a dermatoscope</li> <li>• If a patient is concerned about a skin lesion, don't just look at the lesion but perform a full skin check</li> <li>• Never perform an incisional biopsy on pigmented lesions</li> <li>• Any lesion that continues to grow or change in size, shape, colour or elevation over a period of more than one month should be biopsied</li> <li>• If there is a history of 'change' but examination is reassuring, still consider biopsy or referral</li> <li>• Be aware of atypical presentations of melanoma (e.g. amelanotic and nodular), which are often the most aggressive forms</li> <li>• Formal follow up, using a recall system, is vital - follow up is not just to detect recurrence, but more importantly, new primary lesions</li> </ul> |             |  |              |  |
| <p><b>RESOURCES</b></p>                  | <table border="1"> <tbody> <tr> <td data-bbox="336 1680 435 1935"><b>Read</b></td> <td data-bbox="435 1680 1498 1935"> <ul style="list-style-type: none"> <li>• <a href="#">DermnetNZ.org</a></li> <li>• <a href="#">Dermoscopy: an atlas 3rd edition</a></li> <li>• <a href="#">Chaos and Clues poster</a></li> <li>• <a href="#">DermNet NZ - Principles of dermatological practice. Examination of the skin</a></li> <li>• Read the AFP article <a href="#">Managing skin cancer - 23 golden rules</a></li> <li>• <a href="#">Clinical Practice Guidelines for the Management of Melanoma</a></li> </ul> </td> </tr> <tr> <td data-bbox="336 1935 435 2040"><b>Watch</b></td> <td data-bbox="435 1935 1498 2040"> <ul style="list-style-type: none"> <li>• <a href="#">Cancer Council WA Skin check video</a></li> </ul> </td> </tr> </tbody> </table>   | <b>Read</b> | <ul style="list-style-type: none"> <li>• <a href="#">DermnetNZ.org</a></li> <li>• <a href="#">Dermoscopy: an atlas 3rd edition</a></li> <li>• <a href="#">Chaos and Clues poster</a></li> <li>• <a href="#">DermNet NZ - Principles of dermatological practice. Examination of the skin</a></li> <li>• Read the AFP article <a href="#">Managing skin cancer - 23 golden rules</a></li> <li>• <a href="#">Clinical Practice Guidelines for the Management of Melanoma</a></li> </ul> | <b>Watch</b> | <ul style="list-style-type: none"> <li>• <a href="#">Cancer Council WA Skin check video</a></li> </ul> |
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| <p><b>FOLLOW UP/ EXTENSION ACTIVITIES</b></p>   | <ul style="list-style-type: none"> <li>• Registrar to undertake the clinical reasoning challenge and discuss</li> <li>• Registrar to complete a dermatoscopy training course e.g. <a href="#">SCCA</a>.</li> </ul>  |             |  |              |  |

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## Clinical Reasoning Challenge

Craig Hastings, a 46-year-old builder, presents to you with a pigmented lesion on his back. He said that his wife thought that it had become bigger.



QUESTION 1. What are the MOST IMPORTANT risk factors for melanoma development? List up to SIX

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_

QUESTION 2. What are the MOST IMPORTANT key features on clinical assessment of the lesion? List up to SIX

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_

QUESTION 3. What is the MOST IMPORTANT next step in management? List ONE.

\_\_\_\_\_



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## ANSWERS

### QUESTION 1

What are the MOST IMPORTANT risk factors for melanoma development?

- Previous melanoma
- Multiple dysplastic naevi
- Multiple naevi
- Family history
- Multiple NMSC
- Age

Weaker risk factors include:

- History of blistering sunburn
- Type I skin (burns without tanning)
- Freckling
- Red hair
- Blue eyes
- Immunosuppression
- Solarium use

### QUESTION 2

What are the MOST IMPORTANT key features on clinical assessment of the lesion?

#### **ABCDEFGF**

- Asymmetry
- Border variation
- Colour irregularity
- Diameter
- Enlarging
- Elevation
- Evolution
- Firm
- Growing
- PLUS DERMATOSCOPY!

### QUESTION 3

What is the MOST IMPORTANT next step in management?

- Excisional biopsy with appropriate margins