

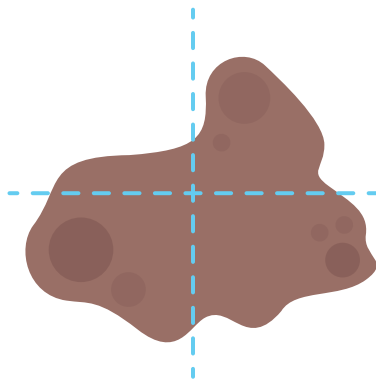
DERMOSCOPY OF MELANOCYTTIC LESIONS

THINK A-G

A

ASYMMETRY

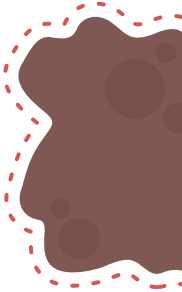
Asymmetrical pigmented lesions or growths may indicate melanoma. Draw a line through the middle, the two halves will not match, whereas oval, round or symmetrical moles will match



B

BORDER

Be alert to irregular borders which may have scalloped or notched edges

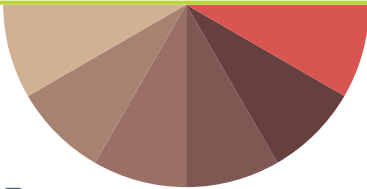


C

COLOUR

The greater the number of colours – the more likely the lesion is malignant. naevi will often be uniform, usually tan, brown, or skin colour

Beware of hypomelanotic or amelanotic melanoma



NICE GUIDELINE

Use a suspected cancer pathway referral (for an appointment within 2 weeks) for melanoma in people with a pigmented or non-pigmented skin lesion that suggests melanoma

D

DERMOSCPIC FEATURES

Features of a melanoma can include:

- Multicomponent
- Chaos
- Blue white structures
- Abnormal vascular structures



E

EVOLUTION

History of change in size, shape or colour or signs of evolution on dermoscopy



F

FEATURELESS

If featureless on dermoscopy, refer for assessment



G

GLOBAL PATTERN

Global dermoscopic patterns for melanomas include:

- **Multicomponent** (3 or more patterns)
- **Unspecific** (mainly structureless or 2 patterns, irregular)
- **Parallel pigmentation along ridges palms and soles only**



Be aware of the ugly duckling

This is a lesion which stands out from the patients' other moles and demands closer attention

NICE GUIDELINE

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) if dermoscopy suggests melanoma of the skin