

A Rough, Scaly Patch on the Back

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A 58-year-old male presents with concerns regarding rough, scaly patches on his back. As part of a thorough exam, his back is examined and the lesion featured to the right is noticed.

What is your Diagnosis?

This patient has a melanoma. A melanoma is a potentially serious skin cancer. Though less common than basal cell carcinoma or squamous cell carcinoma, it is far more deadly. This is due to the uncontrolled growth of melanocytes, and it is particularly common in fair-skinned people, especially in those who have had sunburns, have grown up in very sunny climates (e.g., Australia, South Africa), or who have a family history of melanoma. Darker-skinned patients are less commonly affected, but since awareness is lower in this population, it is often picked up late. As a result, prognosis is typically worse in dark skinned patients. The most common location in men is on their back (they can't see it, so you need to look there), and the most common location in women is on the back of the legs. Melanoma can occur at any age, though less than 1% of cases occur before age 20.

Risk factors include increasing age, a family history of melanoma, a previous history of melanoma or nonmelanoma skin cancer, having fair skin that burns easily, and the presence of many nevi (especially dysplastic). We look for the ABCDEs: asymmetry, border irregularity, colour variegation, diameter 6 mm or larger, and, very importantly, evolving/changing pigmented lesions.

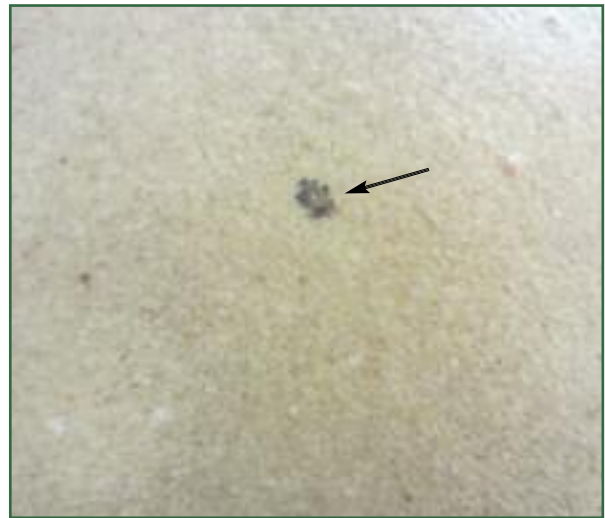


Figure 1: A Rough, Scaly Patch on the Back

The “ugly duckling” sign is generally important — that is, identifying which mole is not like the others. Different melanoma subtypes exist, including nodular, superficial, spreading, lentigo maligna (often on face, slow growing), acral lentiginous palmoplantar, nail), desmoplastic, and amelanotic melanomas.

Management is surgical. Sentinel lymph node biopsy is warranted when the Breslow depth is 1 mm or greater for prognostication purposes. New treatments are on the horizon for metastatic melanoma that prolong life, and clinical trials should be offered to patients with advanced disease.

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