

Malignant Melanoma Detection in Ireland

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Abstract

Malignant Melanoma in Ireland is most frequently discovered in a dermatology clinic.

The purpose of the investigation was to show how many cases of melanoma would be discovered by different methods. A random sample of 200 referred case notes found 21 were for moles assessment, dermoscopy was not used and 16 of them were histologically examined of which 1 was found to be a malignant melanoma. It was not enumerated among the benign lesions!

This may be accomplished by public education [1,2] especially for vulnerable groups such as elderly males and those of lower socio economic status.

Clinical examination of patients may be obtained by population surveys [3,4] with a yield of about 1%. Special pigmented clinics have a yield of about 7% [5].

References by general practitioners to dermatology clinics are still the commonest way of ascertainment.

200 dermatology case notes from a general single-handed dermatology clinic were examined to determine what proportions of referrals were made for mole assessment and the results of same.

Results

21 found of which 5 were for patients with many moles (more than 12) – all were morphologically the same with no “ugly ducklings”. Histology was not performed but advice was given plus leaflets and routine follow-up carried out.

Benign Lesions

All confirmed by histopathology and consisted of 3 junction naevi, 3 intradermal, 4 compound, 1 sebaceous, 1 fibrosed intradermal naevus and 3 seborrhoeic keratoses. One malignant melanoma Breslow's thickness 0.2mm.

Conclusions

Population surveys are very expensive in terms of time, money and resources and pigmented lesion clinics may also be difficult to organise for the same reasons. I believe dermatology clinics still have a very important part to play.

References

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Received October 26, 2010; **Accepted** November 22, 2010; **Published** November 23, 2010

Citation: Dupont C (2010) Malignant Melanoma Detection in Ireland. *J Clin Exp Dermatol Res* 1:109. doi:10.4172/2155-9554.1000109

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