



SKIN CANCER CLINIC

DARGAVILLE MEDICAL CENTRE

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2009

MELANOMA

- New Zealand has one of the highest incidences of this in the world – tripled over last 20 years
- Invasive melanoma: 15% mortality, in 2010 it killed 350 New Zealanders
- Fair skinned people at higher risk – 1/15 fair-skinned New Zealanders develop melanoma in their lifetime
- Risk increases with age – half of melanomas occur in those >60 yrs
- Diagnostic accuracy is improved with ABCDE criteria
- A dermatoscope in experienced hands aids diagnosis



MELANOMA - TYPICAL



- Appears as a new spot or as a mole that changes in colour, size or shape
- Usually has an irregular margin
- Grows over weeks-months



MELANOMA - ADVANCED



- An advanced melanoma treated inappropriately with Cryotherapy four times and not adequately followed up.



MELANOMA IN SITU



- This was a 30mm Melanoma *in-situ*, easy to diagnose using ABCDE but comparatively harmless.



MELANOMA - AMELANOCYTIC



- The real challenge is to detect the nodular Melanomas
- Approximately half will be atypical and difficult to diagnose.
- Melanoma incognito leads to misdiagnosis, missed opportunity to treat before metastases.
- To medical litigation/ health and disability.



MELANOMA - ATYPICAL



- Some melanomas only have a small amount of pigment, I thought this would be a pigmented BCC. In fact many melanomas I have excised were initially thought by me to be early nodular BCCs.



SQUAMOUS CELL CARCINOMA

- Second most common skin cancer
- Mortality and morbidity is significant, mortality is less than melanoma.
- On head and neck some subtypes can be highly malignant and metastasize early. Excise these with big margins and consider referral for this to be done. Sentinel lymph node biopsy and radiotherapy may also be indicated.
- Often prolific in immunosuppressed patients.



SQUAMOUS CELL CARCINOMA - HAND



- Typical squamous cell carcinoma with a crust on top and a tendency to bleed
- Note the actinic keratosis which feel like sandpaper surrounding the carcinoma



SQUAMOUS CELL CARCINOMA - FOREHEAD



- A rapidly growing cancer on the forehead which required a large excision



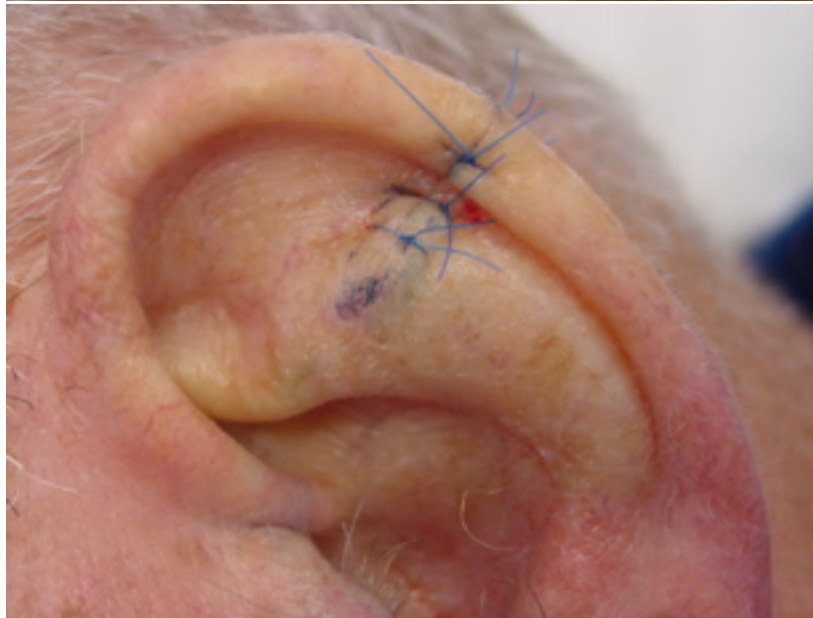
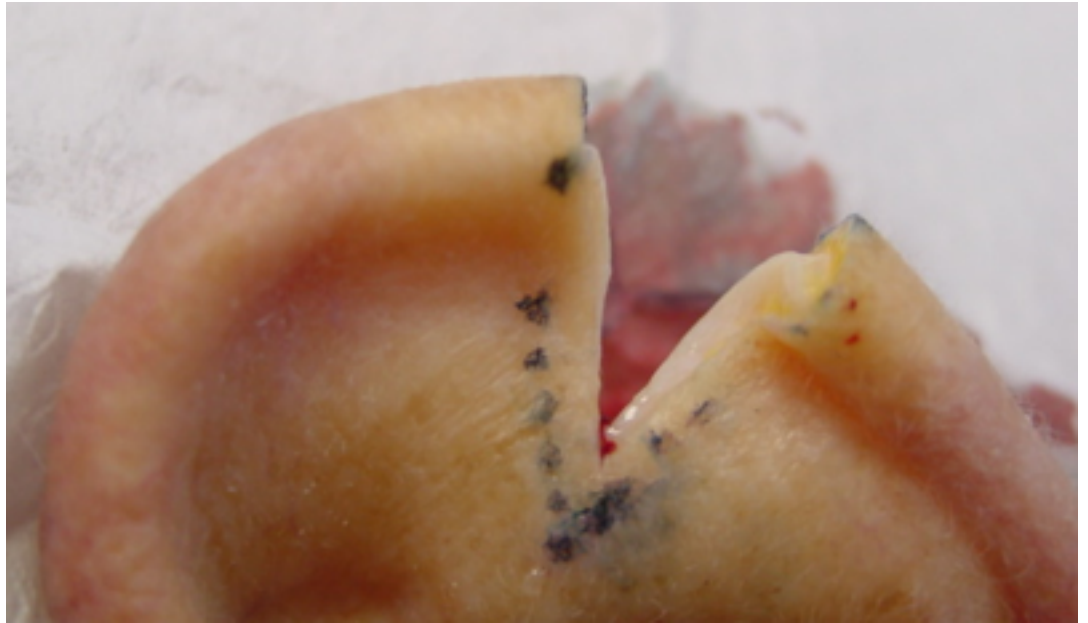
SQUAMOUS CELL CARCINOMA - FOREHEAD



- One of many carcinomas found on this patient in a typical sun-exposed area
- Note the previous scar and actinic keratoses



SQUAMOUS CELL CARCINOMA - EAR



SQUAMOUS CELL CARCINOMA - LIP



- A slow growing carcinoma on the lower lip requiring excision



SQUAMOUS CELL CARCINOMA - LIP



BASAL CELL CARCINOMA

- The most common skin cancer, and fortunately the least dangerous
- Tends to grow slowly, and stays in the same location
- The appearance is usually accentuated when the skin is stretched, and a red or pearly background is noted
- Can take many forms
 - Nodular (red lumps)
 - Cystic (translucent)
 - Field fire (red patches)
 - Ulcerated (rodent ulcer)
 - Sclerosing (scar-like)



BASAL CELL CARCINOMA - EAR



- Also known as “rodent ulcer”



BASAL CELL CARCINOMA - NOSE



DARGAVILLE MEDICAL CENTRE SKIN CLINIC

- Held on Wednesday afternoons
- 12 patients seen at each clinic
- 553 patients seen last year
- 81 BCC diagnosed
- 131 SCC/ Solar keratosis provisionally diagnosed, but many early ones treated with cryotherapy
- 28 suspected melanomas
- 17 melanomas/ melanoma in-situ excised last year (includes other referrals, not just above)



A STITCH IN TIME SAVES 9

- Early diagnosis is important – saves having extensive surgery later and in the case of melanoma can save lives
- Excisions at DMC:

Type of cancer	1994	2006	2008	2013
Melanoma	3	9	10	17
Squamous cell carcinoma	27	83	105	
Basal cell carcinoma	78	145	215	



BLACK SALVE (CANSEMA) - NEVER TO BE USED. USED BY ALTERNATIVE THERAPISTS



IMIQUIMOD- 5% CREAM ALDARA.

Actinic keratosis, BCC, Bowen disease, genital wart treatment- especially face and lower legs.

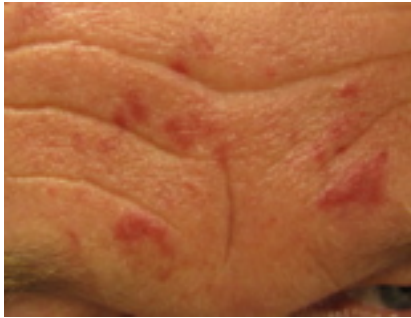
Effective- itching, burning, redness, ulceration, scabbing, flaking, pain.

SE- 'flu-like symptoms fever, fatigue, headache, nausea, diarrhea, muscle pain.

Off label use- recurrent melanoma



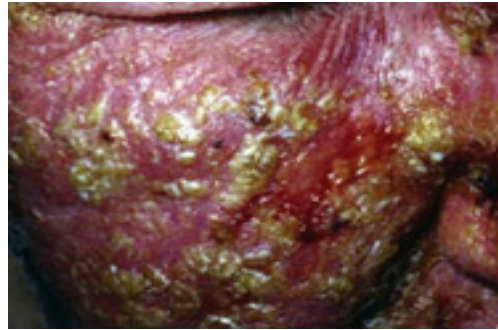
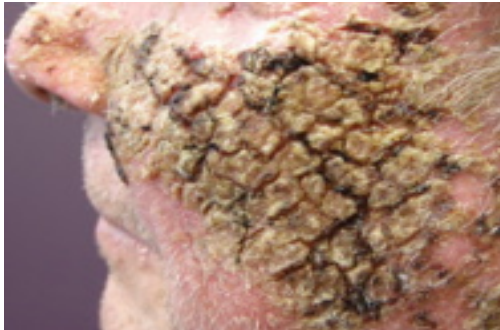
5- FLUOROURACIL CREAM- EFUDIX



- Unpredictable allergic and toxic reactions- stinging, burning sensation. 5-10 days- red, irritated. Sores and crusts may appear.



Excessive inflammatory reactions to 5-Fluorouracil cream



INGENOL MEBUTATE EXTRACT OF MILK WEED (*EUPHORBIA PEPLUS SAP*).

Dual mechanism of action: -rapid lesion necrosis specific neutrophil-mediated
-antibody-dependent cellular cytotoxicity

Many patients use milk weed (*Euphorbia peplus sap*)

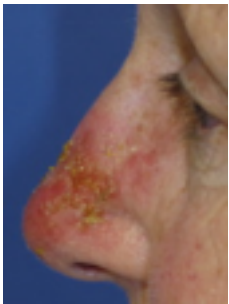
Use once a day for 3 days





EFFECTS OF INGENOL MEBUTATE GEL ON FACIAL ACTINIC KERATOSES

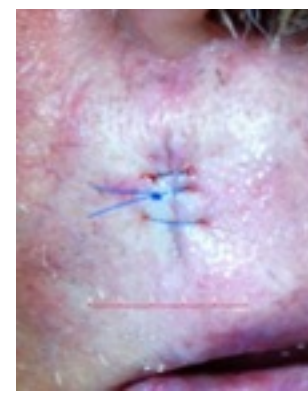
ALSO



UTILITY OF LARGE (6MM AND OVER) PUNCH BIOPSY

COMPLETE EXCISION OF SMALL BCC
INCISION AND BIOPSY FOLLOWED BY DEFINITIVE TREATMENT (MEDICAL OR SURGERY) OF A REDUCED SIZE SKIN CANCER

INCREASED ACCURACY OF BIOPSY- 3MM PUNCH BIOPSIES FREQUENTLY MISS MELANOMA. 8MM PUNCH BIOPSIES SHOULD ALWAYS BE DIAGNOSTIC.



Advantages:

Ease of use

Lack of complications

Excellent cosmetic result- linear closure- triple stitch

Sebaceous cyst, pilar cysts, grafts.

