

Looking after your skin

With the known link between sun exposure and melanoma, the following precautions are strongly advised:

Cover up in sunny weather. Loose cotton clothes and sun hats are the cheapest and most effective way to reduce sun exposure.

Protect your skin with sun block (sun protection factor 15+). These preparations are now also available in moisturising creams and foundation make-up. Sun blocks provide maximum protection and should be applied regularly—at least every 2 hours. Please see your GP about obtaining sun block (SPF30 A & B) on prescription.

Avoid midday sun. Outdoor interests, hobbies etc. can be rescheduled to mornings and late afternoon. Enjoy the benefits of outdoor activities without putting yourself at risk.

Avoid the use of sunbeds to promote and maintain tans. Self tanning lotions can be used to achieve a cosmetic tan.

Protect the whole family. Children especially require added protection as they are often exposed to more sunshine during the summer.

Useful websites

www.macmillan.org.uk

www.cancerresearchuk.org

www.bad.org.uk

Patient Information

Melanoma in situ and Lentigo Maligna

*Dermatology
& Plastic Surgery*

www.yeovilhospital.nhs.uk

If you have any questions please do not hesitate to ask a member of the nursing or medical staff, or call the Dermatology/Skin Cancer Specialist Nurse:

Mihaela Savu

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Plastics Secretary

Tel: 01935 384887

Dermatology Secretary

Tel: 01935 384871

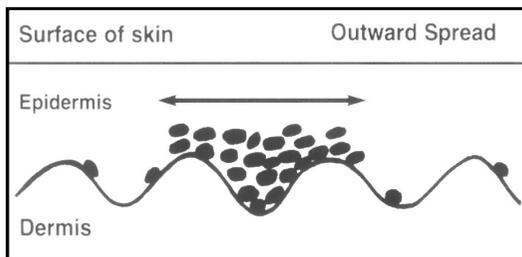
The two most frequently encountered types of Melanoma in situ are Lentigo Maligna and superficial spreading melanoma in situ.

Melanoma in situ, or Melanocytic Intraepithelial Neoplasia (MIN) is the earliest stage of melanoma. The melanoma cells are just in the very top layer of skin (epidermis) and haven't yet started to spread into the surrounding skin tissue. It is referred to as Stage 0 melanoma or sometimes described as 'pre-cancerous'.

Lentigo Maligna is a type of melanoma in situ. It usually presents as a large flat brown freckle on sun-exposed skin of the face and neck. They often grow slowly over several years and may be 1-2 cm in size. They are **more** common in the elderly.

Melanoma in situ can be cured and there shouldn't be any risk of it coming back after surgery.

What Melanoma in Situ

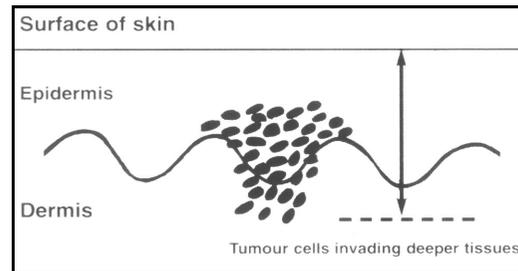


happens if I do nothing?

If left untreated, melanoma in situ can continue to grow and spread both outwards and downwards through the

basement membrane. Once it penetrates this membrane it becomes an invasive melanoma and could potentially spread.

Malignant Melanoma



Treatment

After diagnosis has been made by biopsy/ removal, it is usual practice to have a second surgery done to ensure all the abnormal in situ melanoma cells have been removed. All skin taken away is examined by microscope to make sure there are no more melanoma cells. Provided it has been completely removed, no further treatment will be necessary. In some instances where surgery is impossible a period of monitoring may be undertaken after full discussion.

Follow-up

No further follow-up is needed for patients with completely excised melanoma in situ.

Skin self-examination

People who have previously been diagnosed with melanoma in situ or Lentigo Maligna are at increased risk of developing another in a different site.

It is therefore very important to examine your skin monthly.

After a while checking your skin will get easier as you become more familiar with your skin and what your moles normally look like. A good time to do this is after a bath or shower.

What to look for

Your specialist nurse or doctor will give you advice about what to look for when you examine yourself. It is important to do this at least once a month because the earlier anything like this is picked up the more chance there is of curing it.

You'll be asked to check (by looking and feeling):-

- Your scar and surrounding area
- The lymph nodes nearby
- Your skin from head to toe, for any new or changing moles (using the ABCDE guide):

A - Asymmetry

Melanoma (cancerous and malignant) lesions are typically irregular in shape (asymmetrical)

B - Border

Melanoma lesions often have uneven borders (ragged or notched edges)

C - Colour

Melanoma lesions often contain many shades of brown or black or may be blue, red or flesh coloured

D - Diameter

Melanoma lesions are often more than 6 millimetres in diameter (about the size of an eraser on a pencil)

E - Elevation

Melanoma lesions will feel slightly raised above the surface of the skin