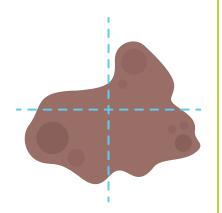
# DERMOSCOPY OF MELANOCYTIC LESIONS THINK A-G





#### **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





#### **BORDER**

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







#### **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



## DERMOSCOPIC FEATURES

Features of a melanoma can include:

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



#### **EVOLUTION**

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



### FEATURELESS

If featureless on dermoscopy, refer for assessment





#### **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

#### Online cancer education for healthcare professionals

Register here: www.gatewayc.org.uk/register

