What Is Melanoma?

KEY TAKEAWAYS

What raises melanoma risk?

- Melanoma develops through an interaction of cell biology, ultraviolet exposure, inherited susceptibility, and chance.
- Risk factors include ultraviolet exposure, indoor tanning, easily burning or freckling skin, many or atypical moles, and personal or family history.
- Risk factors identify who may deserve more vigilance; they do not diagnose a spot.

What changes should I notice?

- ABCDE features include asymmetry, an irregular or poorly defined border, varied color, a concerning diameter, and evolution.
- An ugly-duckling spot that looks unlike the rest of your spots can be important.
- Melanoma can be pink, reddish, flesh-colored, lightly pigmented, or located on the palms, soles, nails, or scalp.

What do in situ and invasive mean?

- Melanoma in situ is confined to the epidermis in the examined tissue.
- Invasive melanoma has crossed below the epidermis into the dermis.
- Breslow thickness, ulceration, lymph-node findings, and other pathology details can affect staging and next decisions.

Key Takeaways

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How urgent is melanoma evaluation?

- Prompt in-person evaluation is appropriate for a new or changing lesion.
- Prompt planned care is the default; panic is not required, but indefinite delay is not a safe strategy.
- Appearance, pain, and bleeding do not reliably reveal melanoma depth or stage.

What should I ask about the next plan?

- Ask for the exact diagnosis, subtype, site, and whether the melanoma is in situ or invasive.
- Ask what the measured depth and other pathology findings mean for local treatment and possible nodal staging.
- Ask which team members and follow-up plan fit the stage and treatment purpose.