

Suspicious Moles (Melanocytic Nevi) Referral Guideline

Indications for Specialty Care Referral

- Referral to dermatology is recommended for all suspicious lesions based guidelines.
- If melanoma is strongly suspected, refer directly (arrange provider-to-provider) prior to biopsy for initial specialty assessment.
- Referral should document location, shape, size, and color of skin lesions and description of any abnormalities. Documentation of a suspicious lesion should be noted in chart. The referral diagnosis of suspicious lesion. i.e. atypical nevus, melanoma, etc.
- Recommend that all patients with melanoma be referred to Dermatology or General Surgery for counseling, therapy and initial monitoring.
- If the referring physician feels confident in the diagnosis and is credentialed in the procedure, they may perform an appropriate biopsy for diagnosis

Criteria for Return to Primary Care

After appropriate evaluation, diagnostic procedures, treatment, and follow-up, the patient will continue monthly self-examinations as directed, and receive further screening annually at the primary care level.

Diagnosis/Definition

- Melanoma is rapidly increasing in incidence and is best treated by early recognition and excision.
- Early excision can give cure rates of 99% but this is highly dependent on the education of patients and physicians in early detection.
- The following guidelines in detection are aimed at early diagnosis of melanoma.

Initial Diagnosis and Management

- Consider RISK FACTORS - Family and/or personal history of melanoma, light complexion, tendency to freckle and/or burn easily, >50 acquired nevi and clinically atypical pigmented lesions.
- Clinical HISTORY - Change in size, shape or height of pigmented lesion especially if acute. Change in color of lesion: lightening, darkening, redness, shades of blue, gray or black. Symptoms of itching, crusting, bleeding, erosion and ulceration.
- Physical EXAM - Examine all pigmented or questionable lesions using ABCDE criteria:

Asymmetry: self-explanatory, and very important.

Border: irregularity of the margin of a pigmented lesion.

Color: variable colors within a single pigmented lesion.

Diameter: lesion greater than 6mm diameter.

Evolution: many melanomas have no elevation, may not be palpable, but a rapid change in elevation and the evolution of changes and symptoms in an otherwise static lesion is suspicious.

- Palpate regional lymph nodes for clinical evidence of metastases.

Ongoing Management and Objectives

- Diagnostic Tests. Dermatoscopy (using a handheld magnified polarized light device) is a valuable in-vivo tool that has been incorporated into the screening armamentarium.
- Biopsy remains the diagnostic “gold standard” for lesions that are felt by experienced screeners to be suspicious for melanoma.
- As management and prognosis is dependent on primary tumor thickness, the biopsy technique of choice is a total excisional biopsy with narrow margins.