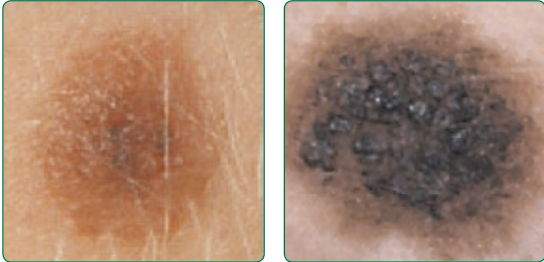


## Patient presentation

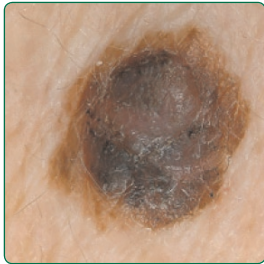
### Suspicious Pigmented Lesions and changing melanocytic naevi

Suspicious moles and obvious melanoma share same referral pathway.  
Large, irregular atypical naevi may need to be referred to exclude malignancy.

Symmetrical benign naevi with hairs, central area darker with hyperkeratosis



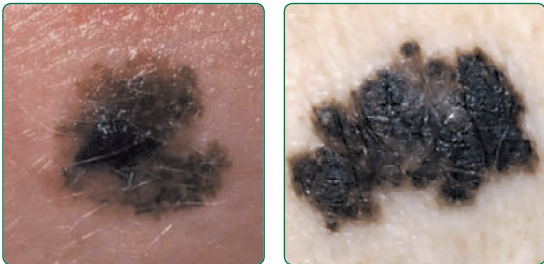
Spreading pigmentation from margin of variably pigmented malignant melanoma



Amelanotic malignant melanoma



Malignant melanoma with asymmetry of border, loss of skin markings and variable pigmentation



## GP

### Management

- Assess risk factors:
  - high sun exposure,
  - family history of melanoma,
  - presence of atypical naevi.
- Provide education about moles e.g. Cancer Research UK leaflet.
- Give advice on sun avoidance and protection.
- Excise or shave benign naevi only if symptomatic.
- Warn patient about resulting scar.
- Send specimen to pathology

**Malignant melanoma may be a new lesion or develop in a pre-existing mole.**

### Major features

- Change in size: area or thickness.
- Change in colour or existing variable colour >two shades.
- Change in shape or pre-existing irregular outline.

### Minor features

- Mole that appears different from the patient's others.
- Inflammation for no obvious reason e.g. friction.
- Persistent oozing and crusting of lesion.
- Change in sensation or itching that persists.

## Diagnostic tips

Amelanotic malignant melanoma may present as an enlarging, granulating or smooth pink nodule. Refer to Secondary Care if uncertain of diagnosis.

## Dermatology Consultant

### Criteria for referral

#### Suspected malignant melanoma

- Urgent dermatology referral and mark letter accordingly.
- Where available refer to local fast track lesion / cancer clinic.
- Use electronic referral if available. Attach photo if possible.
- Any patient who has had a malignant melanoma removed in primary care **must** be discussed with a dermatologist.

#### Other referral criteria

- Changing naevi with suspicious ABCD signs:
  - Asymmetry.
  - Irregular **B**order.
  - Colour variation.
  - Increasing **D**iameter.
- Multiple atypical naevi, and family history of malignant melanoma. If there is diagnostic doubt.

## Patient Information

NHS Inform [www.nhsinform.co.uk](http://www.nhsinform.co.uk)

NHS24 Tel: 08454 24 24 24

Text phone: 18001 08454 24 24 24