

Biopsy of malignant melanoma : are we following the guidelines?

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Abstract

Introduction

Guidelines for suspected malignant melanoma (MM) recommend a prompt, full thickness excision biopsy allowing diagnosis along with the Breslow thickness. Incisional biopsy is acceptable only for extensive facial lentigo maligna or acral melanoma. Punch, shave and other types of biopsies do not allow pathological staging and are therefore not recommended.

Methods

Referrals for MM to our unit were assessed retrospectively over a 1 year period.

Results

Of the 100 patients have been included in this study, 52 were male and 48 female. Ages ranged from 18 to 91 years with a mean of 63 years. Origin of referrals was: dermatology 63%, GP 33%, and other sources in the remaining 3% of cases. MM was suspected in 84% and a benign lesion in remaining 16% of patients. Only 35% of the patients were seen within 14 days of the referral as per the 2-week cancer rule.

Of the GP group, 48% were referred without biopsy, and 12% had excision biopsies. The remaining 40% were punch / shave biopsies, and even curettage, inconsistent with current recommendations. Of the dermatology group, 52% were referred without biopsy, 20% underwent excision biopsy and 21% were punch biopsies.

In total, 20 punch biopsies were performed i.e. a fifth of the patients. 7 of the punch biopsies were for pigmented lesions on the face ranging in size from 1.7

to 25 mm. The remaining punch biopsies were for lesions on the trunk or limbs (4 to 50 mm).

We present the differences in time intervals with statistical analysis between patients who were referred without biopsy in comparison to those who had a biopsy performed by the referral source.

Conclusion

A significant proportion of biopsies are inappropriate and inconsistent with the MM guidelines. Only a small proportion of patients appear to be seen on an urgent basis within 14 days of referral. Such factors can lead to a delay in diagnosis, subsequent definitive treatment and adversely affect patient outcome. This identifies a need to provide feedback and education to sources of MM referrals.