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EUROPEAN ACADEMY OF
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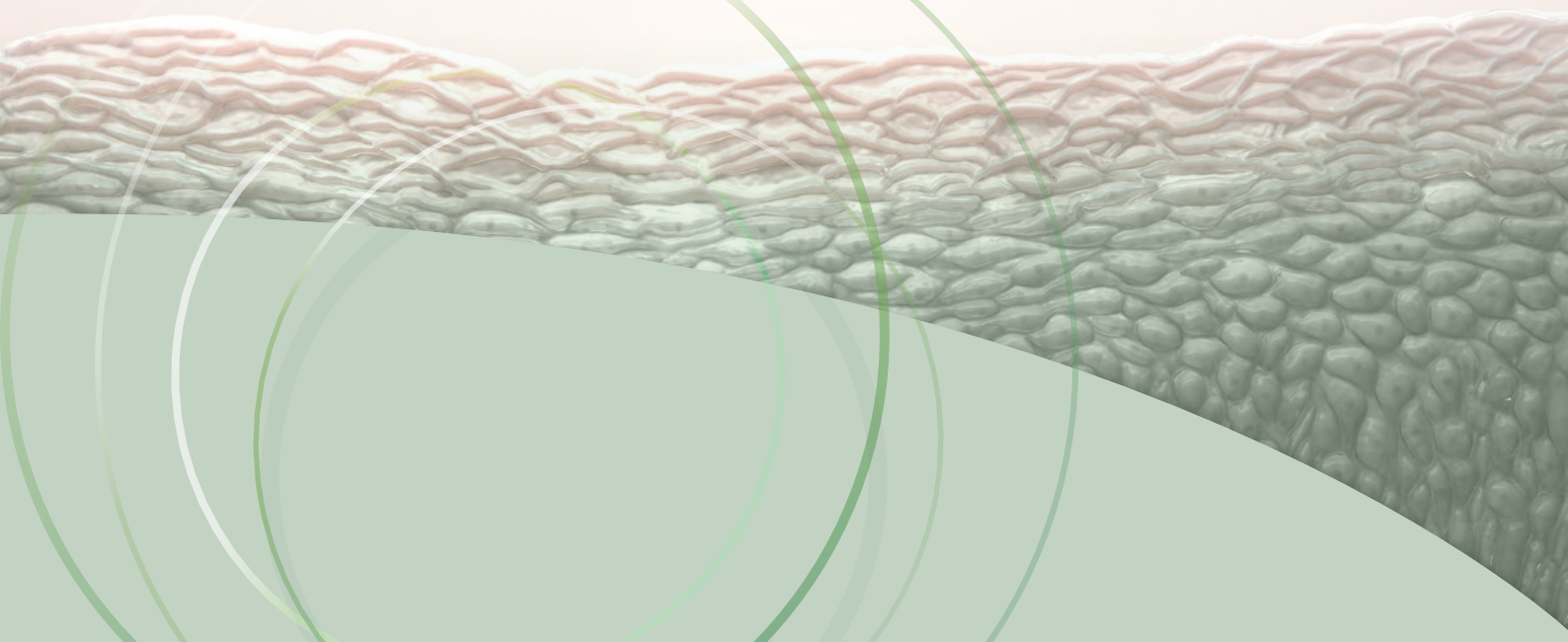
Information Leaflet
for Patients



# CLINICAL PRESENTATION OF MELANOMA

## The aim of this leaflet

*This leaflet is designed to help you understand more about the clinical presentation of melanoma. It tells you what the clinical characteristics of melanoma are and what they look like.*

# CLINICAL PRESENTATION OF MELANOMA

## What are the clinical characteristics of melanoma?

The melanoma family encompasses tumours with different clinical characteristics and biological behaviour. The most frequent melanoma subtypes, according to the anatomic site of development and clinical characteristics of the tumour, are the following:

### 1. Melanoma of the trunk and extremities

#### 1a. Superficial Spreading Melanoma (mainly flat)

Typically, melanoma initially develops as a light-to-dark brown or black flat *macule* (or coloured patch of skin), gradually enlarging with a speed that varies significantly.

Initially, melanoma might look symmetric in terms of shape and colours (Figure 1). With time, it becomes *papular* (or elevated) and can be felt, and multiple colours may appear. Also, the borders and overall shape become irregular (Figure 2).

The clinical criteria of melanoma can be summarised in the so-called "ABCD(E) rule."

| | |
|---|---|
| **A** | Asymmetry |
| **B** | Border irregularity |
| **C** | Multiple colours |
| **D** | Diameter > 5mm |
| **(E)** | Evolution |

At a later stage, a nodular part may develop, and ulceration or bleeding occur (Figure 3).

**Fig. 1**

**Fig. 2**

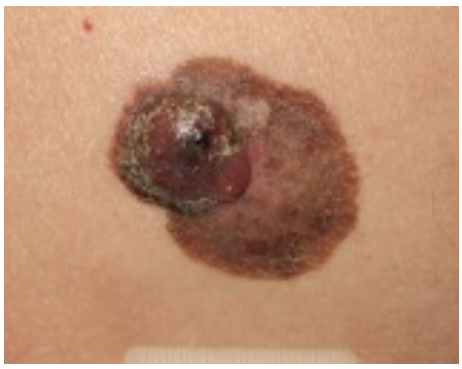


**Fig. 3**

**Fig. 4**

**Fig. 5**

**Fig. 6**

### 1b. Nodular melanoma

In contrast to superficial spreading melanoma that initially develops as a flat lesion, nodular melanoma appears from the very early stages as an elevated tumour with little to no flatness (Figure 4).

The small *papule* rapidly enlarges, becoming a nodule, which later might ulcerate or bleed (Figure 5).

The most frequent anatomic sites of nodular melanoma development are the head/neck area, trunk, and extremities. Typically, nodular melanoma is symmetric in shape, well-defined and uniform in colour, which might be black, blue, or pink/red (called *amelanotic* nodular melanoma; Figure 6).

Indeed, the "ABCD(E) rule" is inefficient for the detection of nodular melanoma. Instead, the "EFG" clinical criteria are more appropriate, since they reflect the 3 main characteristics of nodular melanoma: a nodule of firm consistency which grows rapidly.

| | |
|---|---|
| **E** | Elevated lesion |
| **F** | Firm consistency |
| **G** | Rapid growth |

## 2. Melanoma of specific anatomic sites

### 2a. Melanoma on the face (*Lentigo maligna*)

*Lentigo maligna* typically develops on heavily sun-damaged skin of elderly individuals, mainly on the face.

Clinically, *lentigo maligna* is usually a long-standing tan *macule* that slowly expands to the surrounding area. With time, it becomes uneven in colour, showing light brown, dark brown, and black areas (Figure 7).

**Fig. 7**

# CLINICAL PRESENTATION OF MELANOMA

## 2b. Melanoma on the palms and soles (*Acral melanoma*)

Early *acral melanoma* develops as a pigmented flat lesion with variable shades of brown or black colour.

Initially, the lesion might be uniform in colour and regularly shaped, but gradually enlarges and acquires an irregular shape and multiple colours (Figure 8).

## 2c. Melanoma of the nail plate (*Subungual melanoma*)

Nail melanoma develops as a pigmented nail band (*longitudinal melanonychia*), initially appearing at the proximal nail fold (near the cuticle) and gradually expanding to the distal end (to the end of the nail).

At an early stage, a thin linear band of light brown, dark brown, or black colour develops. With progression, the band increases in thickness (Figure 9) and loses the uniform hue, developing progressive bands of different shades of brown or black colour and different size one from another. Not infrequently, nail melanoma expands to the surrounding skin. The involvement of the proximal nail fold is also known as the "Hutchinson sign" (Figure 10). ■

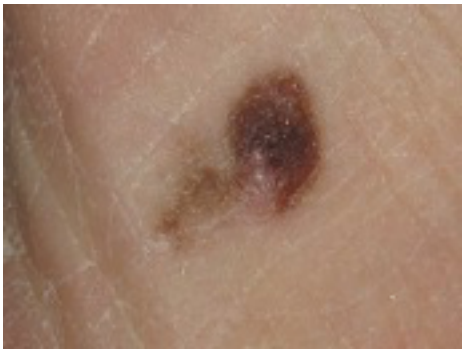


**Fig. 8**

**Fig. 9**

**Fig. 10**

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*While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own clinician will be able to advise in greater detail.*

PRODUCED BY THE EADV MELANOMA TASK FORCE

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