

DERMATOPATHOLOGY

Derm is the Greek word for skin.

Pathology is the study of disease.

Dermatopathology is the study of skin disease.

MALIGNANT MELANOMA

This patient information was medically reviewed by:
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SkinPath Solutions only employs Board Certified Dermatopathologists. All borderline or malignant pigmented lesions and complex or difficult diagnoses are reviewed in committee.

For more information on this and other skin diseases, please contact the following or visit their websites:

The Skin Cancer Foundation

212-725-5176

www.SkinCancer.org

The American Academy of Dermatology

847-240-1280

www.aad.org

Dermatopathologists are physicians who have completed specialized fellowship training, after medical school and residency, in the study of diseases of the skin. Following their dermatopathology fellowship, they are required to pass a board certification exam that qualifies them to specialize in microscopic evaluation of biopsies from the skin, hair and nails. Dermatopathologists with SkinPath Solutions are consultants for your clinician. Our role is to provide an accurate and timely diagnosis so that you may receive optimal care.

Once a biopsy is taken, it must be transported to the laboratory. In the laboratory, a team of individuals who are specifically trained in handling skin specimens prepares your biopsy for microscopic examination. The process includes gross examination, proper fixation and processing of the tissue, and placing very thinly sliced sections of your biopsy on a glass slide. These thin sections are then treated with chemical stains, which enable thorough examination of your biopsy by the dermatopathologist.

A clear and concise report is written and your diagnosis is reported to your clinician. Similar to services provided by a radiologist or anesthesiologist, your insurance provider will be billed for our services based upon an amount contracted by your insurance provider. You will be responsible for any deductible or copay amount, which is determined by the insurance plan you have selected.

Your clinician chose SkinPath Solutions because we work diligently to provide the best possible care for their patients. We have earned their trust and we strive each day to provide exceptional care in our state-of-the-art dermatopathology laboratory.



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678-556-9411 or 888-559-0263

www.SkinPathSolutions.com



Providing the Best Dermatopathology
Services Under the Sun

MALIGNANT MELANOMA

Malignant melanoma (MM) is the most aggressive form of skin cancer. About 20% of Americans will be diagnosed with skin cancer at some point in their lives and approximately 78,000 new MMs will be diagnosed in the U.S. this year.

Almost 10,000 Americans die from MM annually. As with all forms of skin cancer, MM can be cured if it is caught early and treated appropriately. Regularly scheduled skin examinations by your clinician are your best defense. If you are predisposed to skin cancer, more frequent skin examinations will be necessary. An increased likelihood to develop MM results from having members of your immediate family diagnosed with MM or you having a previous diagnosis of MM.

The ABCDEs of Melanoma:

The American Academy of Dermatology (AAD) has established an understandable guide to possible malignant melanoma (MM), the most dangerous kind of skin cancer.

A is for Asymmetry

If a mole is asymmetrical, you should be concerned and have it looked at by your clinician.



B is for Borders

If a mole has a poorly defined or irregular border, you should be concerned and have it looked at by your clinician.



C is for Color

If a mole has several different shades of black, brown, tan, red, white or blue, you should be concerned and have it looked at by your clinician.



D is for Diameter

If a mole is larger than 6mm (the size of a common pencil eraser), you should be concerned and have it looked at by your clinician.



E is for Evolving

If a mole has noticeably changed over time, you should be concerned and have it looked at by your clinician.

IDENTIFICATION OF MM:

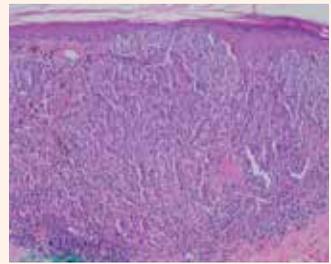
MM can look like a mole with only subtle variations. It may be large and circular or odd shaped and very dark in color. It can have varying shades of similar colors, typically tan, brown, and black, and it may appear at any location on the body. One type of melanoma (amelanotic melanoma) is especially dangerous because it has no pigment, often resulting in delayed diagnosis and treatment. These dangerous lesions may appear white or pink. Some are raised while others are flat and flush with surrounding skin. Most MMs can be discovered using the "ABCDEs of Melanoma" to the left. Everyone should check their body monthly using either a mirror or another person. Also, full-body examinations should be done annually by a clinician, or more frequently if you are predisposed or have been previously diagnosed with MM.



Malignant Melanoma

CAUSES AND PREVENTION OF MM:

The causes of MM are still in debate, but the general consensus is that there is a genetic predisposition, which can be worsened or triggered early by overexposure to the UV rays of the sun or tanning beds. You can minimize your risk by minimizing your exposure to these rays. Never use tanning beds. Avoid the sun between 10 a.m. and 4 p.m. Wear sunscreen with a Sun Protection Factor (SPF) of 15 or higher. Wear long sleeves or hats with large brims. The common causes of other cancers, like smoking and exposure to radiation, will also increase your risk of MM or any other skin cancer. Compromised immune systems resulting from chemotherapy, biologics, HIV or organ transplants will also increase the risk of MM.



Microscopic Image of Malignant Melanoma

TREATMENT FOR MM:

The best and most effective treatment for MM is to have it diagnosed and removed early. It can be removed by a wide local excision if it is caught in its early stages. Your clinician will discuss the most appropriate treatment for your case. MMs are diagnosed by a dermatopathologist through microscopic examination of a skin biopsy. Patients diagnosed with MM will hear from their clinician quickly and be asked to return for a follow-up examination very soon. If you are diagnosed with MM, you can expect your clinician to want to see you more frequently than once per year for full-body skin examinations.



Excision Sutures