

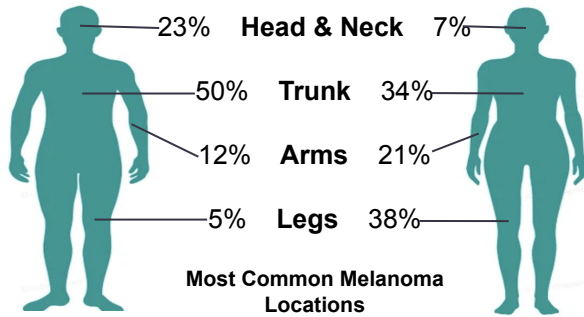
Melanoma in Low Places: Surgical Excision of a Malignant Skin Lesion on the Foot

Jenna Hester, PA-S2, Auburn Morgan, PA-S2, Bethany Bibey, PA-S2, April Pope, MPAS, PA-C

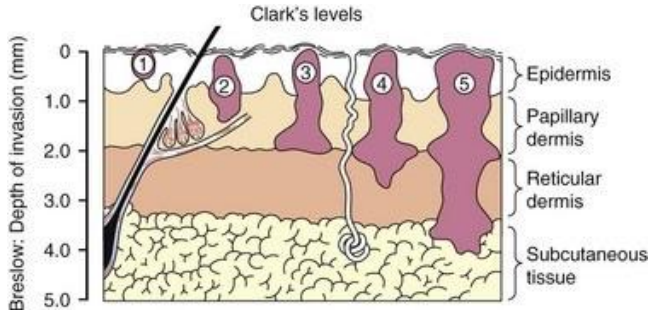
Campbell University Physician Assistant Program, Buies Creek, NC

Introduction

- Melanoma is a form of skin cancer caused by uncontrolled melanocyte growth.
- Risk factors include UV exposure, pale skin types, male sex, BRAF gene mutation, personal history, family history, and immunosuppression.



- Signs and symptoms include any skin lesion that is asymmetrical, irregularly bordered, dark or unevenly colored, diameter >6 mm, or changing.
- Diagnosed through biopsy, complete/excisional preferred. Staged using Clark levels and/or Breslow thickness.



- Management is based on stage and severity. Options include surgical excision, immunotherapy, and radiation. Followed by skin checks every 6 months for the first 2 years.

Case Description



Case

34-year-old male presents to dermatology

- **CC:** "New skin lesion on right foot"
- **HPI:** Lesion appeared on his foot and turned brown in color with increasing size over the past few weeks. Patient admits to frequent sun exposure at work.
- **Denies:** Fatigue, weight changes, unexplained pain, swollen lymph nodes, any bleeding, oozing, scaling, ulceration, pruritus of lesion

History

- **PMHx:** None
- **Allergies:** NKDA
- **Medications:** None
- **SurgHx:** None
- **FamHx:** No family history of skin cancer or similar skin lesion.
- **SocHx:** Denies tobacco, alcohol, and drug use. Fully insured with no barriers to care.

Physical Exam

- **V/S:** Afebrile, Normotensive
- **General:** NAD, A&Ox3
- **Skin:** Raised lesion on right dorsal foot, varying shades of brown, circular, measuring 7 mm in diameter. No LAD.
- **CV:** RRR
- **Pulm:** CTA BIL

Diagnostic Workup

- **Biopsy:** Shave biopsy performed.
- **Pathology:** Melanoma in situ and focal invasive malignant melanoma, Clark level IV, Breslow thickness 1.3 mm.

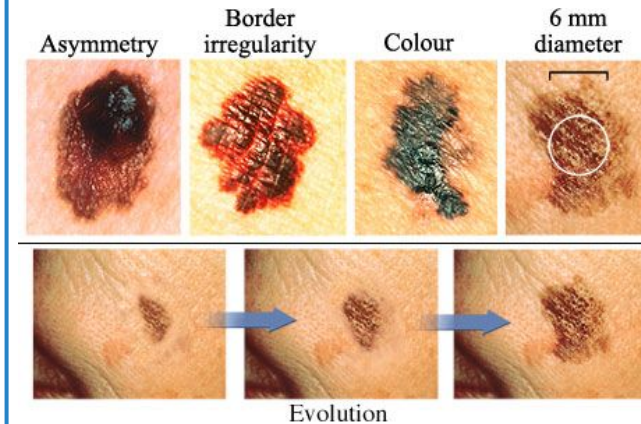


Patient Course

- Referred to surgery for stat consult.
- **Recommendation:** Sentinel lymph node mapping and wide excision of lesion with possible skin graft.
- **Surgery:** Circular wide excision with full-thickness skin graft and right foot-to-right inguinal sentinel lymph node mapping with three lymph nodes excised.
- **Pathology:** Clear margins and negative lymph nodes.
- **Follow-up:** Ensure proper healing, adequate drainage, and successful skin graft acceptance.

Conclusions

- Melanoma should be of high suspicion with any lesion meeting the ABCDE criteria.
- Providers and patients should be aware and act fast with suspected melanoma due to rapid growth/spread.
- Patient education is key to help prevention!
- USPSTF Skin Cancer Screening: Grade I



References

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