MALIGNANT MELANOMA
&
MELASMA

Class by : Albert blesson

MALIGNANT MELANOMA

Malignant melanoma is a neoplasm that arises from melanocytes. Although it is potentially the most lethal of the skin cancers, it is also relatively rare, accounting for only 1% to 2% of all malignant tumors. Melanoma is slightly more common in males than in females and is unusual in children. Peak incidence occurs between ages 50 and 70, although the incidence in younger age-groups is increasing.

Melanoma spreads through the lymphatic and vascular systems and metastasizes to the regional lymph nodes, skin, liver, lungs, and central nervous system. Its course is unpredictable, and recurrence and metastases may not appear for more than 5 years after resection of the primary lesion. The prognosis varies with the tumor thickness. In most patients, superficial lesions are curable, whereas deeper lesions tend to metastasize.

Common sites for melanoma are the head and neck in males, the legs in females, and the backs of people exposed to excessive sunlight. Up to 70% of malignant melanomas arise from a pre-existing nevus. It seldom appears in the conjunctiva, choroid, pharynx, mouth, vagina, or anus.

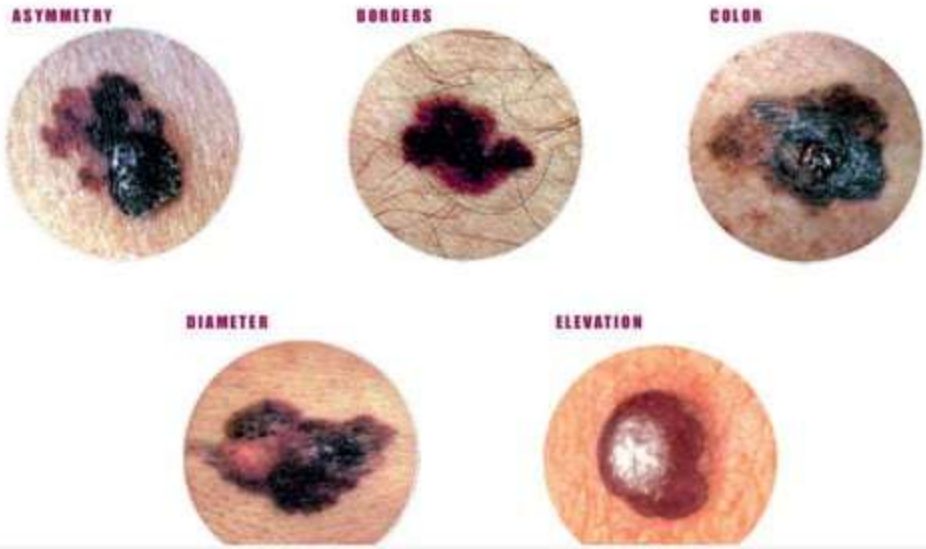
There are four types of melanoma:

- Su*perficial spreading melanoma* is the most common type, usually developing between ages 40 and 50.
- *Nodular melanoma* also usually develops between ages 40 and 50. It grows vertically, invades the dermis, and metastasizes early.
- *Acral lentiginous melanoma* is the most common melanoma among Hispanics, Asians, and Blacks. It occurs on the palms and soles and in sublingual locations.
- *Lentigo maligna melanoma* is relatively rare and is the most benign, slowest growing, and least aggressive of the four types. It most commonly occurs in areas heavily exposed to the sun, arising from a lentigo maligna, and usually occurs between ages 60 and 70..

Signs and Symptoms

- Sore that does not heal
- Persistent lump or swelling
- Changes in pre-existing skin markings, such as moles, birthmarks, scars, freckles, or warts

ABCDEs of Malignant Melanoma



Superficial Spreading Melanoma

- Lesions on the ankles or the inside surfaces of the knees
- Lesions that may appear red, white, or blue over a brown or black background
- Lesions that may have an irregular, notched margin
- Small, elevated tumor nodules that may ulcerate and bleed

Nodular Malignant Melanoma

- Uniformly discolored nodule on the knees and ankles
- May appear grayish and resemble a blackberry but may also be flesh-colored with flecks of pigment around its base, which may be inflamed
- Polypoid nodules that resemble the surface of a blackberry

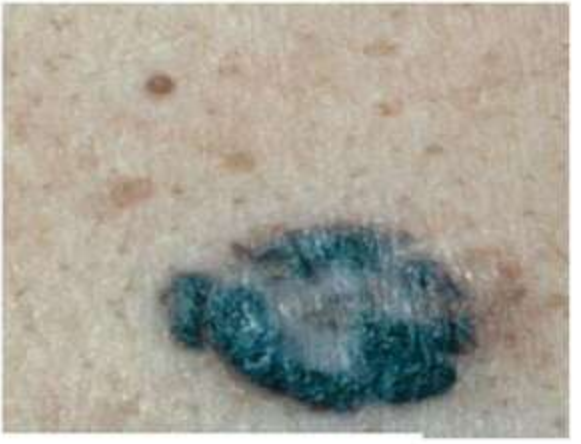
Acral Lentiginous Melanoma

- Pigmented lesions on the palms and soles and under the nails
- Color that may resemble a mosaic of rich browns, tans, and black
- Nail beds that may reveal a streak in the nail associated with an irregular tan or a brown stain that diffuses from the nail bed

Lentigo Maligna Melanoma

- Patient history of a long-standing lesion that has now ulcerated
- Large lesion (3 to 6 cm) that appears as a tan, brown, black, whitish, or slate-colored freckle on the face, back of the hand, or under the fingernails
- Irregular scattered black nodules on the surface
- Flat nodule with smaller nodules scattered over the surface

Looking at Superficial Spreading Melanoma



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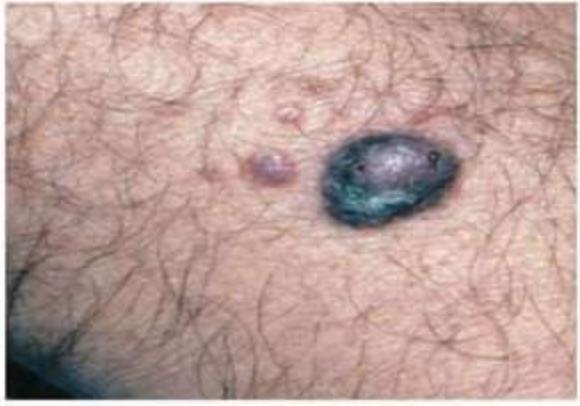

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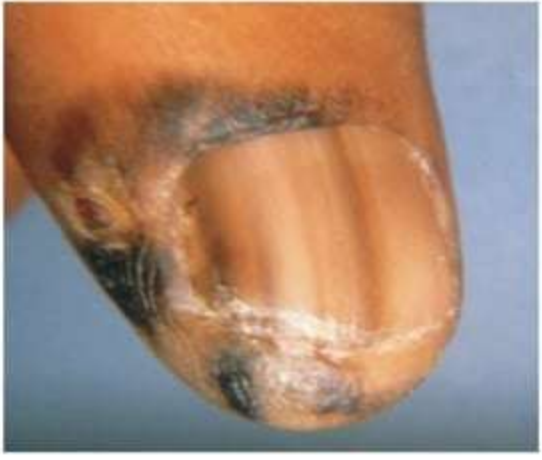

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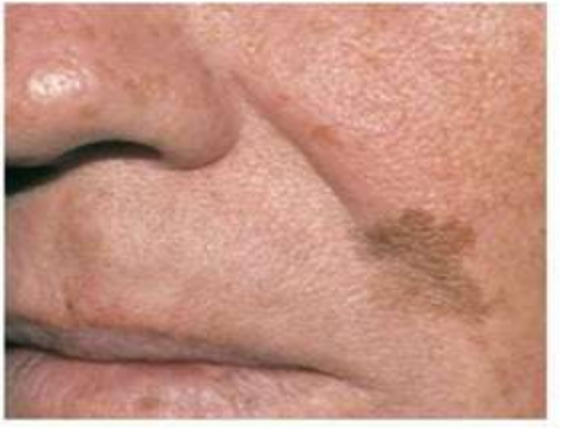

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Treatment

- Surgical resection to remove the tumor (a 3- to 5-cm margin is desired); extent of resection dependent on the size and location of the primary lesion
- After surgical removal of a mass, intra-arterial isolation perfusions to prevent recurrence and metastatic spread
- Possible skin graft, after closure of a wide resection
- Sentinel lymph node biopsy or regional lymphadenectomy
- Adjuvant chemotherapy, for deep primary lesions, including interferon alfa-2b, peginterferon alfa-2b, ipilimumab, or clinical trial
- Chemotherapy and radiation therapy for Stage III lesions or Stage IV or V with metastases

Nursing Considerations

- Listen to the patient's fears and concerns. Stay with him during episodes of stress and anxiety. Include the patient and family members in care decisions.
- Provide positive reinforcement as the patient attempts to adapt to his disease.
- Watch for complications associated with chemotherapy, such as mouth sores, hair loss, weakness, fatigue, and anorexia. Offer orange and grapefruit juices and ginger ale to help with nausea and vomiting.
- Provide an adequate diet for the patient, one that is high in protein and calories. If the patient is anorectic, provide small, frequent meals. Consult with the dietitian to incorporate foods that the patient enjoys.
- After surgery, take precautions to prevent infection. Check dressings often for excessive drainage, foul odor, redness, and swelling. If surgery included lymphadenectomy, apply a compression stocking and instruct the patient to keep the extremity elevated to minimize lymphedema.
- TIP: Patients diagnosed with a melanoma require life-long skin assessments

Health education

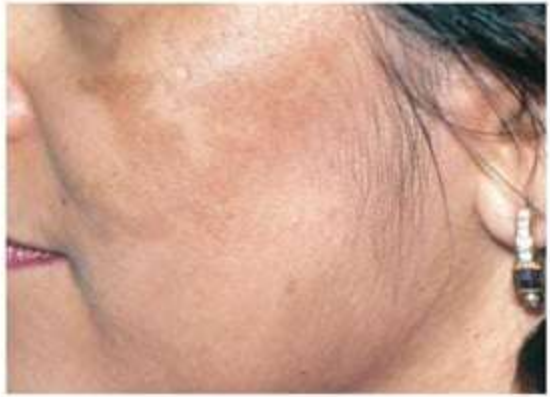
- Make sure the patient understands the procedures and treatments associated with his diagnosis. Review the physician's explanation of treatment alternatives. Answer all questions the patient has about surgery, chemotherapy, and radiation therapy as completely as possible.
- Tell the patient what to expect before and after surgery, what the wound will look like, and what type of dressing he will have. Warn him that the donor site for a skin graft may be as painful as, if not more so than, the tumor excision site.
- Teach the patient and his family relaxation techniques to help relieve anxiety. Encourage the patient to continue these after he is discharged.
- Emphasize the need for close follow-up care to detect recurrences early. Explain that recurrences and metastases, if they occur, are commonly delayed, so follow-up must continue for years. Teach the patient how to recognize the signs of recurrence.
- To help prevent malignant melanoma, stress the detrimental effects of overexposure to solar radiation, especially to the fair-skinned, blue-eyed patient. Recommend that he use sunscreen at all times when outdoors.
- When appropriate, refer the patient and family members to community support services, such as the American Cancer Society or a hospice.

MELASMA

A patchy, hypermelanotic skin disorder, melasma, also known as chloasma or mask of pregnancy, can pose a serious cosmetic problem but is never life-threatening. Although it tends to occur equally in all races, the light-brown color that is characteristic of melasma is most evident in dark-skinned Whites. Melasma affects females more commonly than males and may be chronic in nature.

Melasma may be related to the increased hormonal levels associated with pregnancy, menopause, ovarian cancer, and the use of hormonal contraceptives. Progestational agents, phenytoin, and mephenytoin may also contribute to this disorder. Exposure to sunlight stimulates melasma, but it may develop without any apparent predisposing factor. Patients with acquired immunodeficiency syndrome have an increased incidence of similar hyperpigmentation

Looking at Melasma



Signs and Symptoms

- Large, brown, irregular patches, symmetrically distributed on the forehead, cheeks, and sides of the nose
- Less commonly, may occur on the neck, upper lip, and temples and, occasionally, on the dorsa of the forearms

Treatment

- Application of bleaching agents containing 2% to 4% hydroquinone in combination with tretinoin or glycolic acid to inhibit melanin synthesis
- Adjunctive measures: avoidance of exposure to sunlight, use of opaque sunscreens, and discontinuation of hormonal contraceptives

Nursing Considerations

- Tell the patient that melasma with pregnancy usually clears within a few months after delivery and may not return with subsequent pregnancies.
- Advise the patient to avoid exposure by using sunscreens and wearing protective clothing. Bleaching agents may help but may require repeated treatments to maintain the desired effect. Cosmetics may help mask deep pigmentation.
- Reassure the patient that melasma is treatable. It may fade spontaneously with protection from sunlight, at postpartum, and after discontinuing hormonal contraceptives. Serial photographs may help show the patient that patches are improving.

Health teaching :

- Teach the patient the importance of using sunscreen with a sun protection factor (SPF) of at least 30.
- Suggest to the patient that she wear an additional cover-up (along with the sunscreen), such as a hat or scarf
- .TIP: Advise the patient to try to limit her exposure to sunlight. (

REFERENCE
LippincottVISUAL
NURSING
A Guide to Diseases,
Skills, and Treatments
Third Edition