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Letter

Skin Cancer Screening and Melanoma Detection: A Life Saved

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Abstract

Rural America spans about two-thirds of the land that composes the United States. There are major health disparities in this population including a lack of screening, a shortage in education, and limited access to health care providers. These health disparities combined with a lack of health insurance led our patient to ignore the asymptomatic melanoma on her right foot for 10 years. Although the most recent update from the US Preventive Service Task Force found insufficient evidence to recommend for or against routine melanoma and non-melanoma skin cancer screening, our patient insists that the screening she attended that day saved her life.

Case synopsis

The patient is a 61-year-old uninsured woman who presented for a free skin cancer screening at a local health fair in rural Kansas. The patient was previously in good health. On full body skin examination, the dermatology resident noted a large pigmented lesion on the plantar aspect of the patient's right foot. The patient reported that it had been present for 10 years, was growing in size, and had been changing colors. She explained that the lesion was asymptomatic, and since she had no health insurance, she never sought medical attention. Physical exam revealed a 5 x 6 cm dark brown patch with irregular pigmentation and borders on the plantar aspect of the right foot (Figure 1 and Figure 2). Shotty right inguinal lymphadenopathy was also noted



Figure 1. 5 x 6 cm dark brown patch with irregular pigmentation and borders on the right plantar foot

Figure 2. close-up image of irregular pigmented and bordered dark brown patch with medial area of darker pigment

on exam.

The patient was immediately referred to the nearest dermatologist who performed a free-of-charge 4-mm punch biopsy of the darkest area of the lesion. The pathology showed a 0.4 mm thickness acral lentiginous type melanoma and the patient was referred to surgical oncology and health care assistance at the university medical center. One month after being seen at the skin cancer screening event, the patient underwent wide local excision with 1 cm margins and a sentinel lymph node biopsy. Pathology revealed a completely excised acral lentiginous malignant melanoma with a Breslow thickness of 0.86 mm and negative sentinel lymph node biopsy. The plastic surgery team used a full-thickness skin graft from the right thigh to close the wound. The patient has now been disease free for 10 months and is able to walk. She continues to follow with surgical oncology and dermatology.

Discussion

Rural America spans about two-thirds of the land that composes the United States. There are major health disparities in this population including a lack of screening, a shortage in education, and limited access to health care providers. These health disparities combined with a lack of health insurance led our patient to ignore the asymptomatic melanoma on her right foot for 10 years. Although the most recent update from the US Preventive Service Task Force found insufficient evidence to recommend for or against routine melanoma and non-melanoma skin cancer screening, our patient insists that the screening she attended that day saved her life [1].

References

1. Wolff T, Tai E, Miller T. Screening for skin cancer: an update of the evidence for the U.S. Preventive Services Task Force. *Ann Intern Med* 2009; 150:194-8. [PMID:19189909]