

**(Refer to page 352)**

**Answer: Malignant melanoma**

Malignant melanoma is a uncommon malignancy among the Asian population as compared to Caucasians. It is the third commonest skin tumour. It arises from melanocyte producing cells.

There are four types of malignant melanoma; superficial spreading, nodular, lentigo maligna and acral lentiginous melanoma. Superficial spreading melanoma is the most common type and accounts for up to 70% of cases. Acral lentiginous melanoma, which account for up 10% of the cases is the most common lesion among the dark skinned population. The lesions are usually located at the palms and soles. A study by Zainal Abidin *et al.* showed a high incidence of acral lentiginous melanoma among the Sarawakian Malay population of Malaysia.<sup>1</sup>

Malignant melanoma is commonly misdiagnosed as other lesions such as benign naevus, angiokeratoma, seborrhoeic keratitis and dermatofibroma. A classical mnemonic 'ABCDE' summarises the salient characteristic of a malignant melanoma (Table).<sup>2</sup>

Any pigmented lesion should be followed up and examined thoroughly for the features described.

The most common sites involved are the foot and ankle. Lesions may present as ulcers which could be easily mistaken for other benign causes such as diabetic foot ulcers.<sup>3</sup> The key to diagnosing malignant melanoma is thorough clinical examination for indicative features and a high index of suspicion. S100 and HMB45 are two immunochemistry markers that have been shown to be diagnostic for malignant melanoma.

Factors associated with poor prognosis include tumour thickness (the most important predictor), presence of ulceration, location, number of metastatic lesions and involvement of visceral metastasis. With early diagnosis, the lesion can be treated surgically by a wide excision with 3cm margin of safety. However in advanced local diseases, amputation have to be considered and can be curative. For those with visceral metastasis, the role of lymph node resection and chemotherapy is still controversial.<sup>2</sup>

**Table: Characteristic features of a malignant melanoma.**

A	<b>A</b> symmetry
B	<b>I</b> rregularity of the <b>B</b> order
C	<b>C</b> hanges in the colour
D	<b>D</b> iameter of the lesion
E	<b>E</b> volution over time

**REFERENCES**

- 1:** Zainal AI, Zulkarnaen M, Norlida DK, Syed Alwi SAR. Acral melanoma of the extremities: a study of 33 Cases in Sarawakian patients. *Med J Malaysia* 2012; 67:60-5.
- 2:** Goldstein BG, Goldstein AO. Diagnosis and management of malignant melanoma. *Am Fam Physician* 2001; 63:1359-74.
- 3:** Hussin P, Loke SC, Fatimah MN, Mawardi M, Vivek AS. Malignant melanoma of the foot in patients with diabetes mellitus- a trap for the unwary. *Med J Malaysia* 2012; 67:422-3.