

5 Commonly Missed Areas In Skin Checks



MUST READ FOR ALL
SKIN CANCER DOC-
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WILL SAVE YOU FU-
TURE COMPLAINTS

PATIENTS WILL COME
BACK FOR YOUR
THOROUGHNESS



5 Commonly Missed Areas In Skin Checks

Practicing medicine in Australia comes with mandatory requirements to do skin checks. Not only on your patients, but also on yourself, your neighbour, and your friend's pets. You are often asked "what do you think about this one doc?" at any given social gathering. Such frequency, can bring about over exposure, and complacency.

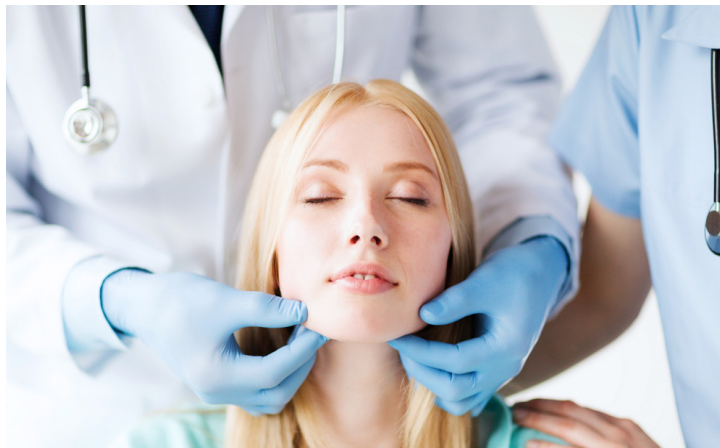
Here, I have tried to bring you some areas that in my practice I have often seen to be neglected, when it comes to routine skin checks. The points are those that have

taken me time to learn over the years, and I hope none of it is news to anyone, but rather reinforcement of what you already practice.

As always, this is merely my opinion, and it does not replace personalised medical advice, or peer reviewed research and publications. I hope you find it useful in your practice, as well as in your next BBQ!

FIERST COMMONLY MISSED AREA

1- Lymph Nodes



Cancer of unknown primary remains one of the top 5 causes of cancer mortality in Australia. A systematic routine in examining the major lymph node basins while examining the rest of the body during a skin check can easily save your patient's life.

I focus on preauricular, groin, axillary, and neck nodes. For severely immunosuppressed patients, I also include the parotids and occipital nodes.

As always, I document that the examination was done, and refer for imaging, usually ultrasound, if there is anything palpable.

2 - Have a look in the mouth



Mucosal melanoma accounts for 1 to 2 % of all melanomas. It does not take long to ask the patient to open their mouths, and have a look at the their palate, buccal mucosa, and gums.

Any pigmented lesion on the mucosa warrants a closer look and maybe further investigation.

3 - PALMS AND SOLES

Any pigmented lesion on the glabrous skin deserves a closer look. Melanin does not belong there.

I generally point them out to patients, and in low risk patients ask them to take a photo and remain aware of its shape and size, and come back with changes.

As always, if any doubt refer or biopsy.



4 - Nails

It is not always possible to ask the patient to remove their nailpolish or acrylic nails before they come in, but it is worth while mentioning it to them that some skin cancers grown under the nail, and if you cannot see their nail you cannot examine it. That way, when they come for their next skin check, they are more likely to have them removed before coming in.

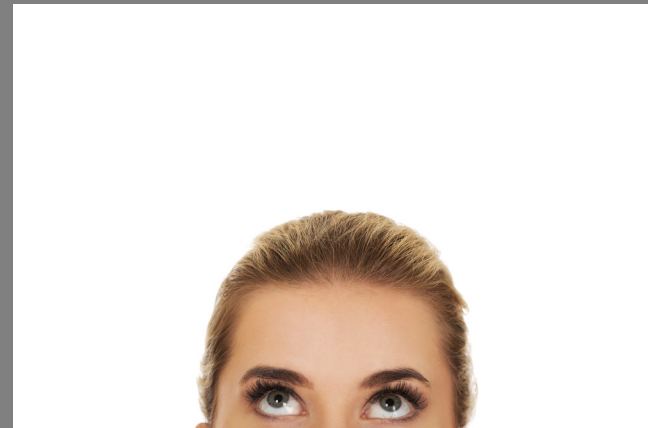
Having said that, if it just nail polish and not acrylic, nail irregularities can be seen on examination, and it would warrant asking them to remove the nail polish for a closer look, maybe at another appoitment. No one will blame you for being thorough.



There are many older men who are constantly hammering away at their fingers in their sheds, and come with black nails. If there is any doubt, I scratch their nail at the level of the black mark with a paperclip, and ask them to come back in 3 weeks. The scratch would have moved up as the nail grows out. If the black mark has moved up with it, then I can relax.

5 - Scalp

Its easy to have a look at the bold head looking for skin lesions. Challenge is in the full head of hair. Female patients are usually good at finding lesions on their scalp as they brush their hair, men not so much. It is worth taking the time and going through the hair to have a look at the scalp. Feeling the scalp can be very useful, but I am always mindful to warn the patient that I am about to do that, so as not to scare them.



I Hope you have found the information here useful. As always, if you have any questions, please email me at: info@dramjadi.com.au

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