
Department of Dermatology

Understanding melanoma in situ and lentigo maligna

Introduction

You have had either a **melanoma in situ** or a **lentigo maligna** diagnosed. You may be asking, 'What does this mean?', 'What happens to me now?' and you may have lots of other questions.

We hope this leaflet answers some of your questions about your diagnosis, but you may need to ask your doctor or nurse for information that is more personal to you.

Your doctor and the nursing staff in this hospital will explain your treatment options in more detail with you.

Please do not hesitate to ask any questions or voice any worries that you, or your family may have, to your doctor or nursing staff.

What is melanoma in situ?

Melanoma in situ is the very earliest stage of a skin cancer called melanoma. 'In situ' means that **the cancer cells have not had the opportunity to spread to anywhere else in the body**. There are cancer cells in the top layer of the skin (the epidermis) but they are all contained in the area in which they began to develop. They have not started to spread or grow into deeper layers of the skin and have not become invasive. This is why some doctors call in situ cancers 'pre cancer'. The prognosis is excellent.

Melanoma in situ is **cured with surgery**. However if not treated with appropriate surgery, melanoma in situ can develop into an invasive cancer. This is why it is important to know about preventative measures you can take which will lower your risk of this condition occurring in the future.

What is lentigo maligna?

Lentigo maligna is a type of melanoma in situ. It is a slow growing lesion that appears in areas of skin that get a lot of sun exposure, such as the face or upper body. Because it grows slowly **it can take years to develop**. Similar to melanoma in situ, lentigo maligna has not spread and is only in the top layer of skin. It is therefore **cured with surgery**. However if lentigo maligna is not treated, it may later develop into lentigo maligna melanoma which is a more serious disease.

What does cancer in general mean?

Cancer is a disease of the tiny building blocks that make up organs and tissues called cells. Normal cells replace themselves when they get worn out or injured. Sometimes they don't grow normally; instead, some cells keep on growing even when they don't need to. These cells will continue to divide and develop into a lump which is called a tumour.

Cancer is **not one disease**. There are over 200 different types of cancer. All cancers are treated differently and occur for different reasons. Many are completely cured.

What is melanoma?

Melanoma is a cancer that usually starts in the skin, either in a mole or in normal-looking skin. Melanoma is a cancer of the pigment or coloured cells, called **melanocytes**, which lie in the layer of skin nearest the surface called the epidermis. The melanocytes produce the pigment for our skin called **melanin**. They are also the cells that form moles and freckles and allow you to tan.

Who gets melanoma?

About 7,000 people in the UK get diagnosed with melanoma each year. It is more common in women than men. It is a very rare cancer in children, but it is the second most common cancer in people aged 15 to 34.

Melanoma is very rare in dark skinned people and is seen more commonly on people with fair skin who burn and freckle easily.

Melanoma can occur anywhere on the body, not only in areas that are exposed to lots of sun. The legs of women and the trunks of men are the most common places for melanoma to develop.

What causes melanoma in situ and lentigo maligna?

There is no doubt that ultraviolet (UV) radiation from the sun and other sources such as sunbeds, play the most important role in the development of melanoma in situ and lentigo maligna. Current research suggests that episodes of sunburn (redness of the skin) as a child under the age of 15 years of age increase the risk of developing melanoma in situ/lentigo maligna as an adult. Research also suggests that intermittent episodes of sunburn as an adult, such as when on holiday or the weekends, may play a very important part in your risk for getting melanoma in situ/lentigo maligna. However, people who accumulate a lot of sun exposure in a continuous pattern, such as by working outside, are also at increased risk.

What are the risk factors for developing melanoma in situ and lentigo maligna?

1. Red hair, blue eyes, with fair skin that burns or freckles easily.
2. Anyone with a large number of moles and in particular moles that are abnormal to begin with (called dysplastic naevus).
3. Anyone with a family history of two or more members with melanoma.
4. If you already have had a melanoma yourself.
5. Episodes of severe sunburn in childhood.
6. Indoor occupation with outdoor recreation, and therefore exposed to intermittent episodes of sunburn.
7. Being a woman between the ages of 40 to 60 or a man over the age 50.

How is melanoma in situ and lentigo melanoma diagnosed

If your doctor suspects that an unusual spot or mole may be a type of melanoma in situ/lentigo maligna, it is surgically removed and sent to a pathologist. This is called a **biopsy** or **excision** and is usually performed under local anaesthetic. A biopsy is essential for the diagnosis.

After the biopsy result is available your doctor will discuss with you and your family (if you wish) the result and any treatment that will be necessary.

How is melanoma in situ and lentigo melanoma treated?

In all but a few instances, the treatment is simple surgery. A border of healthy tissue from around the melanoma in situ/lentigo maligna is taken to make sure all cancerous cells are removed.

The wound will be covered with a dressing and follow up care will be organised. You may be uncomfortable for some days after your operation. If you have pain, paracetamol may be all you require.

Sometimes a skin graft may be necessary. This is more common for areas of the body that do not have much spare skin, for instance, the calf or face. A skin graft replaces the skin that has been removed with skin taken from another part of the body. If you have a skin graft, the area on which the skin is grafted may look unattractive after the operation, but eventually it will heal and the redness will fade. There is risk of infection, bruising and scarring after surgery. Occasionally the skin graft fails and needs further treatment.

Do I need any other treatment?

Surgery is the only treatment necessary for melanoma in situ and lentigo maligna in almost all cases.

Follow up and checking yourself

The British association of Dermatologists and other health organisations such as NICE (National Institute for Health and Clinical Evidence) state that people who have had an in situ melanoma do not need any follow up visits with their specialist. This is because in situ melanomas cells are very unlikely to come back once the area has been removed.

Due to the prognosis of melanoma in situ/lentigo maligna you will be seen once again in clinic and then discharged.

Your specialist doctor or nurse should show you how to spot early skin changes in the future and how to protect yourself from the UV radiation from the sun.

Will I be cured?

The melanoma in situ and lentigo maligna outlook is excellent. It is very rare for them to come back because they were 'in situ', therefore they will not have had an opportunity to spread elsewhere in the body.

What can I do to help myself?

1. Learn how to spot skin changes early using the ABCDE rule. Your doctor or nurse should teach you how to do this and give you an information leaflet.
2. Protect yourself and your family from sun damage. Stay out of the sun between the hours of 1100 and 1500. Slip on a shirt, apply some **30+** sun screen, and put on a good broad brimmed hat. Wear sunglasses and minimise the time you spend in the direct sun. There are information leaflets for this too.
3. Adopt a healthy lifestyle: if you smoke, stop smoking. Ensure you get regular exercise, reduce your stress levels if possible and eat a healthy diet.

Advise and support

It is completely normal not remembering what your doctor or the nursing staff tell you initially at diagnosis. For this reason we often say the same things to you a number of times.

The skin cancer specialist nurses are here to go through the information in more detail and are a resource for all patients as and when needed. They can be contacted Monday to Friday on 01223-348156. If they are not available please leave a message with your name, date of birth and hospital number, if known.

Information on the Internet

Macmillan Cancer Support

www.macmillan.org.uk

Cancer Research UK

www.cancerresearchuk.org

British Association of Dermatology

www.bad.org.uk



We are currently working towards a smoke-free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS Stop Smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



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