

ABCDs of Melanoma



Asymmetry



Color Variation Within



Border Irregularity



Diameter (> 6 mm)



***Evolving**

***Most important sign! Let us evaluate any mole which keeps changing.**

ONE NOTABLE EXCEPTION TO THE ABCDs OF MELANOMA

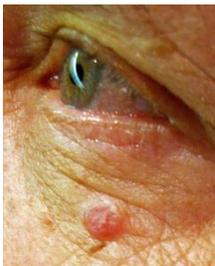
There is a *very common* growth called a 'seborrheic keratosis' which you may hear about during your visit. At first glance, they can be concerning since they fit the typical melanoma description of a 'dark, irregularly-bordered mole.' However, they are *not* actually a true 'mole' and have *no potential whatsoever to turn into skin cancer*. Unlike melanoma, a 'seborrheic keratosis' will usually (but not always) feel dry or scaly. If you are told by your dermatologist that the spot which was concerning you is in fact a 'seborrheic keratosis', then that's a *good thing* and should provide reassurance that your lesion is indeed *harmless*.

Basal & Squamous Cell Carcinoma

Basal and squamous cell carcinomas (BCC/SCC) are **actually the most common types of skin cancers**. They tend to receive less attention in the media because, with very little exception, *they are not considered life-threatening*. Instead, the greater concern is that if left untreated, they can 'eat away' at the skin and any underlying structures. The formation of basal and squamous cell carcinomas is closely linked to the total amount of sun exposure one has had in their lifetime.

The key difference in how BCC/SCC present as compared to melanomas is that *they typically are not dark*. Instead, look for any spot on your skin that seems to constantly crust, scab, or otherwise just won't heal. **In fact, a common statement dermatologists often hear from patients who have a basal or squamous cell carcinoma is that they 'thought they had a bug bite, pimple, or injury that just wouldn't heal.'**

A final lesion worth mentioning is called a 'keratoacanthoma' or 'KA'. They are related to squamous cell carcinoma and are considered *relatively* benign since they also don't tend to 'spread'. However, they usually arise very quickly and still need to be treated. **Most patients with a KA think that they have a 'cyst' or 'boil' that is growing quickly, doesn't drain, and won't heal.**



BCC



SCC



Keratoacanthoma