

Common Medical Malpractice Delayed Diagnosis Cases: Melanoma

Melanoma makes up the smallest percentage of skin cancer cases, yet it's the deadliest form causing the greatest number of deaths. The leading cause of melanoma is excessive exposure to ultraviolet radiation from the sun, tanning beds or lamps. Genetics can play a role as well.

Risk factors include: individuals with fair skin who have had a history of severe, blistering sunburn, especially as a child or teenager; excessive sun exposure, particularly in sunny or high-altitude climates; family history of skin cancer; weakened immune system; and exposure to carcinogens such as coal tar, creosote (a wood preservative), or arsenic compounds in pesticides.

Melanoma is the deadliest skin cancer because it can spread throughout your body, while other forms of skin cancer tend to

remain in one spot without spreading. Quick and early diagnosis is very important because melanoma can spread rapidly.

You or a loved one should seek medical advice if you or a loved one sees a new skin growth, or a change in an existing mole, or a sore that doesn't heal in two weeks. Physicians play a pivotal role in diagnosing melanoma at its earliest and most treatable stage.

The American Cancer Society recommends having a complete skin exam every year if you're older than 40, or more often if you're at a high risk of developing skin cancer. Screening exams involve a head-to-toe inspection of your skin by a dermatologist or nurse specialist who is qualified to diagnose skin cancer.

Sometimes skin cancer can be detected by simply looking at your skin. But the only way to accurately diagnose melanoma is with a biopsy, which is the removal of tissue for microscopic analysis. It's best if all or most of a suspicious mole or growth is removed as part of the biopsy.

Certain myths can cause a delayed diagnosis of melanoma. For example, one myth is that all melanoma follows the “ABCD” rule. The ABCD rule helps physicians distinguish potentially cancerous lesions from benign pigmented moles. The test is for:

- Asymmetry (e.g., one-half of the mole is different in shape from the other)
- Border irregularity (the edges or borders of melanoma is usually ragged or notched);
- Color (melanoma often has a variety of hues and colors within the same lesion); and
- Diameter (most melanomas are usually greater than six millimeters in diameter when diagnosed, although they can be smaller).

However, numerous studies have shown that not *all* melanomas follow this pattern. In fact, about 6 percent of melanoma cases do not follow the ABCD test and can be clinically non-descript. While the ABCD test is a useful tool,

physicians shouldn't rely on it exclusively when diagnosing skin lesions.

Another myth is that moles with hair are not cancerous. A diagnosis of melanoma should not be *automatically* ruled out if hair is present in a pigmented lesion.

Yet another myth is that individuals of color do not get skin cancer. While those of color are much less likely than Caucasians to get melanoma, it can occur, especially on areas of the skin not exposed to the sun as much, such as palms of the hand, soles of the feet, and toes.

According to the American Academy of Dermatology, the five-year survival rate for people whose melanoma is detected and treated before it spreads is 99 percent. Also, if melanoma is diagnosed early, the lesion can be removed by excision before it spreads.

When analyzing a suspicious lesion, the *entire* lesion should be removed whenever possible because it allows for the best chance of a correct diagnosis.

Delayed diagnosis can be caused by improper biopsies, such as a “shallow shave” technique that literally is only skin deep. A complete excision, including some underlying subcutaneous fat, is the most accurate way to analyze a suspicious skin lesion. An incision or “punch” biopsy can be used for unusually large lesions or on cosmetically sensitive areas, such as the face.

The likelihood of early diagnosis is enhanced when clinicians are suspicious of changing lesions and take proper steps to analyze it, such as through a biopsy. A lesion on less visible areas, or on extremities such as fingers, toes and ears, are more likely to be missed, as are those absent any pigmentation.

If you, or a loved one, or a friend is suffering from melanoma, I am available to discuss your legal options if you think your doctor delayed diagnosing your condition. Call me directly at (617) 423-2447. For more information visit my website at Massachusetts Medical Malpractice Lawyer