Primary Care Surgical Association

Management of New or Changing Skin Lesions

Lesion

Pigmented

Confident, clinic, named diagnosis; eg: Benign mole, seborrhoeic keratosis, haemangioma, etc

Treat and advise as clinically indicated

Dermatoscopy with training and experience

Benign

Low level of Suspicion

Suspicious features

Reassure

Follow up in 3 months with photos (this only applies to flat moles) or refer

Invasive melanoma

Refer to MDT

* Further excision of 5mm around the scar down to deep fat or refer

Non-pigmented

Confident, clinical, named diagnosis; eg: viral wart molluscum, intradermal naevus, BCC, actinic keratosis, dermatofibroma, etc.

Treat and advise as clinically indicated

No dermatoscopy available

Suspicious features

* Biopsy with 2mm border or urgently refer to local MDT

In situ melanoma

Check all moles annually and consider mole mapping

Dysplastic Naevus

Treat and advise as clinically indicated or referral

NMSC

Benign

No more treatment necessary

* = Only doctors with experience in skin surgery should biopsy or excise

Z:/dbuckley/Mgt of New or Changing Lesions graph Oct 2012

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