

# **MELANOMA – IMPORTANCE OF CLARIFICATION CAMPAIGNS TO THE POPULATION ABOUT EARLY DIAGNOSIS AND CHARACTERISTICS OF MELANOCYTIC LESIONS: CASE REPORT**

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**Abstract:** Introduction: Work carried out with the aim of highlighting the importance of campaigns for the prevention/early diagnosis of Melanoma/other skin cancers and the establishment of protocols for referral to qualified services. Case report: J.F.A, 58 years old, referred to our service after surgical approach to emergency at another institution: abscess drainage (sic) in the right inguinal region (06/2022). Anatomopathological analysis of the lesion (AP) was requested: undifferentiated malignant neoplasm infiltrating lymph node, with the possibility of metastatic melanoma. After diagnosis, the patient reported to the assistant team that he had an injury to his toe (ingrown nail). On physical examination (EF) there was a tumor in the 2nd right toe (PDD), ulcerated, bleeding, without associated infection. Transferred to Hospital Luxemburgo on 07/22. To our EF: right palpable lymphadenopathy and lesion described in the 2nd PDD described above. No other suspicious injuries. Staging CT scans without evidence of metastases. Amputation of 2 toes and radical inguinal dissection indicated. Discussion: Melanoma is an aggressive tumor with a prognosis directly associated with staging and requires thorough evaluation. When located in the feet/plantar region, they are commonly diagnosed late, as patients associate them with local trauma or those caused by pedicures and tend not to value them. Our patient sought medical care due to the abscess and did not even mention PDD injury initially. The incidence of melanoma has increased in the last 50 years and is associated with genetic, phenotypic and environmental factors in particular. We live in a tropical country and many patients have occupational exposure to the sun, trauma at work and lack of information hinders early diagnosis/appropriate treatment. Clarification and Diagnosis Campaigns should go beyond Yellow December and be

intensified throughout the year, continuously disseminating to the population the ABCD algorithm (asymmetry, border irregularities, color variation, change in diameter), presence of pruritus, inflammation, alteration of surface (erosions/ulcerations) and reinforce the need for medical evaluation of skin lesions that do not heal spontaneously or continue to grow. This enables a greater probability of diagnosis and, consequently, a reduction in morbidity and mortality. Conclusion: The simplified dissemination of the assessment of potentially malignant lesions should extend from primary care to approach by the oncological surgeon, creating a care system with verification of essential points for diagnosis/screening: lesions with changes in size, shape, color, signs phlogistics, presence of crust or bleeding. In this way, there is a greater possibility of reducing unfavorable outcomes. Our report illustrates well the patient's lack of knowledge about lesions and the need to seek medical assistance for proper evaluation, since his diagnosis was based on the metastatic disease and not on the primary site.