



## Images

## When seborrheic keratosis is a concern... and melanoma isn't...

## Cuando la queratosis seborreica es una preocupación... y el melanoma no...

Manuel Ferreira Veloso<sup>a,\*</sup> and Catarina Alves da Silva<sup>b</sup><sup>a</sup> General and Family Medicine Intern at USF São Bento, CCSP Gondomar, ULS Santo António, Porto, Portugal<sup>b</sup> Dermatology and Venereology Specialist at Clínica de Pele, Tecidos Moles e Osso, IPO Porto, Porto, Portugal

A 72-year-old male, farmer, with chronic solar exposure sought his primary care physician due to an enlarging lesion situated in the right frontal area. He had Phototype II of Fitzpatrick and exhibited a nodular lesion, with irregular borders and altered coloration, which had altered in the previous 3 months.

He had a medical history of hypertension, dyslipidemia, and benign prostate hyperplasia, and no family history of melanoma or non-melanoma skin cancer.

Physical examination revealed that the concerning lesion was a seborrheic keratosis. However, a 45×20 mm lesion, was identified on his right parietal scalp, as seen in Fig. 1. It was characterized by hyperpigmentation, elevated surface, irregular borders and several satellite lesions. He was therefore referred urgently to the dermatology department of the reference hospital. There, dermoscopy was performed and the lesion was diagnosed as malignant melanoma, with in-transit metastasis. Incisional biopsy performed, a PET-CT requested and he was referred to the tumor board, for multidisciplinary evaluation.

When confronted with dermatological alterations, it is commonplace for general and family physicians to employ the ABCDE criteria, during visual inspection of the skin.<sup>1</sup> Physicians assess the lesion's morphological appearance, evaluating asymmetry, irregularity of borders, color variation, diameter greater than 6 mm, and evolution, which includes atypical changes in size, volume, shape, coloration, or development of satellite lesions.

Family physicians play a pivotal role in the early diagnosis of malignant melanoma,<sup>2</sup> serving as the primary point of contact with the healthcare system, as well having the responsibility for gatekeeping. In light of the raising incidence of dermatological neoplasms,<sup>3</sup> vigilance and early detection require a proactive approach, indispensable in reducing patient morbidity and mortality.

Training in the identification of common malignant and premalignant lesions by family physicians, promotes early detection of neoplasms such as malignant melanoma,<sup>2</sup> which can be useful in secondary prevention, as demonstrated in the case image presented.

Hospital and primary care center protocols on publication of patient data have been followed, the patient has provided full consent and his privacy has been respected.

## Ethical considerations

The manuscript represents an image case report for which the patient has provided full consent. The patient has signed and dated an informed consent form, authorizing the publication of his case and the presentation of the accompanying photo. The manuscript contains no identifying information. The authors have complied with all relevant ethical regulations. Furthermore, this work does not involve experimentation on animals or human subjects.



**Fig. 1.** 45×20 mm, hyperpigmented, raised, irregular borders lesion with nodular component and accompanying satellite lesions.

\* Corresponding author at: Rua de Bulho, 773; 4660-205 Resende, Portugal.  
E-mail address: velosomaf@gmail.com (M.F. Veloso).

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## Declaration of competing interest

None.

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