

Nodular Melanoma what are the Threats and how to Treat this Disease?

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ABSTRACT

Nodular Melanoma (NM) is the most aggressive form of melanoma. It tends to grow more rapidly in thickness (vertically penetrate the skin) than in diameter compared to other melanoma subtypes. Instead of arising from a pre-existing mole, it may appear in a spot where a lesion did not previously exist. Since NM tends to grow in depth more quickly than it does in width, and can occur in a place that did not have a previous lesion, the prognosis is often worse because it takes longer for a person to be aware of the changes.

Keywords: Melanoma; Skin; Cancer; Treatment; Diagnosis

DESCRIPTION

Nodular melanoma is due to the development of malignant pigment cells (melanocytes) along with the basal layer of the epidermis. These cells may occasionally arise from an existing melanocytic naevus (about 3%) but commonly occur within another type of melanoma or in previously normal-appearing skin. What triggers the melanocytes to become malignant is unknown, but it is likely to be a series of changes to the DNA. NRAS mutations are often found in patients with nodular melanomas.

Nestin immunoreactivity was observed in the HMB-45-negative melanoma cells in all five cases of amelanotic nodular melanomas. Moreover, nestin immunoreactivity was observed in the dermal parts in seven of 10 cases of melanotic nodular melanomas. Especially, nestin immunoreactivity was observed in the HMB-45-negative melanoma cells in the dermal parts of all 10 cases of HMB-45-negative amelanotic and melanotic nodular melanomas. These results suggest that nestin is an important marker of HMB-45-negative melanoma cells in the dermal parts of patients with nodular melanoma [1].

Measurement of melanoma depth of invasion in skin tissues is of great significance in grading the severity of skin disease and planning patient's treatment. However, accurate and automatic measurement of melanocytic tumor depth is a challenging problem mainly due to the difficulty of skin granular identification and melanoma detection [2].

Signs and symptoms of nodular melanoma

Nodular melanoma tends to appear as a growth that sticks out from the skin and looks like a bump. The medical term for this type of bump is a polypoid. They tend to develop where no moles or lesions existed before. A nodular melanoma polypoid can look like a mushroom, with a stem or a stalk. The surface may be smooth, rough, or crusted. It may bleed and will usually feel firm.

The bump is usually black, but it may be: blue, gray, white, brown, tan, red, the same color as the surrounding skin. The incidence of thick melanomas continues to increase. Nodular melanoma is clinically distinct and the predominant contributor to melanoma-related deaths, representing a public health challenge in reducing skin cancer mortality [3].

Causes and risk factors

There is no single cause of cancer, and scientists are often unsure why it develops in some people and not others. There are several risk factors for skin cancer. Nodular melanoma is more common in males and in people aged 60 and older. However, it can develop in anyone at any age. Over 90% of melanoma skin cancers result from exposure to harmful ultraviolet (UV) rays. The sun is the main source of these rays, but sunbeds and sunlamps also expose people to them.

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Treatment

The treatment doctors recommend very much depends on the stage of cancer at diagnosis. Other factors include a person's age and their level of fitness. The doctor may recommend further tests, such as a biopsy. This involves removing a section of the area of skin and sending it to a lab to check for signs of cancer. A skin biopsy is a procedure to remove cells or skin samples from your body for laboratory examination. A doctor uses a skin biopsy to diagnose skin conditions and remove abnormal tissue. The three main types of skin biopsies are shave biopsy, punch biopsy, excisional biopsy. The increasing incidence of cutaneous malignancies signifies the need for multiple treatment options. Several available reviews have emphasized the potential role of various botanical extracts and naturally occurring compounds as anti-skin-cancer agents. Few studies relate to the role of chemoprevention and therapeutic activity of Essential Oils (EOs) and EO components [4].

Diagnosis

First, the doctor will examine the skin and take individual and family medical histories. Be sure to mention any instances of skin cancer. The doctor will also note other risk factors, such as smoking and sun exposure. A skin biopsy is used to diagnose or help treat skin conditions and diseases, including actinic keratosis, inflammatory skin conditions, skin infection, and

Skin cancers, including basal cell carcinoma, squamous cell carcinoma and melanoma.

CONCLUSION

It is concluded that cancer affects the structure of the skin at a molecular level. The increase of the absorption band intensities of methyl and methylene groups of alkyl chains demonstrates that the local environment of cancerous skin becomes more lipophilic as the cancer progresses.

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