



Pigment Cells are one of the Most Characteristic Outgrowths of the Neural Crest

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DESCRIPTION

Melanoma, redundantly known as malignant melanoma, is a type of skin cancer that arises from pigment-producing cells known as melanocytes. Melanoma usually occurs in the skin, but rarely in the mouth, intestines, or eyes (uveal melanoma) [in women, most commonly on the legs, but most commonly in men] does it commonly occur on the back? About 25% of melanomas arise from birthmarks. Mole changes that may indicate melanoma include increased size, uneven borders, color changes, itching, or damage to the skin. It is the exposure of people to low levels of ultraviolet (UV) radiation. Ultraviolet radiation can come from other sources such as the sun or tanning equipment. People with multiple moles, a family history of the disease, and a weakened immune system are at increased risk. Many rare genetic disorders, such as xeroderma pigmentosum, also increase risk. Diagnosis is by biopsy and analysis of skin lesions that show signs of possible cancer. Using sunscreen and avoiding ultraviolet light can help prevent melanoma. Treatment is usually removed by surgery. In people with slightly larger cancers, doctors may test nearby lymph nodes for spread (metastasis). Most people recover if no infection occurs. If melanoma has spread, immunotherapy, biological therapy, radiation therapy, or chemotherapy can improve survival. With treatment, the 5-year survival rate in the US is 99% for patients with localized disease, 65% for disease with lymph node involvement, and 25% for patients with distant metastases. The likelihood that the melanoma will recur or spread depends on the thickness of the melanoma, how quickly the cells divide, and whether the overlying skin has sloughed off. Melanoma is a rare but aggressive malignant cancer originating from melanocytes. These melanocytes are cells of the basal layer of the epidermis that produce melanin under the control of melanocyte-stimulating hormones. Melanoma accounts for only a small percentage of all skin cancers but accounts for more

than 50% of cancer-related deaths. High rates of metastasis and mortality, as well as prevalence among young people, make melanoma a well-studied malignant cancer. Epigenetic alterations are suspected to influence the development of many cancer-related diseases and are also suspected to be involved in the development of melanoma. The cause is unknown, but it is thought to be caused by an abnormality in embryogenesis. This applies to her first 12 weeks of pregnancy. This defect is thought to cause melanocyte proliferation. This means that melanocytes, the cells in the body that are responsible for normal skin color, are produced very rapidly, forming clusters instead of spreading out and causing abnormal skin in some areas of the body causing pigmentation. A complete excisional biopsy is an ideal method for diagnosing melanoma, but other methods may be required depending on the location of the melanoma. Dermoscopy of apical pigmented lesions is very difficult but can be done with careful focus. Initial confirmation of suspicion can be done with a small wedge biopsy or a small punch biopsy. A thin, deep wedge biopsy can heal very well in the apical skin, and a small core biopsy can provide a good clue as to the malignancy of the lesion, a second full excisional biopsy of the skin can be performed with narrow surgical margins (1 mm). This second biopsy will help determine the depth and invasiveness of the melanoma and ultimately determine treatment. If the melanoma affects the nail circumference and nail bed, complete excision of the nail unit may be necessary. Definitive treatment may require more extensive excision (0.5 cm or greater margin), digital amputation, lymphangiography with lymphadenectomy, or chemotherapy.

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CONFLICT OF INTEREST

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