



Effective Treatments for Skin Cancer Melanoma in Terms of Morbidity

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INTRODUCTION

Melanoma is skin cancer caused by malignant tumours of melanocytes. Incidence of melanoma is rapidly increasing worldwide and poses a public health problem. Primary extra cutaneous melanoma can be ocular, gastrointestinal, mucosal, leptomeningeal, genitourinary, and lymphatic Melanoma. The relationship between ultra violet exposure and melanoma development is very serious and complex, with intermittent sun exposure greatly increasing the risk of melanoma. Diagnosis of Melanoma is made through a clinical evaluation of pigmentation by a medical professional. Structural features of Malignant Melanoma, including asymmetry, growth confluence, extensive cellularity, and poor contours. Cytological features of Malignant Melanoma include irregular and thick nuclear membranes and prominent nucleoli. Preventive measures include reducing ultraviolet and sun exposure. Early detection of skin cancer significantly reduces both short and long-term morbidity and mortality. Treatment and follow-up of a patient with Melanoma may vary depending on the stage and primary lesion of the tumour. Typical treatments for Malignant Melanoma are surgical resection, immunotherapy such as interleukin, gene therapy, and bio chemotherapy.

DESCRIPTION

Melanoma is an increasingly common malignancy, affecting younger populations than most cancers. Risk factors for melanoma include whiteness, sun sensitivity, melanoma in the family, and melanocyte nevus. Consistent screening leads to thinner melanoma diagnoses, but there is no evidence that this translates into lower mortality. Asymmetry, borders, colour, and diameter can be used as guides to distinguish between Melanoma and benign lesions. Treatment consists of surgical resection, lymph node testing, and systemic therapy in some

patients. Prognosis depends on the stage of diagnosis. Patients with melanoma require dose tracking because they are at risk of recurrence and may be diagnosed with a second primary tumour. Melanoma prevention strategies include seeking shade outdoors, wearing protective clothing, and avoiding exposure during peak sun hours.

When treating melanoma problems, doctors should prioritize primary prevention. This includes avoiding excessive sun exposure, educating patients on the importance of avoiding sunburn, and advising them of the importance of prompt self-introduction to alter their nevus. Primary care physicians should be able to perform a global melanoma risk assessment specifically to identify individuals with familial atypical birthmark syndrome. Referral to dermatological surveillance should be strongly considered in such high-risk patients. Due to the lack of systematic studies in primary care populations, there are no data to support routine screening recommendations in this setting. However, no matter what part of the physical examination is performed, doctors should be on the lookout for suspicious birthmarks. If detected by a physician or ordered by the patient, an excisional biopsy using a certified technique should be taken or referred.

CONCLUSION

In recent decades, an increasing number of young people and women in particular have been exposed to very high levels of UV radiation from man-made sources, and these trends have raised serious concerns. In fact, the International Agency for Research on Cancer has concluded that the association between skin cancer and sun exposure and the use of UV-emitting tanning devices is causal. An interesting analysis conducted in Iceland showed that the incidence of melanoma in women decreased when measures were introduced to discourage sunbed use.

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