

# eScholarship@UMassChan

## The Utility of Complete Skin Examinations

Item Type	Presentation
Authors	Domingues, Erik;Goldberg, Dori;Belazarian, Leah;Mailhot, Jeffrey D.
DOI	<a href="https://doi.org/10.13028/30xn-va23">10.13028/30xn-va23</a>
Rights	Copyright is held by the author(s), with all rights reserved.
Download date	2026-04-16 14:58:49
Link to Item	<a href="https://hdl.handle.net/20.500.14038/49168">https://hdl.handle.net/20.500.14038/49168</a>

# The Utility of Complete Skin Examinations

Erik Domingues MSIV, Dori Goldberg MD,  
Leah Belazarian MD, Jeffrey Mailhot MD

University of Massachusetts Medical School, Department of Medicine,  
Division of Dermatology, Worcester, MA

# Introduction

- Complete skin exams (CSE's) are frequently performed by dermatologists
- U.S. Preventive Forces Task Force does not currently recommend routine CSE's
- Many primary care physicians do not regularly perform CSE's

# Introduction

(continued)

- Current literature focuses on benefits of early detection of cutaneous neoplasms
- Multiple barriers to universal use
  - Time constraints
  - Lack of emphasis on CSE's during training

# Goal of CSE's

- Decrease morbidity, mortality, and costs
- Early detection of malignant melanoma, squamous cell and basal cell carcinomas, and pre-malignancies
- Melanomas are most worrisome and the 5-year survival rate for those with a thickness of  $< 0.76$  mm is 98%

# Malignant Melanoma



# Squamous Cell Carcinoma



# Basal Cell Carcinoma



# Actinic keratosis



# Dysplastic nevus



# Objectives

- Perform CSE's on all new patients
- Determine number of patients with dermatologist-detected lesions
- Determine number of dermatologist-detected consequential lesions defined as pre-malignant or malignant lesions

# Methods

- New patients presenting to UMass Medical Center dermatology clinic from 10/2009 – 3/2010
- Varying ages, ethnicities, and sex
- Patients noted lesions of concern on a survey

# Methods

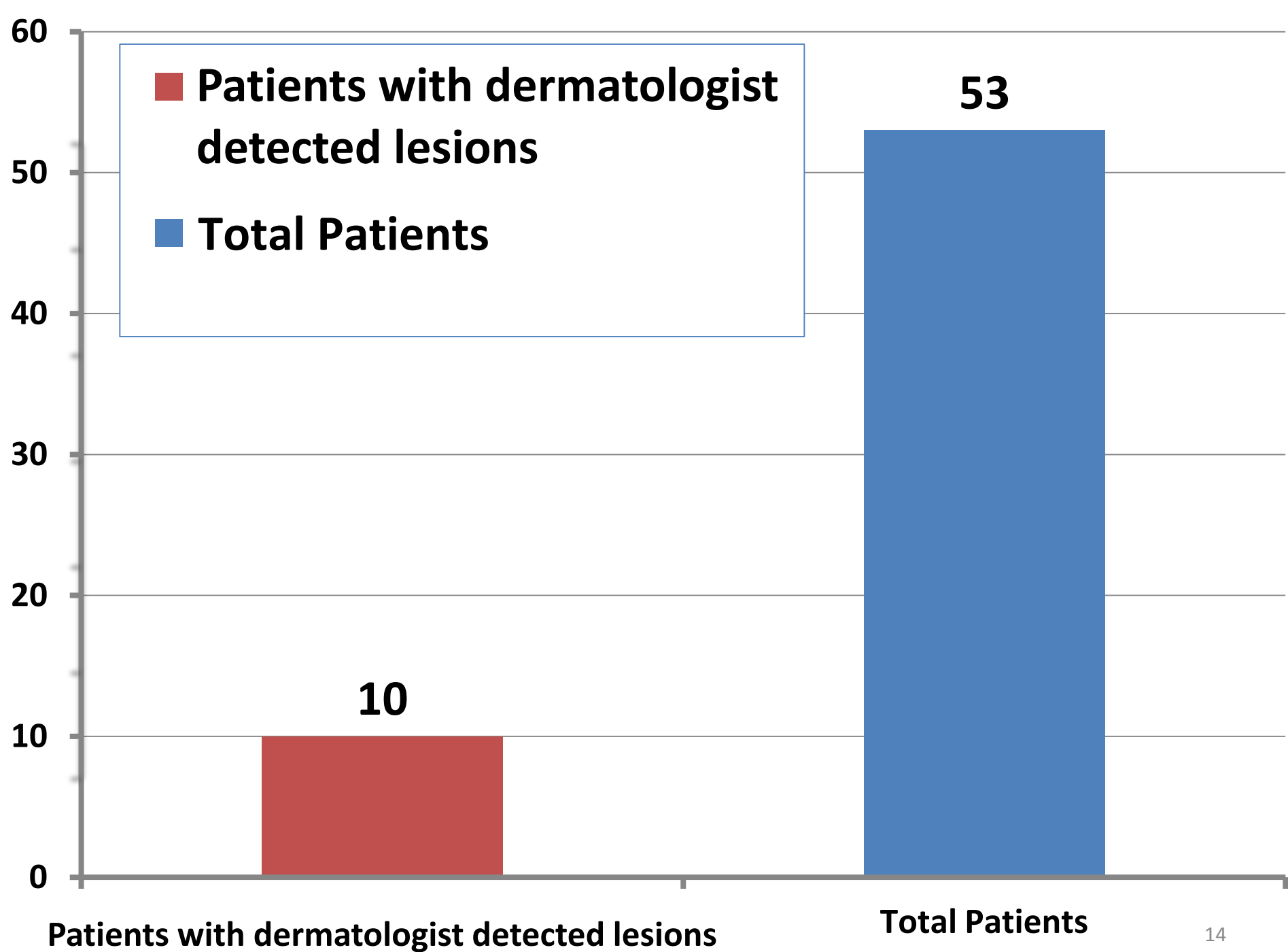
(continued)

- CSE performed on every patient
- Lesions noted by patient documented and treated appropriately
- Dermatologist-detected lesions documented and treated appropriately

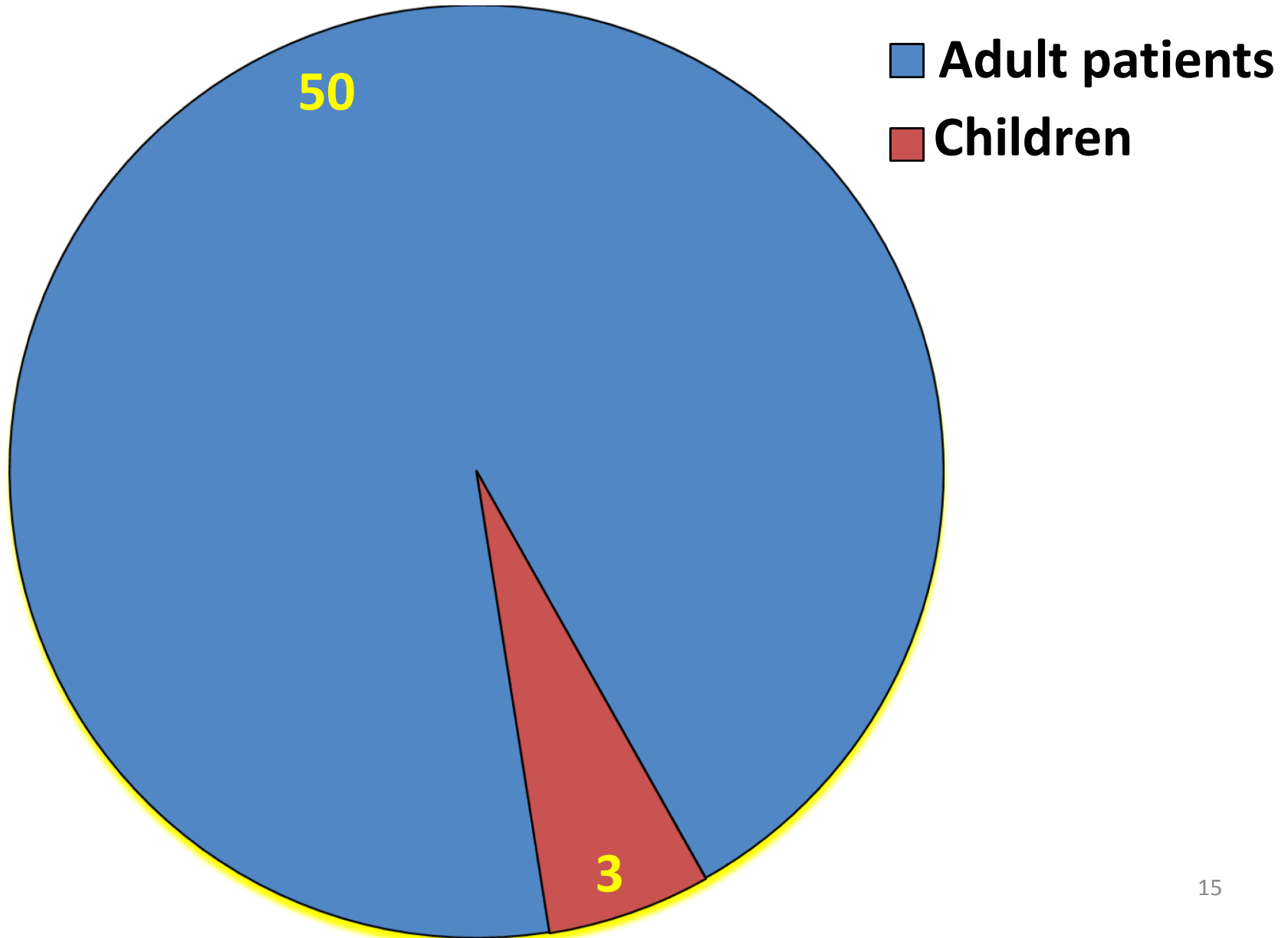
# Results

## Patients with dermatologist-detected lesions

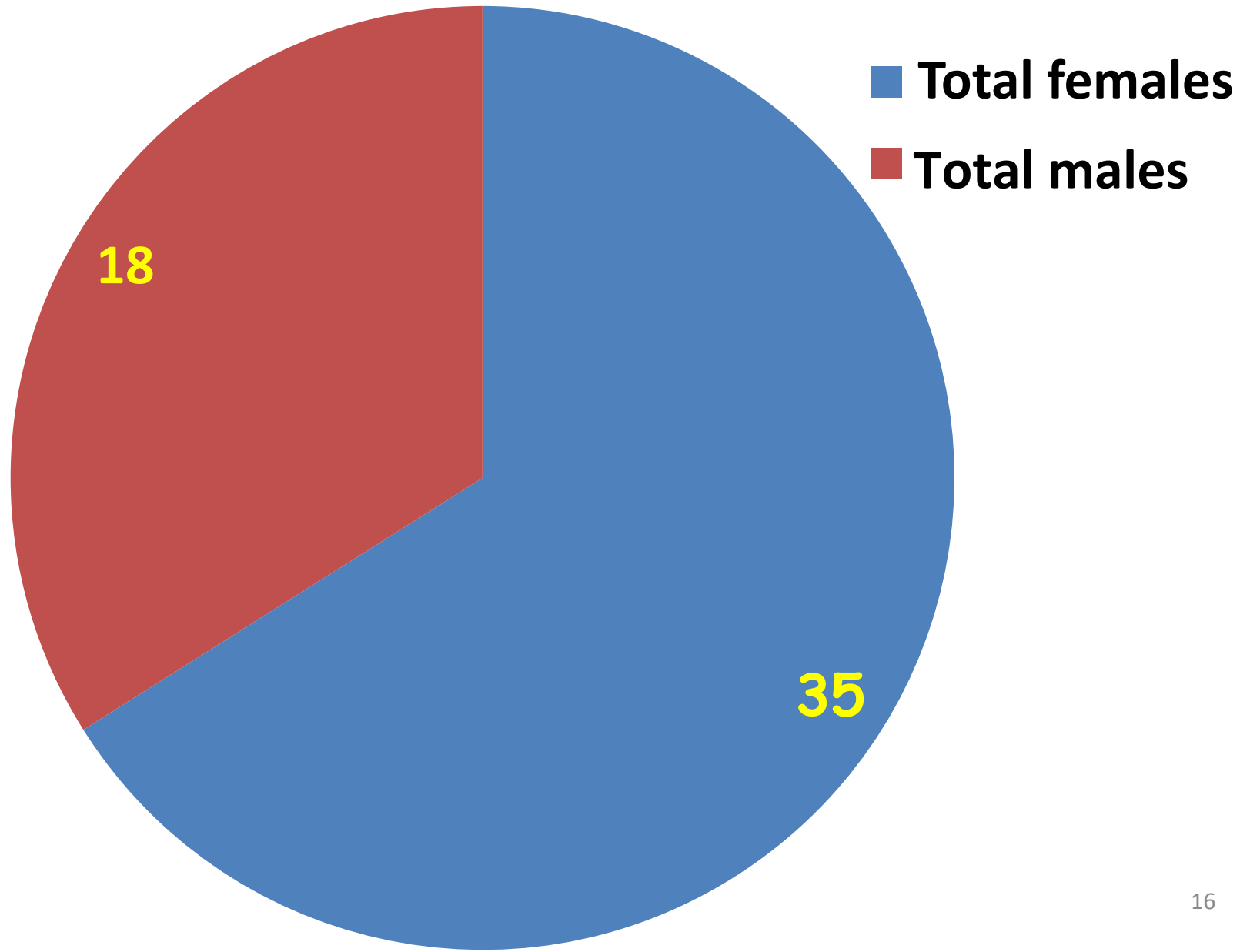
Patients with lesions	<b>10</b>
Total Pts enrolled	<b>53</b>
Percent detected	<b>18.87 %</b>



# Age Breakdown



# Gender Breakdown



# Lesion Detection by Gender

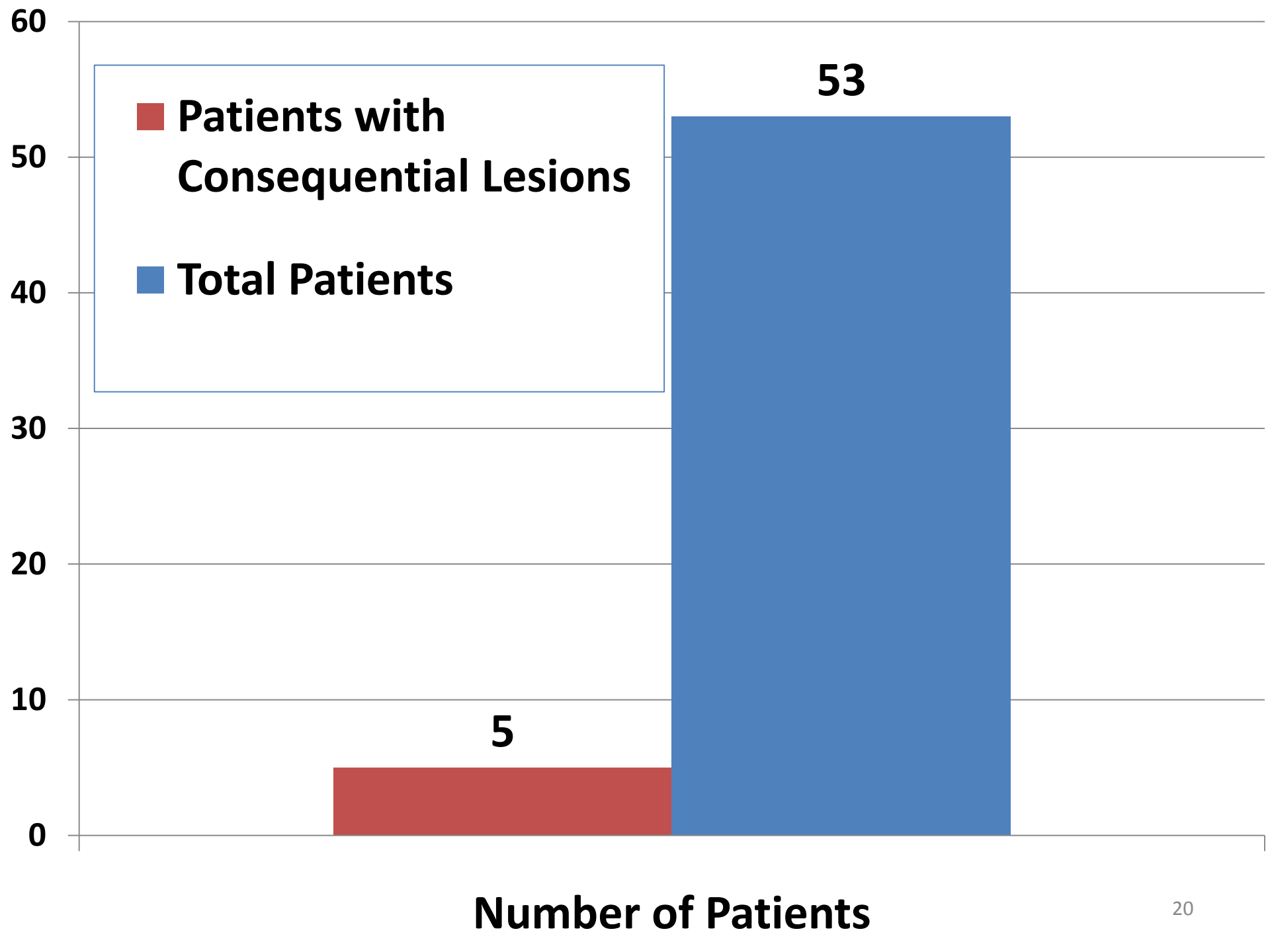
Females with Detected Lesions	5
% of Total Females	14.29%
Males with Detected Lesions	5
% of Total Males	27.78%

# Dermatologist-detected Consequential Lesions

Patients with Consequential Lesions	<b>5</b>
Total Patients	<b>53</b>
Percent of Total	<b>9.43%</b>

# Consequential Lesions

Pre-malignant/malignant Lesions	8
Total Lesions Detected	14
% Consequential of those Detected	57.14%



■ Patients with Consequential Lesions

■ Total Patients

**Number of Patients**

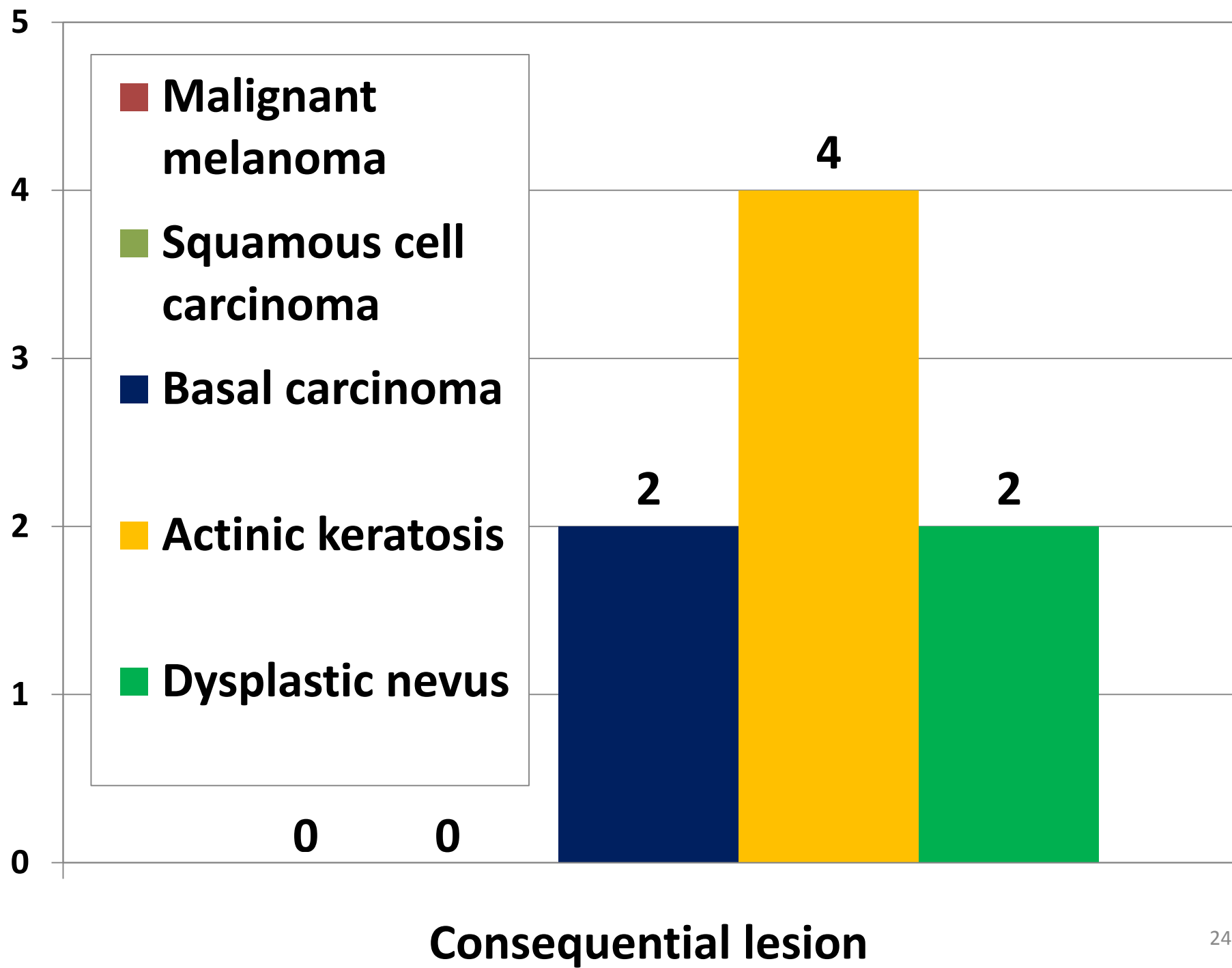
# Premalignant Lesions

Premalignant Lesions	<b>6</b>
% of Total Detected	<b>42.86%</b>
Clinical Diagnosis	<b>3 (50%)</b>
Pathologic Diagnosis	<b>3 (50%)</b>

# Malignant Lesions

Malignant Lesions	<b>2</b>
% of Total Detected	<b>14.29%</b>
Clinical Diagnosis	<b>0 (0%)</b>
Pathologic Diagnosis	<b>2 (100%)</b>

Malignant Melanoma	0
Squamous Cell Carcinoma	0
Basal Cell Carcinoma	2
Actinic Keratosis	4
Dysplastic Nevus	2



# Discussion

- Focus on consequential premalignant & malignant lesions
- Goal to decrease morbidity & mortality
- One patient worked up for possible neurofibromatosis
- No statistical significance with detection of lesions based on gender
- Presence of limitations

# Limitations

- Small patient population surveyed
- Surveys not used in all clinics
- Small number of children included
- Twice as many females as males
- No breakdown based on Fitzpatrick skin type

# Conclusion

- Pilot study
- CSE detected consequential lesions in 9.4% of population surveyed
- Clinically significant results
- No statistical significance secondary to small population size
- Future large-scale study will include more children and adults of all ages, ethnicities, and gender

# References

1. Kantor J, Kantor DE. Routine dermatologist-performed full body skin examination and early melanoma detection. *Arch Dermatol* 2009;145(8):873-876.
2. Aitken, Joanne F, Youl, Philippa H, Janda, Monika, Lowe, John B, Ring, Ian T, Elwood, Mark. Increase in skin cancer screening during a community-based randomized intervention trial. *Int J Cancer* 2006;118:1010-1016.
3. Federman, Daniel G, Kravetz, Jeffrey D, Kirsner, Robert S. Skin cancer screening by dermatologists: prevalence and barriers. *J Am Acad Dermatol* 2002;46:710-4.
4. Hubert, Jason N, Callen, Jeffrey P, Kasteler, Scott J. Prevalence of Cutaneous Findings in Hospitalized Pediatric Patients. *Pediatr Dermatol* 1997;14(6):426-429.

# Acknowledgements

- Thank you to the University of Massachusetts Division of Dermatology for their help and support
- Thank you to Judy Savageau for her assistance with the statistics calculations