

Keeping a Watch on Melanoma

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When performing a total body skin examination, we discovered a melanoma in situ when a patient took off her wristwatch. This case illustrates the importance of removing jewelry when performing a complete skin examination. Furthermore, the location of this lesion highlights the association between malignant melanoma and intermittent sun exposure.

Intermittent sun exposure is an important risk factor for the development of malignant melanoma.^{1,2} Our case describes a patient who presented with a melanoma in situ hidden under her wristwatch. This report illustrates the importance of examining concealed parts of the body. Furthermore, this case demonstrates the need to pay particular attention to skin that is only sporadically exposed to the sun and, hence, at greater risk for the development of this malignancy.³⁻⁵

Case Report

A 52-year-old white woman with Fitzpatrick skin type I was referred to the dermatology clinic for evaluation of a lesion on her leg. When performing a total body skin examination, we noted an asymmetric, notched, variegated pigmented patch measuring 1.5×1.4 cm on the patient's left wrist. This lesion was located on an area typically covered by the patient's wristwatch (Figure). The patient reported that she would often remove her watch while taking part in outdoor activities. This pigmented lesion was excised and found to be a malignant melanoma in situ.

Comment

Patients often present with concerns about lesions that are diagnosed as malignant melanomas. How-

ever, physician-directed screening plays a role in the detection of a high percentage of melanomas.⁶ When performing a complete skin examination, particular attention should be given to occult areas such as the finger and toe webs, as well as those areas covered by objects such as eyeglasses and wristwatches.

Some occult areas of the body, such as under a wristwatch, are associated with intermittent, rather than chronic, sun exposure. Certain types of melanoma have been found to occur more frequently on body sites that are only occasionally exposed to the sun.³ In reviewing the relationship between melanoma and sun exposure, Elwood⁴ concluded that the more common types of melanoma are associated with unacclimatized skin being exposed to severe, intermittent solar radiation. Moreover, malignant melanomas found on body sites that are only intermittently exposed to the sun tend to appear on patients sooner. Bulliard⁵ demonstrated that melanomas arising on intermittently exposed areas appeared between 13 and 27 years earlier than melanomas on heavily exposed areas.

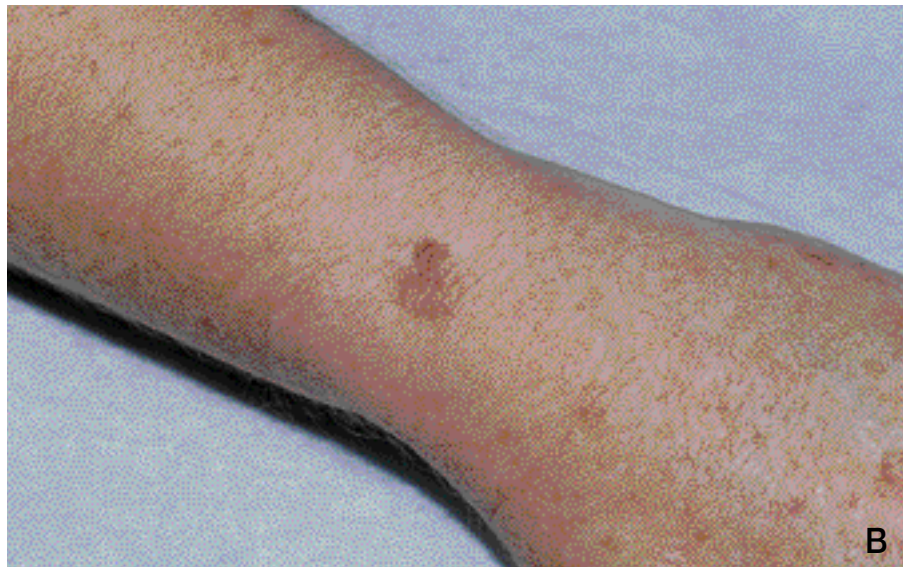
Another reason for paying special attention to covered sites is that concealed melanomas may be associated with a poorer prognosis compared with melanomas on exposed areas. In one study, melanomas on occult areas (the scalp, posterior body, and planter surface of the foot) were at least 2.5 mm in depth in 29% of patients compared with only 12% of patients when the lesions were on a more visible area. This study suggests that the poorer prognosis of concealed melanomas in some cases is due to their having progressed to a greater thickness at the time of diagnosis.⁷

Early detection of malignant melanoma is key to enhancing survivability because of the direct correlation between tumor thickness and mortality rates.^{8,9} Many dermatologists call for a thorough examination of the entire body surface, citing research that suggests physician screenings play an important role in the early detection of melanomas, when they can be more curable.⁶ A careful look under jewelry and other concealed areas may reveal an occult melanoma. The skin under wristwatches

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Upon removal of a wristwatch (A), a melanoma in situ was revealed (B).

and other sites that are only intermittently exposed may be at particular risk, thereby requiring special attention during cutaneous examinations.

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