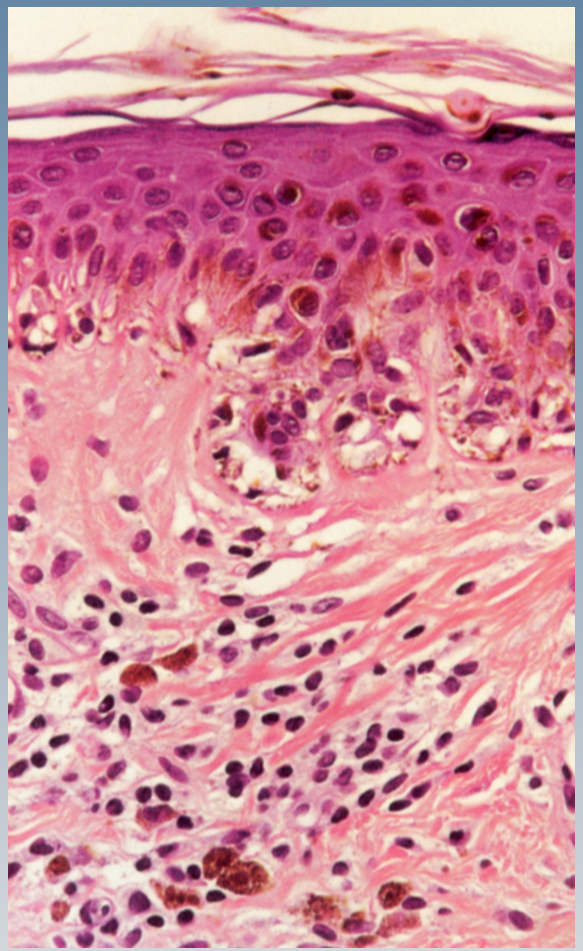
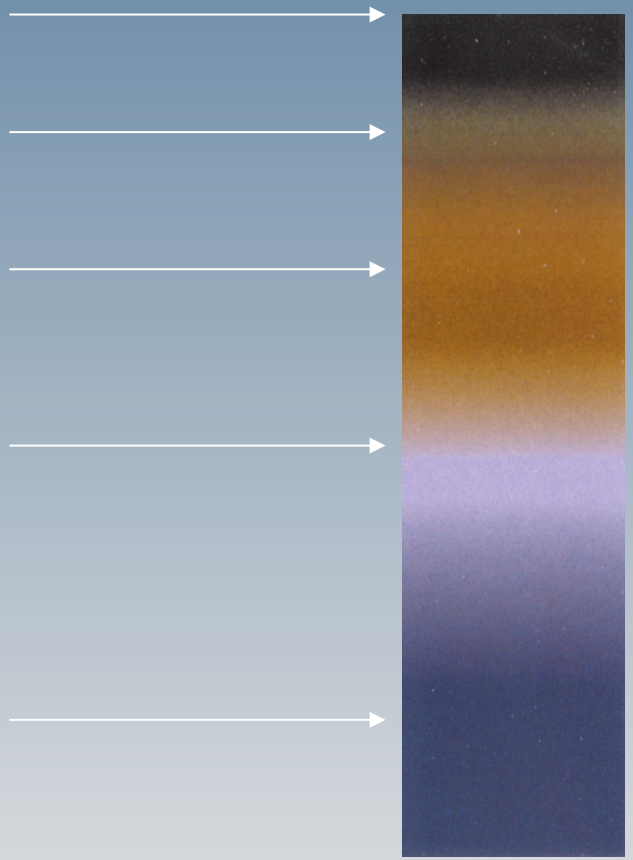
Correlació Clínico-Dermatoscòpica-Patològica





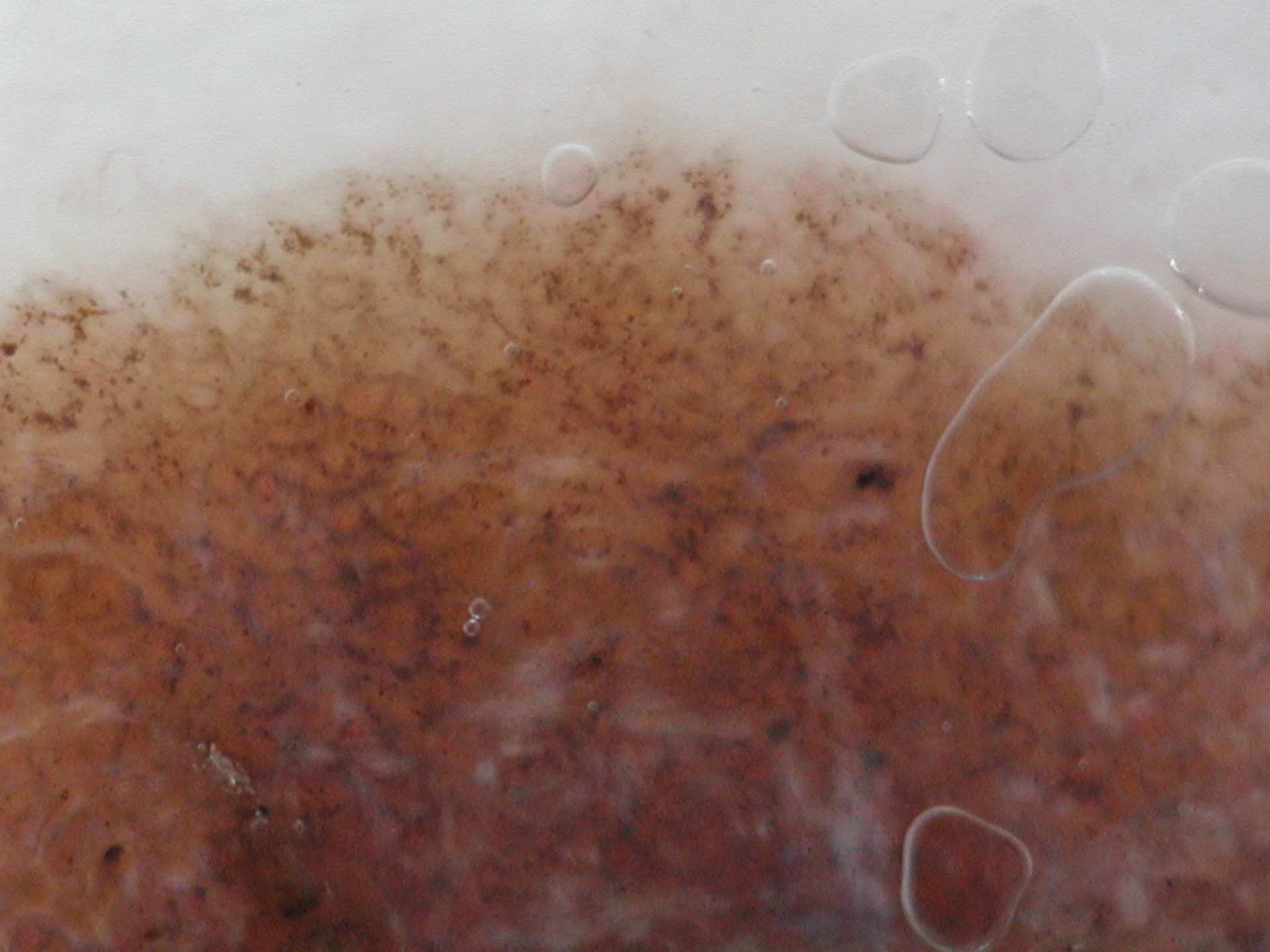
Estrat córni

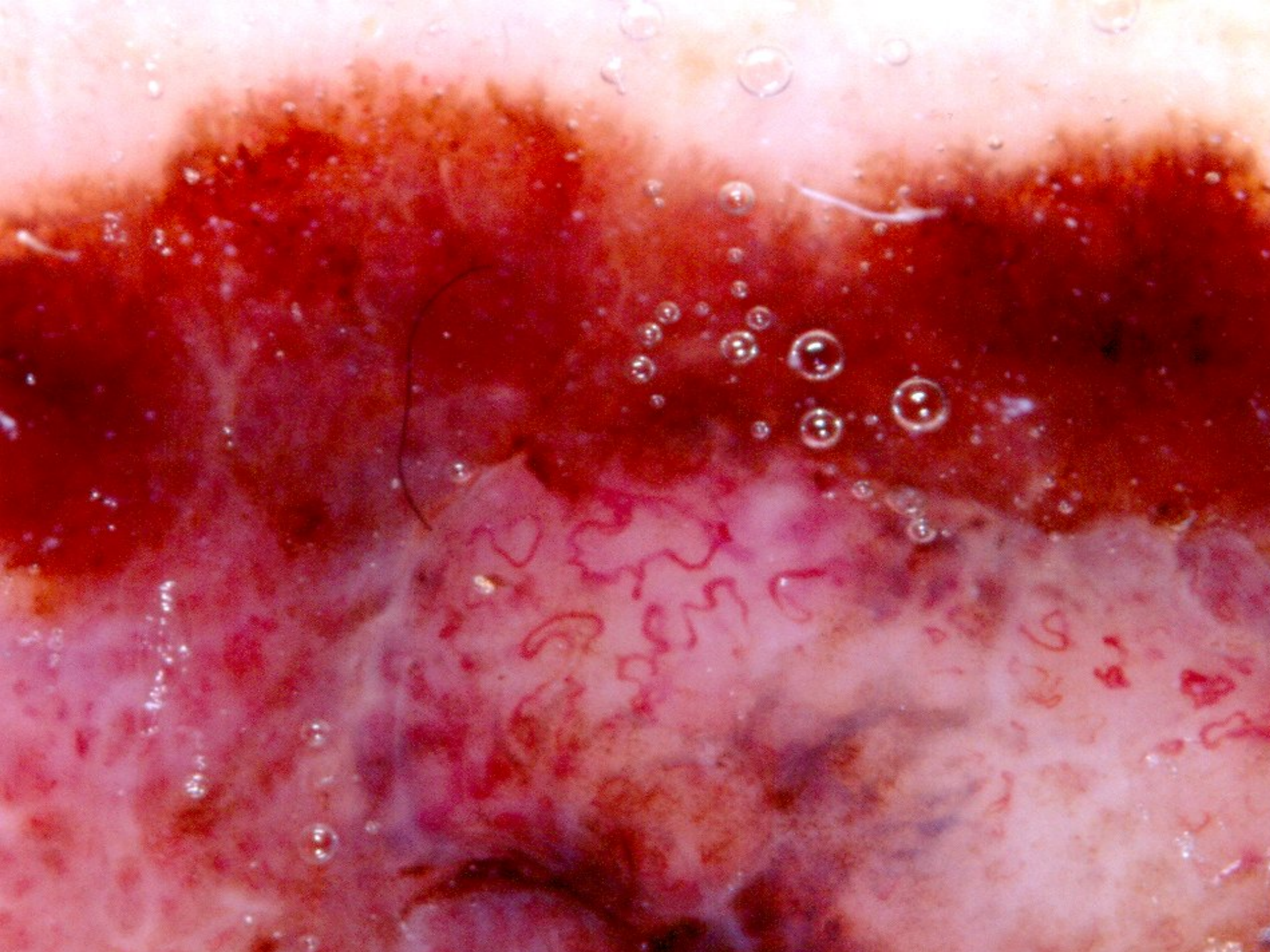
Intraepidermic

Dermo epidèrmica

Derma papilar

Derma mig

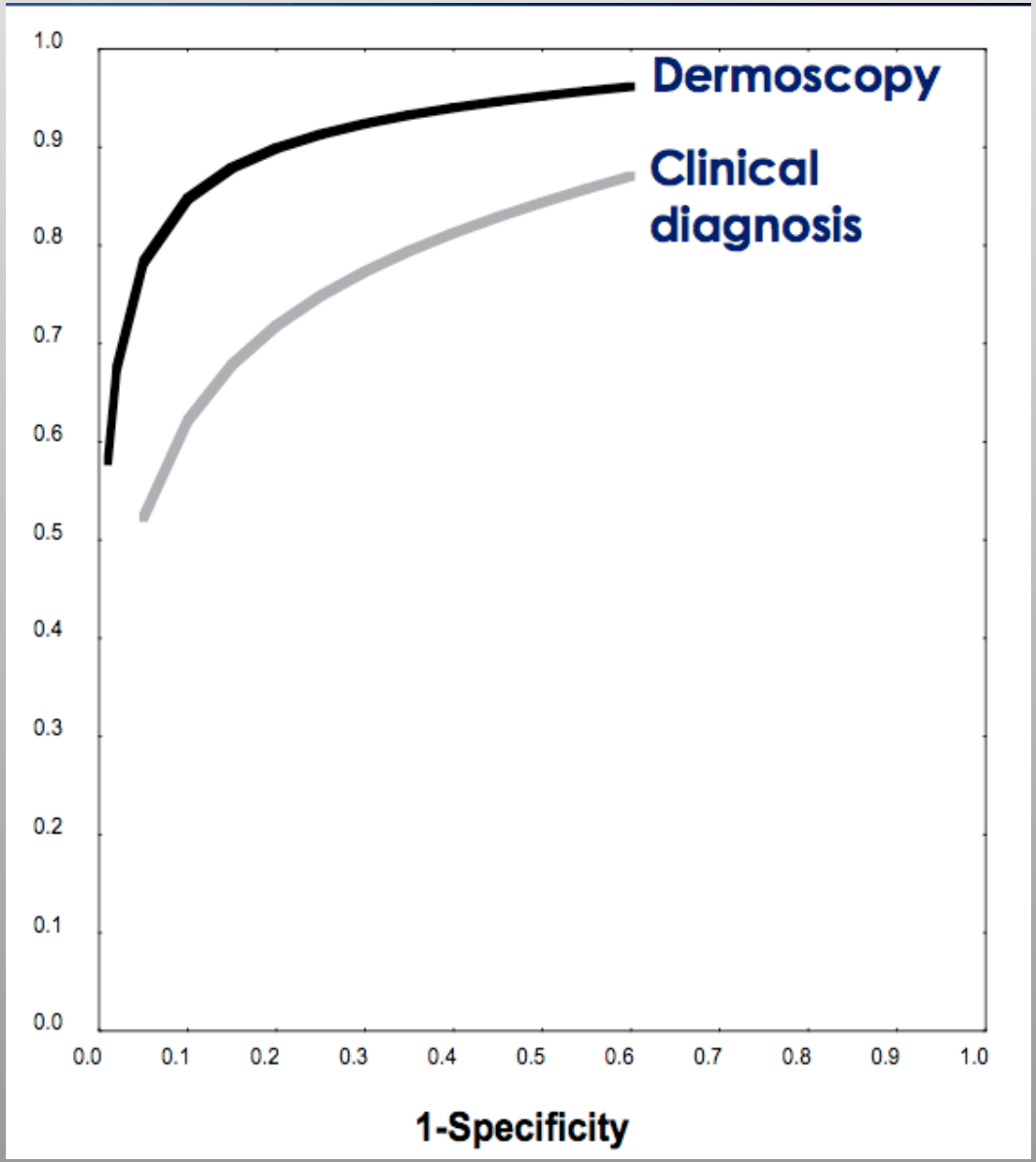


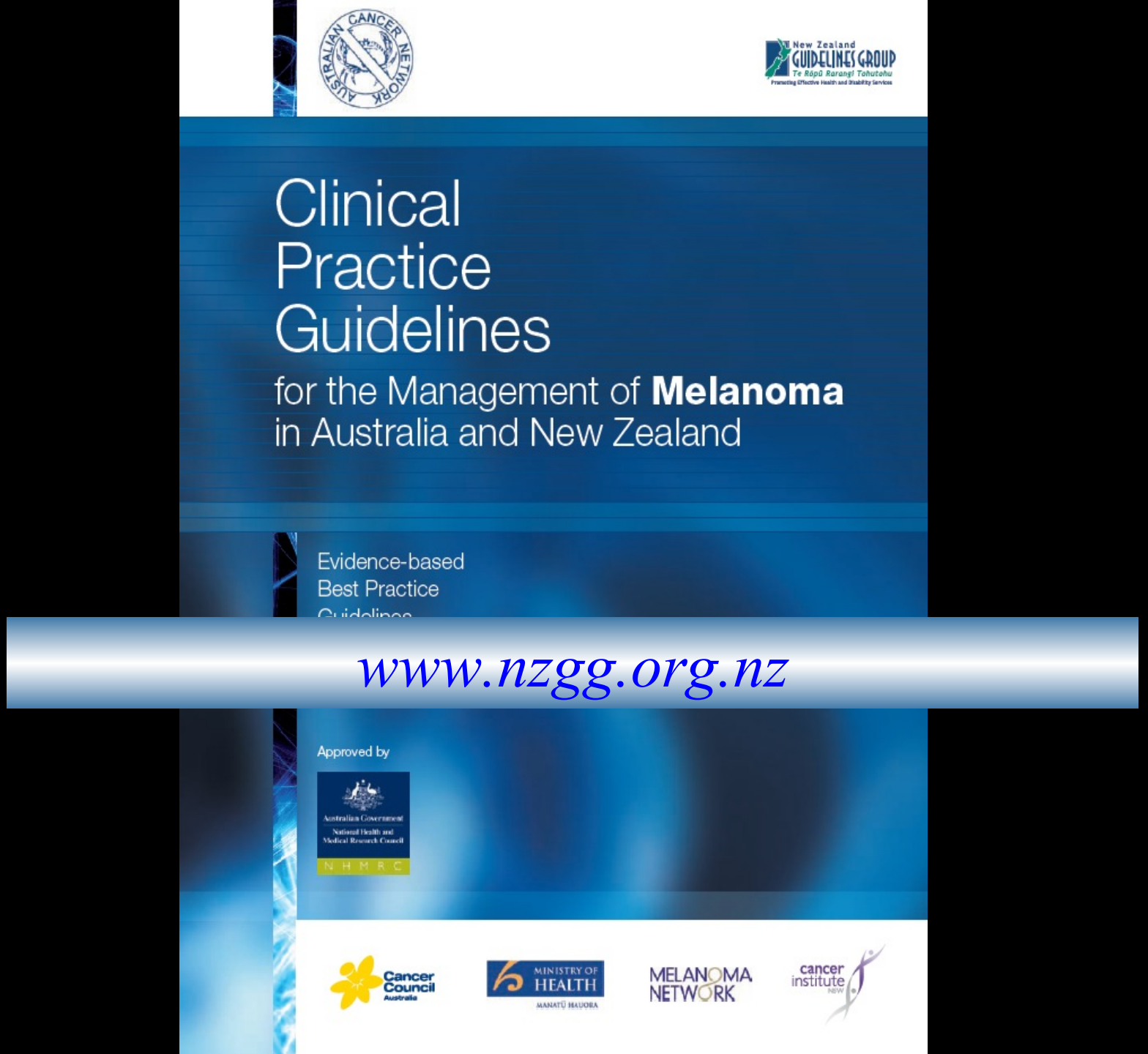


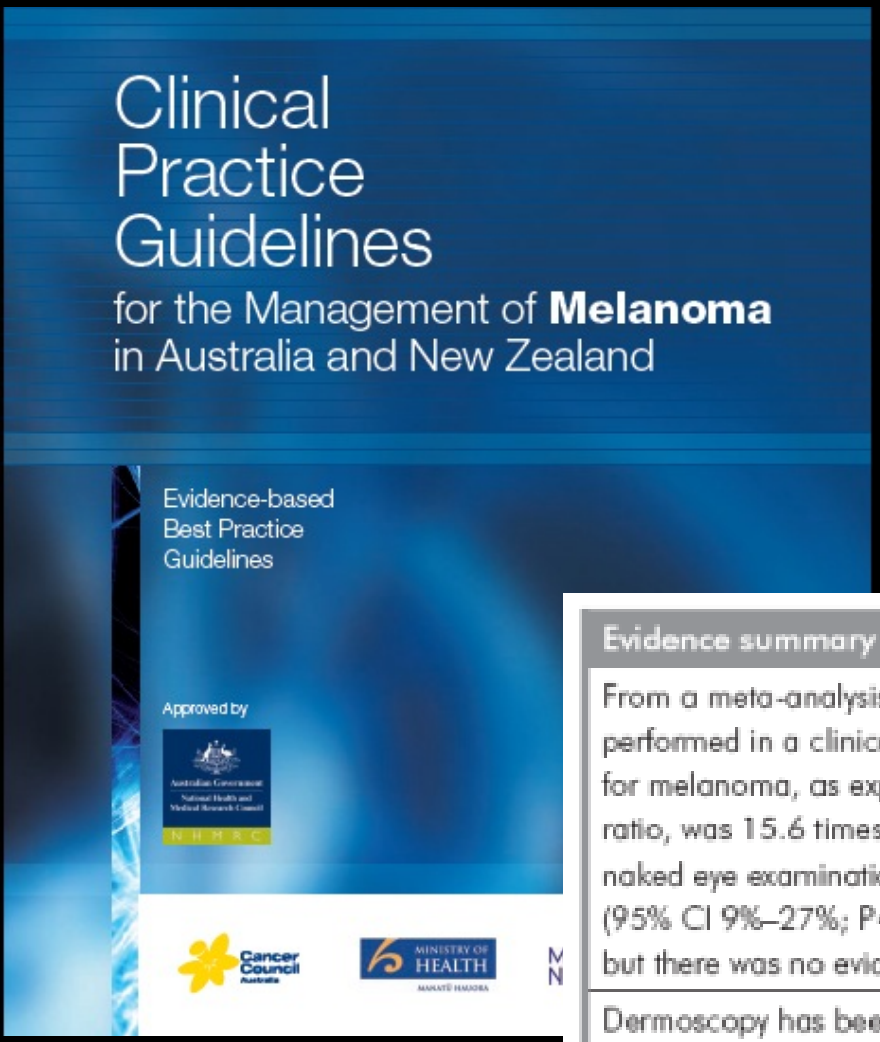
Precissió diagnòstica en dermatoscòpia

35% millora !!

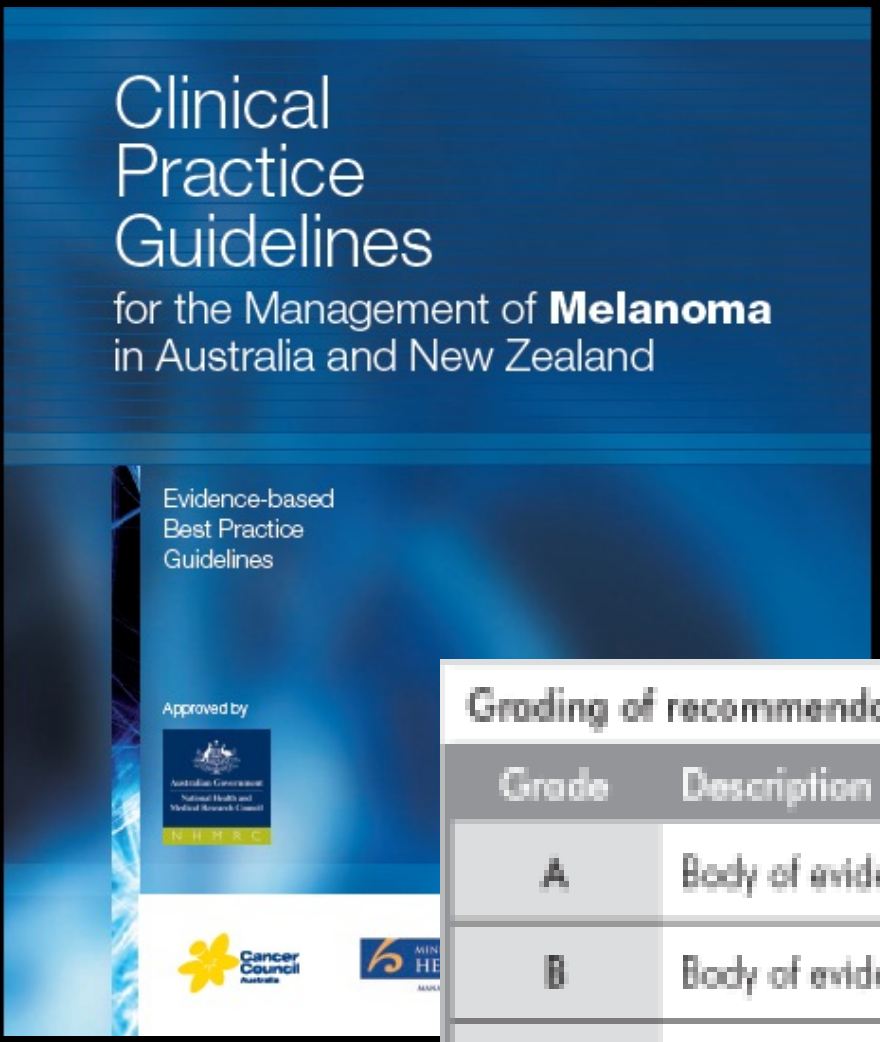
A meta-analysis by Kittler H, et al. Lancet Oncol 2002




AUSTRALIAN CANCER NETWORK
New Zealand GUIDELINES GROUP
Te Rōpū Rarangi Tohutohu
Clinical Practice Guidelines
for the Management of Melanoma in Australia and New Zealand
Evidence-based Best Practice
www.nzgg.org.nz
Approved by
Australian Government National Health and Medical Research Council
NHMRC
Cancer Council Australia
MINISTRY OF HEALTH
MANATŪ HAUORA
MELANOMA NETWORK
cancer institute NSW



Evidence summary	Level	Reference
From a meta-analysis of nine level II studies prospectively performed in a clinical setting, the diagnostic accuracy for melanoma, as expressed by the relative diagnostic odds ratio, was 15.6 times higher for dermoscopy compared with naked eye examination. Sensitivity of dermoscopy was 18% (95% CI 9%–27%; P=0.002) higher than for eye examination, but there was no evidence of an effect on specificity	I	21, 22, 24–31
Dermoscopy has been shown to reduce the benign:malignant ratio of excised melanocytic lesions and reduce the number of patients referred for biopsy in a specialist setting	II	22, 23
Four level II studies show consistently that sequential digital dermoscopic imaging allows the detection of suspicious dermoscopic change in melanomas that lack dermoscopic evidence of melanoma at a particular time	II	35–38



Grading of recommendations

Grade	Description
A	Body of evidence can be trusted to guide practice
B	Body of evidence can be trusted to guide practice in most situations
C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
D	Body of evidence is weak and recommendation must be applied with caution

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Diagnosis and treatment of melanoma. European consensus-based interdisciplinary guideline – Update 2012

Claus Garbe [a,1,*], Ketty Peris [b,1], Axel Hauschild [c,1], Philippe Saiag [d,1], Mark Middleton [e,1], Alan Spatz [f,1], Jean-Jacques Grob [g,1], Josep Malvehy [h,1], Julia Newton-Bishop [i,1], Alexander Stratigos [j,1], Hubert Pehamberger [k,1], Alexander M. Eggermont [l,1]

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[k] *University Department of Dermatology, Vienna, Austria*
[l] *Institut de Cancerologie Gustave Roussy, Villejuif, France*

Melanoma

Diagnosis and Treatment of Malignant Melanoma. European Consensus-based Interdisciplinary Guideline (2010)

2. Diagnostic approach

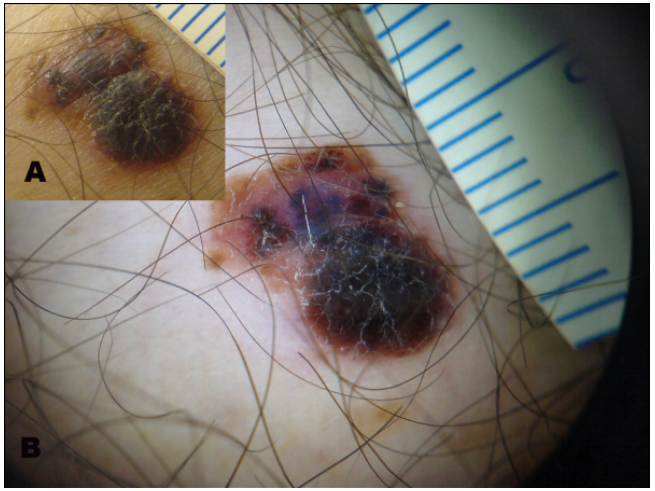
2.1. Clinical and dermoscopic diagnosis

In most instances, the clinical appearance of melanoma varies according to the melanoma subtypes (see above). Typical features are asymmetry of the lesion, irregular borders, variability in colour, diameter of 5 mm and more, growth of nodules and regression of lesional components. The sensitivity of clinical diagnosis of experienced dermatologists is about 70%.[35]

Dermoscopy should be used to clarify the differential diagnosis of pigmented lesions.

Mobile Teledermatology

Massone C et al. Melanoma screening with cellular phones. PLoS One. 2007 May 30;2(5):e483

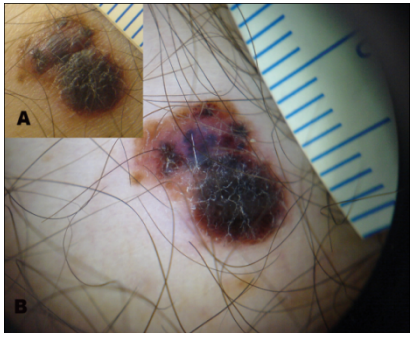


Massone C et al. Melanoma screening with cellular phones. PLoS One. 2007 May 30;2(5):e483.

Compared to the face-to-face diagnoses, the two teleconsultants obtained a score of **correct telediagnoses of 89% and of 91.5% reporting the clinical and dermoscopic images, respectively.**

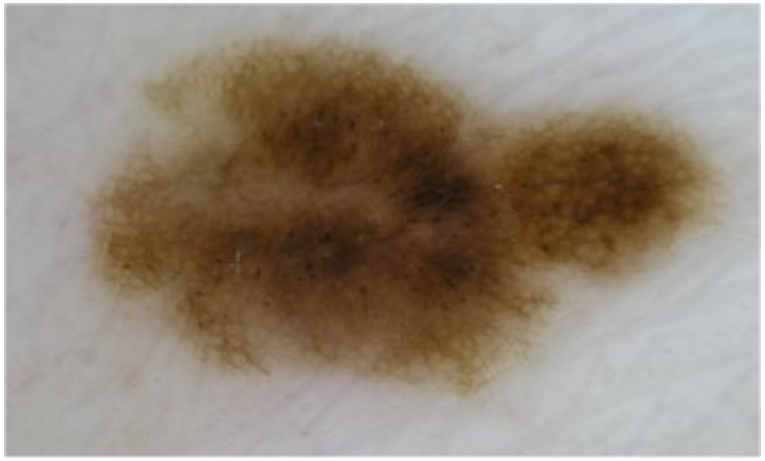
CONCLUSIONS/SIGNIFICANCE

…..Mobile teledermatology has the potential to become an easy applicable tool for everyone and a new approach for enhanced self-monitoring for skin cancer screening in the spirit of the eHealth program of the European Commission Information for Society and Media.



Total Body Photography

Digital Dermoscopy



"Two steps method of digital follow-up"

J Malvehy, S Puig, R Martí, et al. Follow-up of melanocytic skin lesions with digital total-body photography and digital dermoscopy: a two steps method. Clinics in Dermatol 2002