

Shave biopsy is a safe and acceptable method for initial evaluation of melanoma

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A shave biopsy is a reasonably safe and accurate method for the initial diagnosis of melanoma, according to a study published in the April issue of the *Journal of the American College of Surgeons*. In the past, some physicians have criticized shave biopsies for not providing accurate T (tumor) stage information, thereby complicating treatment planning.

"We conducted this study to determine the impact of shave biopsies on the initial staging of [melanoma](#) and their impact on the final treatment planning for patients," explained Jonathan S. Zager, MD, FACS, associate professor at the Moffitt Cancer Center, Tampa, FL, and lead author of the study. "Shave biopsies are commonly used by dermatologists, primary care physicians, and surgeons as a less invasive and more efficient means of biopsying suspicious lesions for diagnosis."

In the largest study to date, researchers at Moffitt Cancer Center and the University of Florida Shands Cancer Center, Gainesville, retrospectively analyzed 600 consecutive patients who underwent a shave biopsy for suspicious [skin lesions](#) between 2006 and 2009. They found presumptive pre-shave diagnosis of melanoma was suspected in only 25 percent of these patients. After definitive surgical wide excision was performed, 133 (22 percent) had residual melanoma in the surgical excision specimen. However, the detection of residual melanoma in these patients only resulted in subsequent upstaging in T-stage in a small group of 18 (3 percent) patients, showing that T-stage and depth data obtained through shave biopsy were accurate in 97 percent of all patients.

"The diagnosis of melanoma can be extremely challenging, even for the most experienced health care professional," Dr. Zager said. "Although traditional excisional biopsy remains the gold standard for the diagnosis of suspicious skin lesions, where a rim of normal appearing skin can be excised with the specimen (especially when melanoma is suspected), our results show shave biopsies may be used as a first-line evaluation for skin lesions with minimal impact on T-staging and definitive treatment options."

While there are advantages and disadvantages to consider when comparing excisional, punch, and shave biopsies of skin lesions, the disadvantages of shave biopsies remain largely cosmetic. Because shave biopsies don't require sutures for closure, a depressed, hypopigmented or hyperpigmented scar may sometimes occur. Punch biopsies present physicians with limitations with regard to the size of the biopsy tools available to accommodate an accurate biopsy, as best practices generally recommend excision of some normal appearing skin at the edges of the skin lesion in question.

According to the American Cancer Society, skin cancer accounts for almost half of all cancers in the United States. Melanoma, the most severe form of skin cancer, affected about 68,130 people in 2010 alone.

Provided by Weber Shandwick Worldwide

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