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Genital melanoma: are we adequately screening our patients?

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Abstract

Full-body skin exams (FBSE) play an integral role in early detection and treatment of skin cancer. Prompt detection of melanoma is especially important as survival outcomes decrease significantly with presentation of advanced disease. Given that melanoma may grow in areas of skin with little to no sun exposure, genital melanomas are a recognized entity in cutaneous oncology.

Keywords: genital tumor, melanoma, scrotal, penile, vulvar

Full-body skin exams (FBSE) play an integral role in early skin cancer identification. A recent study on more than 1500 primary genitourinary (GU) melanomas showed that both males and females present with advanced stage disease and with poor prognosis [1]. Currently, there is no definitive evidence to suggest that GU melanomas are more aggressive than cutaneous melanomas found elsewhere on the body. It is then important to consider whether the advanced stage of GU melanomas at presentation is more accurately owing to late detection.

The vulva accounts for 0.7% of the total female body surface. It is comprised of both cutaneous (mons pubis, labia majora, labia minora, and clitoris) and mucocutaneous (vulvar vestibule and urinary meatus) regions. Melanomas of the vulva account for 10% of vulvar malignancies and represents 2% of overall melanomas in females [2]. However, despite this, a survey of dermatologists showed that only 4%

included a vulvar exam as part of their annual FBSE [3].

Male genital melanomas can occur on the glans or shaft of the penis, the urethral meatus, or on the scrotum. These melanomas are rare and account for less than 1% of melanomas diagnosed in males each year [4]. Unfortunately, these patients usually present to medical care with advanced disease (36.5% of men presenting with regional or distant disease) and thus poorer outcomes [1]. Scrotal melanomas are the rarest of these, with 23 reported cases in our review of the PubMed database. Alarming, 81% of these patients presented with either stage III or stage IV disease. A study on male genital lesions found that 65% of patients had a six-month delay before consulting a medical professional, citing embarrassment as the primary reason [5].

As dermatologists, it is time that we have an open discussion about our role in detecting genital melanomas. The sobering evidence shows that both males and females with genital melanoma present with more advanced disease and poorer outcomes in comparison to melanoma found elsewhere on the body. We must ask ourselves how to best address this discrepancy. Performing genital exams on all patients would likely be low yield given the low incidence of genital melanoma. However, education that melanomas can arise in all areas of the body, including the genitalia, should be discussed with patients. Additionally, patients should be encouraged to promptly discuss abnormal lesions identified during self-exams with a physician. Such education is important as it has been shown that patients who are educated on the importance of FBSE were found to have decreased concern about receiving a genital

exam [6].

Currently there are no specific recommendations concerning the positioning of patients during these exams. For females, the genital anatomy is likely best viewed with the patient in a supine position. The use of stirrups can be left to the discretion of the patient. It has been shown that the gynecologic examination without the use of stirrups results in decreased sense of vulnerability for patients [7]. Instead, their feet can be placed on the corners of a deployed table extension. The male genitalia can be examined with the patient standing and the physician seated on a stool in front of the patient. A thorough male genital skin exam should include retraction of the foreskin of the penis and visualization of the dorsal and ventral penis as well as all aspects of the scrotum.

We hope that by educating patients and normalizing the subject of genital lesions, patients will present to care earlier in their disease course, resulting in improved outcomes.

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