

# Weekend Doctor

By DR. THOMAS F. VAIL

Recently, in *Forbes Life* magazine, an article on Debra Black, wife of private equity billionaire Leon Black, and her fight against melanoma was documented.

Mrs. Black noticed a growth on the bottom of her foot and quickly showed it to her dermatologist. Debra had the earliest form of skin cancer seven years before, so she diligently went for screenings every few months.

Her doctor, one of New York City's top-rated dermatologists, told her not to worry and that it was just a plantar wart. He froze it off. It came back. He cut it off. It came back. It hurt and eventually bled. For four years, her doctor insisted it was nothing.

Black wasn't convinced. In early 2007, she went to a friend's podiatrist, who ordered a 3-D sonogram. It turned out that she had stage II melanoma. Had she waited much longer, she might have died.

After two skin grafts, six weeks of keeping her foot elevated above her pelvis for 23 hours a day, and four months of using a walker and wheelchair, she was cancer-free.

We often view the sun's harmful rays as the primary cause of skin cancer due to the fact that this cancer is often found on parts of the body that receive the most sun exposure. While this may be true of some bodily skin cancers, this does not hold true for those that arise on the skin of the feet.

Skin cancers of the feet are more often related to viruses, exposure to chemicals, chronic inflammation or irritation, or inherited traits.

Unfortunately, the skin of the feet is often overlooked during routine medical examinations, and for this reason, it is important that the feet are checked regularly for abnormalities which might be indicative of evolving skin cancer.

Skin cancers of the feet have several features in common. Most are painless and often there is a history of recurrent cracking, bleeding or ulceration. Frequently, individuals discover their skin cancer after unrelated ailments near the affected site. Some of the most common cancers of the lower extremity are basal, squamous and malignant melanoma.

Hear are the ABCDs of melanoma's attributes of cancerous lesions:

- **Asymmetry.** If divided in half, the sides don't match.
- **Borders.** They look scalloped, uneven or ragged.
- **Color.** They may have more than one color. These colors may have an uneven distribution.
- **Diameter.** They can appear wider than a pencil eraser, greater than 6 millimeters.

For other types of skin cancer, look for spontaneous ulcers and non-healing sores, bumps that crack or bleed, nodules with rolled or "donut-shaped" edges, or discrete scaly area.

If you notice a mole, bump or patch on your skin or the skin of a friend or family member that meets any of these criteria, encourage them to see a podiatrist. Your podiatrist will investigate the possibility of skin cancer both through his/her clinical examination and with the use of a skin biopsy.

A skin biopsy is a simple procedure in which a small sample of the skin lesion is obtained and sent to a specialized laboratory where a skin pathologist will examine the tissue in greater detail.

To ensure that you receive the very best in care, your podiatrist will likely require that your skin biopsy be sent to a lab with board-certified dermatopathologists who have specialized training in the analysis of abnormal skin lesions from the lower leg and foot.

If a lesion is determined to be malignant, your podiatrist will recommend the best course of treatment for your condition. It could save your life.



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