

Istine i zablude o uklanjanju mladeža na koži

True facts and misconceptions about removing moles from the skin

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Apstrakt

Mladeži (naevusi) su nakupine pigmentnih ćelije u koži, prisutne kod skoro svih ljudi u manjem ili većem broju. Skoro da nema osobe koja posle tridesete godine nema desetine i više mladeža. Dele se na kongenitalne koje se javljaju odmah na rođenju ili u prvim mesecima života tj. ranom detinjstvu i stečene, koji se viđaju u kasnijem periodima života. Stečeni nevomelanocitni nevusi mogu biti u epidermu (junkcioni nevus), dermu (intradermalni) ili na oba mesta (složeni nevusi). Junkcioni nevusi su najčešće u nivou kože i pod kosim svetlom se uočava minimalna reljefna nepravilnost kože. Intradermalni i složeni se inspekcijom i palpatorno detektuju kao izbočine na koži, glatke ili papilomatozne površine.

Izgled nevusa: obično su to okrugle ili ovalne tamnobraon do smeđe prebojene promene, nekada u boji kože ili čak svetlije od okolne kože, plavo prebojeni itd. Mogu biti znak raspoznavanja tj. obeležje osobe dajući joj autentičnost i šarm ali mogu imati i karakteristiku belega sa negativnom estetskom konotacijom (posebno ako su prostrani i na vidljivim delovima tela, obrasli dlakom, boje crvenog vina ili linerane verukozne strukture).

Nevomelanocitni nevusi mogu početi naglo da se menjaju pod uticajem različitih faktora ko što su sistemski faktori (trudnoća, pubertet, primena sistemskih kortikosteroida) i lokalni činioci koji utiču na nevuse određene regije (izlaganje solarnom zračenju ili bulozne dermatoze): Promena boje, veličine, oblika, površine sa ili bez bola, svrab, ulceracija, krvarenje mogu da ukažu na ozbiljnu dijagnozu u smislu maligne alteracije. Uvođenje dermoskopije u praksu dermatologa omogućilo je bržu i precizniju dijagnozu i ranije otkrivanje zloćudnih tumora kože naročito MM.

Dermoskopija je bezbolna, neinvazivna metoda koja omogućava praćenje uz fotodokumentaciju na 1, 3 ili 6 meseci i analiziranje promene do koje je u međuvremenu došlo, poštujući pravila ABCDE (asimetrija, prekid ivice, višebojnost, diameter > 6mm, evolucija). Uklanjanje nevusa se preporučuje kada je na mestu iritacije, ako je promenio boju ili oblik, ako je povređivan, ako ima nepravilan i asimetričan oblik, nazubljenih ivica i sa višebojnom pigmentacijom, ako su urođeni i veći od 1,5cm i ako krvare, peckaju, bole ili svrbe. Raniji stav da je uklanjanje mladeža može biti opasno dugogodišnje dermatološko iskustvo demantuje. Mogu se ukloniti i potpuno „mirni” i „zdravi” mladeži u slučaju da pacijent ima psihičku fiksaciju i obavlja svakodnevne samopreglede u više navrata. S druge strane izbegavanje pregleda dermatologa i odlaganja zbog „straha da se nesto ne otkrije” je potpuno pogrešno i kosi se sa elementarnom zdravstvenom kulturom. Tzv. konsultacije

Abstract

Moles (nevus) are the accumulations of pigmented cells in the skin, present in almost all people in smaller or larger numbers. There is almost no person who does not have dozens or more moles after the age of thirty. They are divided into congenital ones that appear immediately at birth or in the first months of life or early childhood and acquired, which are seen in later periods of life. Junctional nevi are most often at the level of the skin and under oblique light, a minimal relief irregularity of the skin is noticed. Intradermal and complex are detected by inspection and palpation as protrusions on the skin, smooth or papillomatous surfaces.

The appearance of the nevus: they are usually round or oval, dark brown to brown in color, sometimes in skin color or even lighter than the surrounding skin, blue in color, etc. They can be a sign of recognition - i.e. characteristic of a person giving it authenticity and charm, but they can also have the characteristic of a mark with a negative aesthetic connotation (especially if they are spacious and on visible partial bodies, overgrown with hair, red wine color or linear verrucous structure).

Nevomelanocyte nevi can begin to change abruptly under the influence of various factors such as systemic factors (pregnancy, puberty, systemic corticosteroids) and local factors affecting the nevi of a particular region (exposure to solar radiation or bullous dermatosis): Change in color, size, shape, surfaces with or without pain, itching, ulceration, bleeding may indicate a serious diagnosis in terms of malignant alteration. The introduction of dermoscopy in the practice of dermatologists has enabled faster and more accurate diagnosis and earlier detection of malignant skin tumors, especially MM.(?)

Dermoscopy is a painless, non-invasive method that allows monitoring with photo documentation at 1.3 or 6 months and analyzing the change that has occurred in the meantime, respecting the rules of ABCDE (asymmetry, edge breakage, multicolor, diameter > 6mm, evolution). Removal of the nevus is recommended when it is at the place of irritation if it has changed color or shape if it is injured if it has an irregular and asymmetrical shape, jagged edges, and multicolored pigmentation, if they are congenital and larger than 1.5 cm and if they bleed, sting, pain or itching. The earlier view that removing moles can be dangerous is denied by many years of dermatological experience. Completely “harmless” and “healthy” moles can be removed in case the patient has mental fixation and performs daily self-examinations on several occasions.

na društvenim mrezama i forumima, upoređivanje simptoma i nesmotreni saveti mogu biti ništa manje opasni od starinskog, narodnog verovanja da se mladež ne dira ili se „leči” različitim melemima, kausticima ili kiselinama.

Zaključak: Za sve nove promene na koži ili stare koje se menjaju, treba se javiti dermatologu i obaviti klinički i dermoskopski pregled. Pregled dermatologa podrazumeva gledanje čitave kože a ne „na parče”, uzimanje pravilne anamneze o dužini simptoma, familijarnoj anamnezi, davanje saveta o samopregledu, fotoprotekciji, preporuka da se nevuši u zonama iritacije (pojasno, predeo brushaltera, tabani, brada kod muškaraca, baza vrata zbog nakita, akralna lokalizacija, tamno pigmentna promena na svetloj regiji kože „*de novo*”) uklone, jesu preduslov da mnoge životne priče traju duže i lepše.

On the other hand, avoiding dermatologist examinations and delays due to the fear that “something might be discovered” is completely wrong and contradicts the elementary health culture. The so-called consultations on social networks and forums, comparison of the symptoms, and reckless advice can be equally dangerous as the old-fashioned, popular belief that moles are not to be touched or “treated” with various balms, caustics, or acids.

Conclusion: For all new changes in the skin or old ones that are changing, you should contact a dermatologist and perform a clinical and dermoscopic examination. Dermatologist examination means looking at the whole skin and not “in pieces”, taking a correct case history of symptom length, family history, giving advice on self-examination, photoprotection, recommendation to remove nevi in areas of irritation (waistband, bra area, soles, chin in men, neck base for jewelry, acral localization, dark pigment change on the light region of the skin “*de novo*”). These are prerequisites for many life stories to be better and last longer.