

Urgent referral to a dermatologist: suspected melanoma



Assume that today's date is 22 October 2026. You have just seen Mr Ainsworth in your surgery. You are Dr Babatunde Olawale, a general practitioner at the general practice at 8 Mill Lane. Using the information in the case notes, write a letter to Dr Rhiannon Sandercock, Consultant Dermatologist, requesting urgent excision and assessment of a suspicious pigmented lesion. Address the letter to Dr Rhiannon Sandercock, Consultant Dermatologist, Dermatology Outpatient Clinic, 120 Harbour Road. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

- | | I | C | O |
|---|--------------------------|--------------------------|--------------------------|
| 1. Name: Mr Hugo Ainsworth | ☐ | ☐ | ☐ |
| 2. DOB: 14/03/1977 (49 yrs) | ☐ | ☐ | ☐ |
| 3. Address: 27 Quarry Street | ☐ | ☐ | ☐ |
| 4. Occupation: self-employed landscape gardener — outdoors approx. 25 yrs | ☐ | ☐ | ☐ |
| 5. Pt at practice since 2015; infrequent attender | ☐ | ☐ | ☐ |

Social background

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|---|--------------------------|--------------------------|--------------------------|
| 6. Married, 2 teenage children | ☐ | ☐ | ☐ |
| 7. Rarely uses sunscreen or hat at work; frequent sunburn as a child/teenager | ☐ | ☐ | ☐ |
| 8. Ex-smoker (quit 2019); alcohol: 6–8 standard drinks/wk | ☐ | ☐ | ☐ |
| 9. Enjoys surfing and fishing at weekends | ☐ | ☐ | ☐ |
| 10. Wife says pt 'only came in because she nagged him for weeks' | ☐ | ☐ | ☐ |
| 11. Pt complained to reception about long wait for today's appt | ☐ | ☐ | ☐ |

Medical history

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|---|--------------------------|--------------------------|--------------------------|
| 12. Fair skin, red hair, freckles; > 50 naevi | ☐ | ☐ | ☐ |
| 13. BCC L forearm excised 2021 — margins clear | ☐ | ☐ | ☐ |
| 14. FHx: father — melanoma dx age 60, treated, well | ☐ | ☐ | ☐ |
| 15. Hypertension — perindopril 5 mg daily | ☐ | ☐ | ☐ |
| 16. R knee arthroscopy 2017 (sports injury) | ☐ | ☐ | ☐ |
| 17. No anticoagulants or antiplatelet medication | ☐ | ☐ | ☐ |
| 18. Allergies: penicillin (rash) | ☐ | ☐ | ☐ |

Presentation (22/10/26)

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|---|--------------------------|--------------------------|--------------------------|
| 19. Pigmented lesion upper L back (L scapular region); first noticed by wife 3/12 ago | ☐ | ☐ | ☐ |
|---|--------------------------|--------------------------|--------------------------|

Presentation (22/10/26)

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| 20. ↑ size and darkening over 3/12; bled ×2 in past 2/52 after minor contact with clothing | ☐ | ☐ | ☐ |
| 21. Mild itch; no pain; otherwise well, no wt loss | ☐ | ☐ | ☐ |

Examination

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|---|--------------------------|--------------------------|--------------------------|
| 22. Lesion 9 × 7 mm; asymmetrical; irregular, notched border; variegated colour (dark brown, black, blue-grey areas); slightly raised centrally | ☐ | ☐ | ☐ |
| 23. Dermoscopy: atypical pigment network, blue-white structures, irregular dots/globules | ☐ | ☐ | ☐ |
| 24. Small area of crust at inferior edge — recent bleeding | ☐ | ☐ | ☐ |
| 25. No palpable cervical, supraclavicular or axillary lymphadenopathy | ☐ | ☐ | ☐ |
| 26. Full skin check: multiple benign-appearing naevi; no other suspicious lesions | ☐ | ☐ | ☐ |
| 27. Clinical and dermoscopic photos taken | ☐ | ☐ | ☐ |

Assessment

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|--|--------------------------|--------------------------|--------------------------|
| 28. High suspicion of melanoma — ABCDE features, evolving lesion, bleeding | ☐ | ☐ | ☐ |
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Plan

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| 29. Urgent referral to dermatology for excisional biopsy and assessment — appt requested within 2/52 | ☐ | ☐ | ☐ |
| 30. Images sent electronically with referral | ☐ | ☐ | ☐ |
| 31. Pt informed of possible dx; anxious but keen to proceed; contactable by mobile | ☐ | ☐ | ☐ |
| 32. Advised: sun protection, avoid trauma to lesion, report further bleeding or new lumps | ☐ | ☐ | ☐ |
| 33. Pt prefers appts not on Fridays (busy work day) | ☐ | ☐ | ☐ |
| 34. GP review after histology results | ☐ | ☐ | ☐ |