Genetics

Familial melanoma

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Approximately 1 in 75 people in North America will develop melanoma, and the presence of 1 or more of the following increases the risk 10-fold: atypical moles, more than 100 typical moles, or a family history of 2 first-degree relatives with melanoma. Five percent to 12% of melanomas occur in individuals with a familial predisposition, but not all are part of a hereditary melanoma syndrome. Two genes, cyclin-dependent kinase (CDK) inhibitor 2A and CDK4, account for up to half the cases of hereditary melanoma. Mutations in these genes are associated with a substantial lifetime risk of melanoma.

Bottom line. High-risk families can be offered referral for genetic counseling. Although genetic testing is available, there is a lack of consensus on how results should alter clinical recommendations. Melanoma prevention and surveillance recommendations should be based on the patient's personal and family history.

The complete *Gene Messenger—Familial Melanoma* by the GenetiKit research team is available on **CFPlus.*** Past Gene Messenger articles can be accessed on-line at **www.cfp.ca.** On the home page, click on **Collections** in the left-hand menu, then click on **Genetics.**

Competing interests
None declared

The **GenetiKit** research team, a group of family physicians, genetic counselors and geneticists, designed the Gene Messenger series to provide practical information to help family physicians and their patients make informed choices about rapidly emerging genetic discoveries. The series is a collection of up-to-date, definitive, short reviews on genetics topics that have made headlines, and offers recommendations regarding referral for genetic services or testing.

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GENE MESSENGER

For more information on genetics topics, see www.mtsinai.on.ca/FamMedGen/

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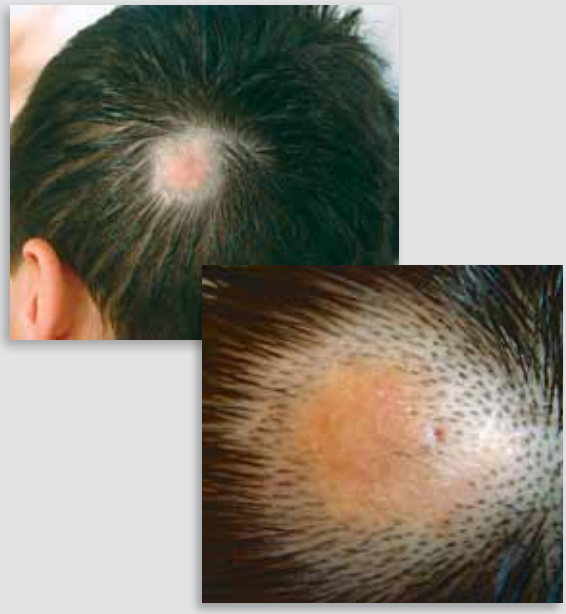
*The Gene Messenger on familial melanoma is available at **www.cfp.ca.** Go to the full text of this article on-line, then click on **CFPlus** in the menu at the top right-hand side of the page.

Dermacase



Can you identify this condition?

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A 7-year-old boy presented with an asymptomatic skin-coloured to yellowish, soft to semi-firm, slightly cystic dermal plaque, 2 to 3 cm in diameter, on the left temporal, somatic aspect of the scalp, which had been there since birth. A minute dimple was noted within the plaque. There was no history of any preceding perinatal trauma. The patient was healthy and taking no drugs. His family history was noncontributory.

The most likely diagnosis is

1. Epidermal inclusion cyst
2. Dermoid cyst
3. Nevus sebaceus
4. Meningoencephalocele

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