Melanoma Detection Barriers

Melanoma accounts for 75% of all skin cancer deaths. Ultraviolet exposure is still targeted as the major etiologic factor, but for black patients, skin erythema has been estimated to occur at a UV radiation dose 6-33 times greater than that experienced by white patients. Many have concluded that this is why black patients experience lower rates of melanoma than do white patients.

Black patients, however, present at a later stage and have a higher melanoma-specific mortality, both of which have been linked to time of diagnosis and the ability to seek care at the onset of localized disease. Thus, there still exists a barrier to the detection and treatment of melanoma in black patients.

In a recent issue of Archives of Dermatology (2012;148:797-801), an article highlighted the anatomic distribution of malignant melanoma in the non-Hispanic black patient in an effort to explore how distribution of melanoma relates to UV exposure.

Data from 46 population-based cancer registries were analyzed. The most frequent site of melanoma in black patients – both male and female, between the years 1998 and 2007 – was found to be the lower limbs and hip (58.9%). Of those, 27% were of the acral lentiginous type, which is not associated with exposure to UV rays.

The second most common location was the trunk (16.5%), which affected patients at a younger age; 46% of females and 31% of males were less than 44 years of age. The median age was 56 years for males and 48 years for females at presentation.

This study reiterates the burden of melanoma in the black community. It also highlights gaps in detection, which may be because of site of diagnosis, unclear risk factors, the general underestimation of risk, and access to care.
Benefits of Argan Oil

We were recently asked by a reader if there is any scientific evidence on the benefits of using argan oil to treat dry hair and scalp.

Argan oil is native to Morocco and has been used for centuries in foods and topical preparations. It is a plant oil produced from the argan tree (Argania spinosa L.).

Over the past several years, it has become popular in hair care products. While the benefits of consumption of argan oil have been well studied, its use for hair has not been documented in peer-reviewed literature.

Argan oil may be used on any hair type. It is available in shampoos, conditioners, and leave-in products. I have found that argan oil is beneficial for patients with curly hair, particularly those of African or African American descent, because it helps to reduce frizz and adds shine. A small amount may be applied to the scalp if dry.

In patients with fine hair, too much oil can be greasy and may weigh curls down. In those cases, small amounts of the oil may be more beneficial.

The number of personal care products on the U.S. market with argan oil as an ingredient increased from just 2 in 2007 to more than 100 in 2011. There are many hair care brands that contain argan oil including MoroccanOil, DermOrganic, Josie Maran, and One 'N Only, among others.

There has been one report of anaphylaxis to argan oil in the literature (Allergy 2010;65:662–3). Studies must be done to assess its actual efficacy for dermatologic scalp conditions and ethnic hair.

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