DECISION MAKING:
Types of Biopsies
Shave Biopsy

• After anesthetizing the area with a local anesthetic, the top layer of skin is “shaved” off the surface with a surgical blade.

• Shave biopsy is not recommended to make a diagnosis of melanoma, because shave biopsies may make it difficult for the pathologist to provide an accurate depth of invasion
  – Important in determining the stage of and treatment for the melanoma
Punch Biopsy

• A punch biopsy is performed with a tool that looks like a tiny round cookie cutter.

• Once the skin is numbed with a local anesthetic, the punch biopsy tool is rotated on the surface of the skin until it cuts through all the layers of the skin.

• It is important to note that punch biopsy may suffer from sampling error that may misrepresent the true depth of invasion of the lesion.
Excisional Biopsy

- Removal of the entire skin lesion is called an excisional biopsy.

- A properly performed excisional biopsy should include 1-2 mm of surrounding normal-appearing skin extending into the subcutaneous fat.

- After infiltration of local anesthetic, a scalpel is used to cut through the full thickness of skin.

- A wedge or ellipse of skin is removed for further examination, and the edges of the wound are sewn together.

- Excisional biopsy is the technique of choice in the biopsy of suspicious skin lesions because it allows the pathologist to examine the entire lesion.

- In addition, if the lesion proves to be a melanoma, an excisional biopsy provides the most accurate measure of depth on invasion, which is important for melanoma staging and subsequent treatment.