Melanoma Excision Margins — Quick Reference

For daily practice.

To see more comprehensive documents on this topic please follow this link "Clinical and Histological Margins in Melanoma" and its "Evidence Supplement"

Radial (Clinical) Margins

Lesion	Radial margin
Initial diagnostic biopsy	2 mm
Melanoma in situ (MIS)	5–10 mm (see criteria below)
Invasive, Breslow ≤ 1.0 mm	10 mm
Invasive, Breslow 1.1–2.0 mm	10–20 mm
Invasive, Breslow > 2.0 mm	20 mm (evidence limited beyond 10 mm)

Note: where the prescribed margin risks significant functional or cosmetic harm, consider border mapping, sequential excisions, or referral for Mohs surgery — to remove no more tissue than needed for clear margins.

MIS Margin Selection — Which Width?

5 mm may suffice if all of the following	10 mm considered if any of the following	10–15 mm may be required if all of the following
• Well-circumscribed • < 1 cm diameter • Non-CSD skin (trunk, proximal limbs) • No solar elastosis on biopsy (not LM)	• Ill-defined lesion • > 1 cm diameter • Chronically sun-exposed (head/neck, distal limbs) • LM on biopsy • Acral site	• Very large lesion (> 3 cm) • Chronically sun-exposed skin • Head and neck location

Deep Margin

- Excise down to, but not including, the deep fascia — unless the fascia is involved by tumour. Evidence: two retrospective studies found no outcome benefit from routinely excising the fascia, even in melanomas >1mm or >2mm thick.
- If the subcutis is unusually deep and fascia is hard to reach (e.g. obese abdomen): excising to a depth equal to the radial margin is acceptable, without continuing to fascia.

Lentigo Maligna (Head/Neck)

- Often needs > 10 mm clinical margin to achieve adequate histological clearance.
- Mohs / slow Mohs preferred where available; otherwise serial excision or border mapping.
- Confirm histologic clearance before complex reconstruction.
- Nonsurgical options (imiquimod, radiotherapy) for frail patients or where excision is cosmetically/functionally unacceptable — no RCT evidence. Imiquimod: ~76% histologic clearance; recurrence 0–21%.

Rare Subtypes

- Desmoplastic melanoma: wider margins recommended. Pure DM (≥ 90%) — metastasis risk comparable to or lower than conventional melanoma; mixed DM — similar to or higher.
- Mucosal, Spitzoid, Volar: often more aggressive — consider SLNB and adjuvant therapy.

"Clear Histological Margin" — Reference Values

Lesion	Floor value	Basis
MIS	> 3 mm	Moura 2020: 3% LR (>3mm) vs 13% LR (≤ 3mm)
Invasive	> 6 mm	Reverse-engineered floor: 10 mm minimum clinical margin × 40% shrinkage (deliberately conservative — measured shrinkage in melanoma-specific studies is typically 12-15%)