IMI National Guidelines

Mole Mapping Photography

The IMI National Guidelines have been prepared as baseline guides on specific aspects of medical illustration activity and provide auditable standards for the future.

The Guidelines can either be implemented in full, or may be amended according to individual requirements.

Copies are available on the IMI website (www.imi.org.uk)

July 2006
Introduction

Patients with multiple moles may be referred to the medical photography department to have photographs taken of their moles. These guidelines recommend standard views for documenting patients requiring whole body mole mapping. The standard views are a baseline recommendation and occasionally additional views may be required.

Photography of the Patient

Studio and Equipment Preparation
The clinical photographer should first check that a female photographer is available to carry out photography of a female patient and likewise, a male for a male patient. If this is not possible a chaperone should be in attendance. (Refer to IMI National Guidelines “The Use of Chaperones in Clinical Photography” and any local chaperone policy).
The photographer then prepares the studio, checks camera settings, and prepares lighting according to available equipment. Standard studio lighting is recommended, however, it is important to ensure that shadows on the inside of the thigh are minimised on the lower lateral views.

Patient preparation
Once the studio is prepared, the patient is invited in and briefed by the photographer about what is to happen. The patient should be informed that photographs are to be taken of their moles in order to provide a record of their appearance and distribution. They should also be informed that the photographs are for their confidential records and that their face will not be included on the photographs (unless specifically requested by the dermatologist in which case it will be photographed separately). The patient should feel free to ask questions at any time.

Consent for illustration
Consent for illustration should be gained from the patient before carrying out the photographic session (refer to local consent procedures).
**Guidance for removal of clothing**

The patient is asked to step into the changing cubicle and to remove clothing and any jewellery or watches. Certain ethnic groups may have beliefs which limit their removal of clothing or jewellery. (Refer to IMI National Guidelines “Clinical Photography and Cultural Diversity” for advice).

Loose hair should be tied up so as not to obscure the back or shoulders. Whole body photography sometimes requires the removal of underwear. Female patients are required to remove their bra as straps can obscure moles on the trunk, especially on the back — a common site for problematic pigmented naevi. Briefs, however, need not be removed unless the dermatologist has specifically requested photography of genital areas or buttocks. In these cases the briefs may be removed for these photographs towards the end of the session to minimise embarrassment.

Male patients should be advised to remove their clothing down to their underpants although it may be necessary to fold up the underpants to reveal more of the upper thigh, or pull them down slightly to reveal the lower back and stomach. Again, if the dermatologist has specifically requested photographs of the genital area or buttocks, then the underpants may be removed last to minimise embarrassment.

**The photographic session**

Once the patient steps out from the changing cubicle, the photographic session should proceed swiftly and efficiently in order to reduce the amount of time that the patient must stand undressed. The photographer should explain or demonstrate the poses to be assumed at each change of position. The photographs should be taken in a methodical order, beginning with the standard view followed by any close-ups required. In order to help determine orientation it is recommended that the close-ups include a scale above the lesion. The photographer may wish to use the set of illustrations (fig 1) to guide them through the photographic session:
Fig 1 Standard positions for mole mapping

- D1
- D2
- D3
- D4
- D5
- D6
- D7
- D8

**Supplementary views**

- D9
- D10
- D11
- D12

- D13
- D14
- D15
- D16

- D17
- D18
- D19

* Close-up views of individual moles 3:1 with scale at top
The set of 19 standard views begins with:

- D1 Upper body AP (from under chin to pelvis, not including arms)
- D2 Upper body PA (from neck hairline to pelvis, not including arms)
- D3 Upper body Right Lateral (from under chin to pelvis - arm raised)
- D4 Upper body Left Lateral (from under chin to pelvis - arm raised)
- D5 Lower body AP (from pelvis to soles of feet)
- D6 Lower body PA (from pelvis to soles of feet)
- D7 Lower body Right Lateral (from pelvis to soles of feet)
- D8 Lower body Left Lateral (from pelvis to soles of feet)

The following views are considered supplementary:

- D9 Right arm AP (arm held horizontally, from shoulder to finger tip)
- D10 Left arm AP (arm held horizontally, from shoulder to finger tip)
- D11 Right arm PA (arm held horizontally, from shoulder to finger tip)
- D12 Left arm PA (arm held horizontally, from shoulder to finger tip)
- D13 Both hands Dorsal
- D14 Both hands Palmer
- D15 Both feet Dorsal
- D16 Both feet Plantar
- D17 Head and Neck AP
- D18 Head and Neck Right Lateral
- D19 Head and Neck Left Lateral

Other areas such as the scalp, posterior ears, underneath the breasts, genitalia, buttocks, and between the toes and fingers may be included if specifically requested on the photographic request card. Once the photographic session is complete, the patient is allowed to re-dress and leaves the department.

The standard views do not have a preset scale of magnification; it is recommended however that each section (D1-4, D5-8, D9-12, D13-14, D15-16, and D17-19) is photographed at a scale which provides optimal skin: background ratio for each individual patient. Close-up views of moles requested by the dermatologist or the patient should be photographed at life-size and printed at a recommended ratio of 3:1.

**Output of Mole Monitoring Photographs**

The layout of mole mapping views and close-ups should be organised in a way suitable for a dermatologist to use in a follow-up clinic or for the patient to use at home. A numbering system is recommended to distinguish the location of close-up views in relation to the standard position. Mole mapping records should be printed as large as possible (e.g. one view per A4 sheet, or 10x8 prints).
Acknowledgements

The IMI National Guidelines for Mole Mapping Photography were compiled by:

Carolyn Bray, BSc, MIMI, RMIP
Clinical Photographer/Illustrator
Dept. of Medical Photography & Illustration
University Hospital of North Durham
North Road, Durham
Co Durham DH1 5TW
Tel: 0191 333 2210

Institute of Medical Illustrators Group contributors:

Jill Fell
Gary Mulcahy
Harsh Nail
Catherine O’Malley
Steve Stanton
Wendy Walters

Reviewed July 2006