



DERMOSCOPY AND SKIN IMAGING

## PREDICTING PROGNOSIS OF MELANOMA BASED ON DERMOSCOPY

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**Introduction:** Numerous studies have proved the contribution of dermoscopy in the early diagnosis of cutaneous melanoma. The aim of our study was to describe the dermatoscopic features of melanomas with high risk of recurrence and metastasis; and determine if dermoscopy can provide us an additional prognostic signs for cutaneous melanoma.

**Material and Methods:** This was an observational retrospective study. The study included a convenience sample, and the digital photographic record of the dermatoscopic images of 56 melanomas was evaluated. The growth rate (GR) of cutaneous melanomas, defined as the increase in tumor thickness per unit of time, was calculated as the ratio of Breslow thickness to time to melanoma development (in months, reported by the patient).

**Results:** A total of 56 patients were collected, with a mean age of 54 years (18-85 years). The average duration of the diagnosis was 24 months. The Breslow index was greater than 4 mm in 50% of cases. Metastases were noted in 22% of cases and recurrence in 23% with an average 18-month survival without recurrence. The most common dermatoscopic criteria in fast-growing melanomas with high risk of progression were: the blue-gray area, hypopigmentation, polymorphic vessels, the blue-white veil, the milky red area, and the ulceration.

**Discussion:** Several criteria for poor prognosis cutaneous melanomas have been described clinically and histologically. New criteria have recently been added; including dermatoscopic signs (crisolid, white-blue vein, blue-gray area, milky red zone, polymorphic vessels, irregular globules); and early biopsy of the sentinel lymph node.

The fast-growing melanoma has a phenotype and dermatoscopic aspects that can help to identify it. Moreover, the knowledge of its signs can be important in the planning of the surgical management and in the choice of the patients, to do a biopsy of the sentinel lymph node, at the time of the tumoral excision.

