

MELANOMA AND MELANOCYTIC NAEVI

## ACRAL MELANOMA - A RETROSPECTIVE AND DESCRIPTIVE STUDY AT A REFERENCE ONCOLOGY CENTER ON THE NORTHEAST OF BRAZIL

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**Introduction:** Cutaneous melanoma (CM) is one of the most aggressive types of skin cancer, with high mortality and increasing incidence. Acral melanoma (AM) is responsible for about 2.3% of CM cases, often diagnosed in later stages, with a worse prognosis.

**Objective:** To characterize the epidemiological and histopathological profile of the AM at an oncology center, on the northeast of Brazil, from 2013 to 2016.

**Materials and methods:** A retrospective and descriptive study, through the analysis of medical records and the review of 63 patients with CM in this period.

**Results:** 20 cases of AM occurred, corresponding to 31.74% of CM. There was a predominance of males, brown and average age of 73.5 years old, with evolution in less than 1 year. Regarding the histology, 60% were spindle-cell type, 30% round/epithelioid cells and 10% mixed cells. Lymphoid infiltrate was moderate in 50% of cases, CLARK level was V at 50% and Breslow index ranged from 10 to 15mm, in 35% of cases, and more than 15mm, in 30%. Several metastases were present at diagnosis in 45% of patients and positive sentinel lymph node in 40%. The degree of angiogenesis varied from moderate to severe in 75% of the patients, the pigmentation index was accentuated in 40%, predominating the nodular type. All were submitted to surgical treatment, of which 45% to the conservative surgical and 30% to the amputation. Relapse was observed in 7 cases and 6 cases progressed to death (30%).

**Conclusion:** In general, AM is a neoplasm diagnosed in an advanced stage. For this reason, metastases are already present in most cases and with a high mortality rate, which reaches 30% in four years of study. Attention must be drawn to the fact that the neoplasia should be diagnosed in the initial phase, avoiding the high mortality rate.