

MELANOMA AND MELANOCYTIC NAEVI

CLINICAL-PATHOLOGIC COMPARISON BETWEEN ACRAL MELANOMAS AND NON- ACRAL MELANOMAS: ANALYSIS OF A SERIES OF 122 PATIENTS

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Introduction: Acral melanomas (AM) are a subgroup considered rare in Caucasians, but with high incidence in Africans, Asiatics and related ethnicities. They usually have worse prognosis, with advanced stage disease at presentation, but it is still not clear if because of a late diagnosis or more biologically aggressive tumors.

Objective: Characterize and compare clinico-pathologically a group of patients with AM with a group of patients with melanomas from other locations (OM).

Materials and Methods: Retrospective study of clinical records with histologic diagnosis of melanoma, in a dermato-oncological center of Santiago, Chile, from 2006 to 2016. Several clinico-pathologic features of interest in melanoma were evaluated.

Results: 36 patients with AM and 86 with OM. 77.7% of patients in the AM group were females, average age of 63.8 years, versus 64% of females in the OM group, 56.3 years on average. The average Breslow for AM and OM was 4776 versus 3785 microns, respectively. 1 patient (2.77%) with AM and 5 patients (5.8%) with OM presented palpable adenopathies at the time of diagnosis. Regarding the presence of positive sentinel lymph node and lymph node metastasis, the results were respectively 36% and 47% for AM versus 45.3% and 48.8% for OM. Patients who underwent PET-CT study, 22.2% of them in the AM group presented distant metastasis, versus 27.9% in the OM group. According to stage at diagnosis for AM and OM, respectively was: 13.8% and 17.4% stage I, 41.6% and 34.8% stage II, 25% and 19.7% stage III, 19.4% and 27.9% stage IV.

Conclusions: AM in this series presented a greater thickness at the time of diagnosis, but this did not translate into greater nodal or distant metastatic involvement. These results support the hypothesis that AM have a worse prognosis because of a late diagnosis, and



not by an intrinsically more aggressive behavior.

