



MELANOMA AND MELANOCYTIC NAEVI

CLINICAL SIGNS FOR CONSULTATION IN PATIENTS WITH MELANOMA AND THEIR CORRELATION WITH HISTOPATHOLOGICAL BRESLOW INDEX

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Introduction: Malignant melanoma (MM) is currently in the top medical errors resulting in Dermatology Liability Claims. Although MM is infrequent their subtypes are even more infrequent and their misdiagnosis are usually associated with late or non-existent diagnosis. Tumor thickness is the most important prognostic factor in MM. The different clinical presentations can make the diagnosis easy or very difficult impacting the speed of diagnosis and therefore the Breslow index.

Objective: To emphasize the clinical evidence of our results with the aim of raising awareness to allow prompt diagnosis and treatment strategies.

Materials and Methods: Retrospective cohort study included 370 patients with any melanoma subtype diagnosed by histologic features from January 2000 to September 2011 and categorized according to reason of consultation.

Results: From a total of 370 patients most were between 40-49 years (84). The leading motive for consultation was change of color of a previous lesion in 106 patients. Other reasons of consultation were fast growth (62/370), incidental finding (46/370), pruritus (23/370), serous secretion (19/370) and bleeding (17/370). Less common reasons were inflammation (5/370), ulceration (5/370) and pain (1/370).

The Breslow index according to type of MM was; three mucous melanomas with a Breslow depth average (BDA) of 9,6 mm, three polypoid melanomas with a BDA of 6,5 mm, two amelanotic melanoma with a BDA of 4,0 mm, ten acrolentiginous with a BDA of 3,741 mm, four spitzoid melanomas with a BDA of 3,366 mm, 63 nodular with a BDA of 2,428 mm, 203 superficial spreading melanomas with a BDA of 1,114 mm, twenty-five invasive lentigo maligna melanoma with a BDA of 0,931 mm and thirty-five "in situ" melanoma.

Conclusions: This study supports the fact that the visibility of a MM for diagnosis according to clinical signs and anatomical location is related with tumor thickness measured using





Breslow index.

