



MELANOMA AND MELANOCYTIC NAEVI

DOES PREOPERATIVE RADIOLOGICAL STAGING PRIOR TO LYMPH NODE DISSECTION ALTER MANAGEMENT IN PATIENTS WITH SENTINEL NODE BIOPSY-POSITIVE MELANOMA?

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Introduction: Melanoma affects approximately 1100 patients annually in Ireland. With advancements in systemic melanoma therapies, accurate staging in melanoma is increasingly important.

Objective: The aim of this retrospective cohort study was to evaluate the utility of preoperative staging scans in patients with SNB-positive melanoma and determine their impact on further management.

Materials and Methods: We performed a retrospective review of patients with melanoma who underwent SNB between January 2003 and June 2017.

Results: A total of 266 patients with melanoma who underwent a SNB were identified. 78/266 (29%) of patients had a positive SNB. Overall a baseline staging scan was performed in 49/78 (63%) of patients with a positive SNB. There was an increase in the rates of pre-operative imaging from 10/24 (42%) prior to 2010 to 39/54 (72%) post 2010. Ten of 49 patients (20%) had positive findings on imaging. Of the 10 positive scan findings, 4 were confirmed as true-positives and 6 were found to be false-positives. Two of the 4 cases with positive radiological findings had a consequent change in management. In the other 2 positive cases, the planned nodal dissection proceeded without change. Overall, 2/49 (4%) cases had altered management after radiological staging. We identified 6/49 (12%) cases as false positives. There were similar false positive rates in the PET and CT groups.

Conclusions: Imaging prior to lymph node dissection may result in altered management for a small percentage of scanned patients (4%) but not apparently so in the absence of other clinical signs of metastasis. 12% of scanned patients had false positive results, necessitating additional imaging and potentially increasing patient anxiety. We conclude there is no additional benefit to pre-operative radiological staging in SNB-positive patients.





The decision to undertake radiological staging in these patients should be predicated on clinical symptoms and signs.

