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A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

MELANOMA AND MELANOCYTIC NAEVI

## HIGH-RESOLUTION MRI DEMONSTRATES THAT MOST SMALL INTRACRANIAL MELANOMA METASTASES ARE LOCATED AT THE INTERFACE BETWEEN THE CORTEX AND LEPTOMENINGES

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Introduction: Despite classic teaching that intracranial metastases typically arise at the greywhite matter junction, small intracranial melanoma metastases (IMMs) are frequently observed at the interface between the cortex and leptomeninges (i.e. "corticomeningeal"), suggesting possible leptomeningeal origin.

Objective: To determine the frequency of a corticomeningeal location in patients with small IMMs on MRI.

Materials and Methods: MRI brain examinations of melanoma patients treated at the Peter MacCallum Cancer Centre from July 2015 to June 2017 were retrospectively reviewed by a single neuroradiologist. The MRI examination on which IMMs were first visible was identified, including only patients with MRIs performed at our institution utilising 1mm volumetric post-contrast imaging prior to local therapy. Individual metastases (up to 10 per patient) were assessed for the presence of leptomeningeal contact, as well as their number, size and morphology. Lesions <2mm or  $\geq$ 10mm were excluded from analysis in order to examine early metastatic disease.

Results: 74 patients had evidence of IMMs. 15 patients had only lesion(s) measuring ≥10mm at diagnosis, and one had metastatic disease isolated to the cranial nerves, leaving 58 patients. 199 individual metastases were examined (median 2 per patient, interquartile range 1-4), 181 (91%) demonstrating leptomeningeal contact. A nodular morphology was observed in 163 of 199 (82%), 30 (15%) were ovoid but elongated along the cortex, and 6 (3%) showed linear or curvilinear cortical extension. Only four patients (2%) also exhibited a 'classic' linear leptomeningeal disease appearance.





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Conclusions: Our findings indicate that most IMMs measuring between 2 and 10mm in diameter are corticomeningeal nodules. These data raise the hypothesis that deeper parenchymal extension of IMMs occurs secondarily. If the leptomeninges provide a preferential site for establishment of IMMs, further investigation of the underlying biology of this phenomenon may provide opportunities for novel therapeutic strategies for patients with IMMs.



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