



MELANOMA AND MELANOCYTIC NAEVI

LENTIGO MALIGNA AND LMM CHARACTERISTICS, MANAGEMENT AND EVOLUTION: A 10-YEAR RETROSPECTIVE STUDY IN AUSTRALIA.

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Introduction: Lentigo maligna (LM) is a slow-growing type of melanoma that frequently arises in sun-damaged skin of elderly patients. If left untreated it can progress to its invasive form, lentigo maligna melanoma (LMM). LM/LMM represents a diagnostic challenge, as dermoscopy criteria are not specific and margins are ill-defined. Several studies have reported local recurrence rates; however, few studies have a long-term follow-up.

Objective: To describe LM/LMM characteristics in a tertiary referral centre, including: epidemiology, clinical and dermoscopy features, management and evolution during 10 years of follow up.

Materials and Methods: Retrospective study of patients with histological diagnosis of LM/LMM seen in our unit between January 2005 and March 2007. Medical and photographic records were reviewed.

Results: 102 cases of LM/LMM were included, with a total of 117 lesions. Demographic and other LM/LMM characteristics were recorded, as well as diagnostic techniques, histologic details, treatments and recurrences. The median age at diagnosis was 65 years (range 34-88). Most of the lesions were on the head and neck area (64%). Histology of the primary showed that 22% were associated with other melanoma subtypes. In initially biopsied cases, 53% had different Breslow when comparing biopsy vs excision. After excision, margins were clear in 75%, involved in 13% and with atypical melanocytic hyperplasia in 12%. 38% LM/LMM recurred from a total of 116 cases (range 0-6 recurrences). After the first treatment, the median time until recurrence was 5.7 years (95%CI: 4.2-9.5).

Conclusions: Our study shows that LM/LMM has a high recurrence rate, tends to recur late





and clinically subtle, therefore long-term follow up is recommended. Our higher recurrences compared to previously published data could be related to more complex cases seen in a tertiary referral centre; however most of studies published have less than 5 years follow up, thus recurrences may be underestimated.

