



MELANOMA AND MELANOCYTIC NAEVI

## PRIMARY MELANOMA MULTIPLE SYNCHRONOUS. REPORT OF A CASE.

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**Background:** Patients with melanoma have a higher risk of developing new primary melanomas. About 30% of subsequent melanomas are diagnosed within the first three months of the diagnosis of the first tumor; therefore, they are considered synchronous. Some predictive factors for the development of a second primary melanoma are the clear phototype (I and II), the male sex and a first malignant lentigo type melanoma and nodular melanoma.

**Observation:** A 50-year-old male patient, phototype II, with a clinical history of chronic anaemia, without treatment, presented to the department of dermatology for two asymptomatic lesions on the thigh and left leg of years of evolution. At the initial physical examination, a hypo and hyperpigmented macula were observed on the thigh, measuring 2.5 cm in diameter, with progressive growth and irregular edges. On the leg was observed, on scar of the atrophic erythematous plaque, pigmented lesions with different clinical appearances, from papules, plaques and nodules, of variable size, being the greater of 1.8 cm, hard and elastic consistency, with scabs. Biopsy of both lesions reported lentigo malignant intraepithelial melanoma, for the first lesion, and nodular epithelial melanoma, Clark IV, Breslow no less than 3 mm, for the second. Immunohistochemistry showed Melan A +, Hmb45 +, S100 weak positive, Vimentin +. Laboratory tests reported anaemia, and computed tomography scans of the neck, chest, abdomen and pelvis were normal. The patient was referred to surgery for exeresis of both tumors.

**Key message:** Report a disease with large preventive campaigns, in a patient with an excellent sociocultural level, who went to the Department of Dermatology with exuberant clinical manifestations of melanoma.

