ABSTRACT BOOK ABSTRACTS



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MELANOMA AND MELANOCYTIC NAEVI

PURE DESMOPLASTIC MELANOMA: CLINICOPATHOLOGIC ANALYSIS AND SUBTYPE SURVIVAL ANALYSIS

M Howard⁽¹⁾ - E Wee⁽²⁾ - R Wolfe⁽³⁾ - C Mclean⁽⁴⁾ - J Kelly⁽¹⁾ - Y Pan⁽¹⁾

Alfred Hospital, Victorian Melanoma Service, Melbourne, Australia⁽¹⁾ - St Vincent's Hospital, Department Of Dermatology, Melbourne, Australia⁽²⁾ - Monash University, School Of Public Health And Preventive Medicine, Melbourne, Australia⁽³⁾ - Alfred Hospital, Department Of Anatomical Pathology, Melbourne, Australia⁽⁴⁾

Introduction: Pure desmoplastic melanoma (pDM) is associated with distinct behaviour compared to other melanoma subtypes. Survival compared to other subtypes is controversial. Influence of patient factors on survival is lacking.

Objective: We aimed to describe clinicopathological characteristics of a large cohort of pDM patients. We also explored there was a survival difference between head and neck pDM versus rest of the body and compared to other subtypes.

Materials and Methods: A prospective cohort study was performed of all primary invasive desmoplastic cutaneous melanoma reviewed at a tertiary referral centre over 21 years. Survival was analysed using Kaplan-Meier survival estimates and multivariate Cox Proportional Hazards models adjusted for sex, age, Breslow thickness, ulceration and mitotic rate amongst others. Pure DM was defined as 80% of invasive tumour associated with stromal fibrosis.

Results: There were 3570 total primary cutaneous invasive melanomas with data on Breslow thickness and specific location with 119 cases of pDM. After adjustment for all variables associated with survival, pDM lost association with worse MSS (hazard ratio 0.56; 95% confidence interval 0.31-1.0). Survival was significantly different in head and neck pDM compared to the rest of the body (Univariate HR 5.19, 1.18-22.78) with a significantly different median Breslow thickness compared to the rest of the body (5.15mm, 2.85mm respectively, Wilcoxon rank-sum P<0.001).

Conclusions: Although pDM should be considered a high risk subtype for MSS, this is accounted for by more aggressive clinicopathologic features on initial diagnosis. Head and neck pDM appear to be distinct from pDM from the rest of body given greater median thickness at diagnosis and poorer survival.





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