MELANOMA AND MELANOCYTIC NAEVI

SOMETHING MORE THAN ONYCHOMYCOSIS: ACROLENTIGINOUS MELANOMA

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Background: Melanoma is a tumor of melanocytic origin, with a high capacity to metastasize. Acrolentiginous melanoma represents between 5 and 10% of melanomas. It has a more aggressive biological behavior than other types of melanoma, which is why they have a worse prognosis.

Observation: Case 1: Female, 56 years. Dermatosis in right hallux of 1 year of evolution, reason why it received multiple topical treatments antifungal, without answer reason why they realized extirpation of one without shipment of sample to histology 6 months ago, since then in treatment with oral antibiotics, (treatments indicated by clinical doctor); so the patient decides to consult Dermatology. Biopsy: Acrolentiginous melanoma, Breslow > 2.9, Clark IV. Without palpable adenopathies. Laboratory with LDH and FAL: s / p. TAC thorax abdomen and pelvis: s / p. Treatment: hallux amputation plus sentinel node: negative.
Case 2: Woman, 56 years. Dermatosis in left hallux of 1 year and a half of evolution, in treatment for 1 year with fluconazole indicated by clinical doctor, for lack of response they perform extirpation of one that reports: acrolentiginous melanoma, Breslow> 1.8; so it is derived to Dermatology. Without palpable adenopathies. Laboratory with LDH and FAL: s / p. TAC thorax abdomen and pelvis: s / p. Treatment: hallux amputation plus sentinel node: negative.

Key message: Two patients with acrolentiginous melanoma presented, although this subtype of melanoma is usually diagnosed in advanced stages; in both cases patients consulted early but the diagnosis was delayed by the empirical treatment of onychomycosis by non-dermatologist professionals.
As dermatologists we must direct the prevention campaigns against melanoma, not only to the community, but also to our medical colleagues, since not only fungi affect the nails.