MELANOMA AND MELANOCYTIC NAEVI

THE MANY FACES OF AMELANOTIC MELANOMA.

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Background: Amelanotic melanoma (AM) remains the most challenging melanoma subgroup. Survival is lower than for pigmented melanomas: attributed to delayed presentation and diagnosis. We reviewed AM cases from the melanoma database over the last five years.

Observation: Retrospective review of all cases of AM between January 2013 and August 2018 identified 24 primary AMs. All patients had Fitzpatrick skin type I/II and mean age at diagnosis was 63 years with men and women equally represented. Seventeen cases affected limbs, four the face and three the trunk. The majority of biopsies were performed to rule out clinical AM (17/24), but a wide spectrum of other differentials were suggested at initial review and considered more likely in most instances. Dermoscopy when performed showed nonspecific findings and in many cases bleeding lesions impeded dermoscopic evaluation. The mean length of time lesions were present before presentation was 26 months with a range of 1.5 months to 5 years. All but six cases were present for 6 months or more before presentation. Histopathology and melanoma cell markers revealed 14 nodular melanomas, 4 superficial spreading , 2 in situ , 2 lentigo maligna and 2 acral lentiginous. Mean Breslow thickness was 4.85 (range 0.5 to 15) and Clark level 4. Mean mitotic rate 6.6mm/mm2 and two had lymphovascular invasion. Four samples were BRAF 600 codon mutated.

Key message: Our case series identifies some features of AM including presentation in later life than other melanomas, lesions present for years with little recent change and appear mostly on the limbs. Dermoscopy is unhelpful especially in thicker tumours and is often difficult to perform due to ulceration. AM are most frequently nodular. Therefore timely identification and management is vital and this study emphasises why dermatologists need always to be aware of AM.