

MELANOMA AND MELANOCYTIC NAEVI

A STUDY OF PATIENTS PRESENTING WITH THICK PRIMARY MELANOMA IN WESTERN AUSTRALIA

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Background: In Western Australia, between the 2000-03 and 2008-11 public health reporting periods, the median Breslow thickness of melanomas increased. Amelanotic melanoma is associated with increased Breslow thickness. We sought to determine the reasons some patients are being diagnosed with thicker melanomas late, and how patients with non-pigmented lesions differ from those with pigmented lesions.

Objective: To understand the factors affecting late presentation and to compare patients with non-pigmented lesions, and their healthcare experiences, to those with pigmented lesions.

Methods and Materials: One hundred and fourteen patients diagnosed with melanoma, who were referred to a tertiary melanoma service, completed a survey. Their responses were matched to their histopathology result for Breslow thickness.

Results: Mean Breslow thickness for 114 respondents was 2.73 mm (SD: 1.99). Seventy eight percent described their lesion as pigmented. The pigmented group had a mean Breslow thickness of 2.31mm (SD: 1.51). The non-pigmented group had a mean Breslow thickness of 3.86mm (SD: 2.99) ($P = 0.02$).

Pigmented lesions were not perceived to grow more quickly than non-pigmented lesions ($P = 0.56$).

There was no association being pigmentation and prior reassurance that the lesion was benign ($P = 0.73$).

Pigmented lesions were not biopsied at a higher rate prior to excision ($P = 0.99$). However, a quarter of all patients (26%) had been previously reassured that their melanoma was benign.

Thirty-four percent had a biopsy prior to excision.

Conclusion: Breslow thickness was greater in non pigmented lesions compared to pigmented lesions. However the former group were not reassured at a higher rate, nor biopsied prior to excision at a higher rate, when compared to the pigmented group.



However, high rates of reassurance by doctors in both groups is concerning .

