MELANOMA AND MELANOCYTIC NAEVI

CORRELATION OF CLINICAL, DERMATOSCOPIC CHARACTERISTICS WITH CONFOCAL MICROSCOPY AND HISTOPATHOLOGY IN A PATIENT WITH FAMMM-SYNDROME: LONG-TERM FOLLOW-UP

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Background: Dysplastic nevi in FAMMM-syndrome are often polymorphous in dermatoscopy making it difficult to diagnose early melanoma. Digital dermatoscopic image analysis and reflectance confocal microscopy (RCM) improve diagnostic performance.

Objective: to elaborate recommendations on monitoring of patients with FAMMM-syndrome.

Materials and Methods: 852 melanocytic lesions of 43 y.o. and 47 y.o. female patients with FAMMM-syndrome (melanoma was diagnosed in their mothers at 45 and 53 y.o.) were followed with dermatoscopy with 2-3 months' interval for 9 months, 32 lesions with most pronounced chaos in dermatoscopy were examined with RCM. 15 lesions were removed.

Results: In patient B. first melanoma was detected during first visit. After two months one lesion developed asymmetrical changes and appeared to be melanoma in situ. And after three months two more dermatoscopically stable melanomas in situ were removed due to severe dysplasia, revealed by RCM (ringed and/or meshwork pattern, large nucleated cells, junctional nests with atypical cells, etc.). In patient N. first melanoma was detected in 42 y.o. (melanoma in situ), the 2nd in 47 y.o. (dermatoscopically - dysplastic nevus). RCM revealed differences in similar dermatoscopy patterns what was confirmed by histological examination.

Conclusions: Patients with FAMMM-syndrome and their relatives should be examined after late puberty every 6 months, and after 35 y.o. every 3 months. In case of multiple suspicious lesions in vivo RCM should be used to choose mostly suspicious ones. Lesions with are

new, changing or reveal severe atypia on RCM should be excised. RCM improve melanoma detection and should be routinely used for monitoring of patients with FAMMM-syndrome.