Thin and Non-Thin Melanoma: Salerno Intergroup Experience.

Trapani D¹, Brunetti B², Baldi C³, Zeppa P³

¹Department of Medicine and Surgery, University of Salerno, Baronissi (Sa), Italy
²“G. da Procida” Hospital, Oncologic Dermatology and Nevoscopy Division, Salerno, Italy
³“San Giovanni di Dio e Ruggi d’Aragona” University Hospital, Anatomical Pathology Unit, Salerno, Italy

Breslow thickness represents an important prognostic factor in malignant melanoma. It is measured from the top of the granular layer of epidermis (or the base of an ulcer) to the deepest invasive malignant cell.

We performed an observational study on 162 patients diagnosed with invasive melanoma in the period 2009-2013. We dichotomized melanomas in two groups: thin melanomas (Breslow ≤1mm) and non-thin melanomas (>1mm).

Median Breslow thickness was 0.9 mm. Thin (n=87) Vs. non-thin melanoma (n=75) analysis revealed: a different mean age of diagnosis (49 Vs. 60.3 years), a greater mitotic rate for thicker melanomas (1 Vs. 3.7/mm²), a tendency of thicker melanomas to be ulcerated (3.5 Vs. 56%). Microscopic satellitosis, perineural and vascular invasion were exclusively reported in non-thin lesions.

The prevalent histological subtype in thin melanoma was Superficial Spreading melanoma (52%): more than a half (47/87) had a thickness <0.50mm and 50% of this (24/47) had a null- mitotic rate. Non-thin melanoma subtype was Nodular in 48.7% (36/74). It presented as advanced disease in 5.4% (4/75), with distant metastasis (lung nodule and pleural effusion) and local microscopic satellitosis (2/75).

In conclusion, a greater Breslow thickness tends to occur together with worse adverse prognostic histology features in cutaneous invasive melanoma.