Prognostic Factors In Thin Melanoma : Clinical Experience In Salerno

Rea CG¹, Brunetti B², Rubino C³, Marino C⁴, Pepe S⁵

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, Plastic Surgery Division, Salerno, Italy
⁴“San Giovanni di Dio e Ruggi d’Aragona” University Hospital, Dermatology Unit, Salerno, Italy
⁵“San Giovanni di Dio e Ruggi d’Aragona”, Oncology Unit, Salerno, Italy

Thin melanoma (Breslow’s thickness ≤ 1mm) is generally considered to be associated with a favorable prognosis. Our research team examined a set of thin melanomas in order to prove the relationship between prognosis and anatomopathological and clinical features. The object of this retrospective analysis is a set of 56 thin melanomas which have been diagnosed in “San Giovanni di Dio e Ruggi d’Aragona” hospital from 2009 to 2013. We identified three groups, based on thickness: < 0.50 mm; 0.50 - 0.75 mm and > 0.75 mm. We evaluated demographic and histological features, too. The disease free survival (DFS) was calculated through Kaplan-Meier curves.

2 patients (3.6%; both melanoma thickness > 0.75 mm and mitotic rate > 2.5/mm²) had a lymph node relapse (median age: 43 years) and 2 patients died during the follow-up (57 months). The 57 months DFS is 96.4%, slightly longer in female (F:100% Vs. M:91%). Indeed, a shorter DFS was displayed for melanomas with a thickness > 0.75 mm (90%/57 months), a mitotic index > 3/mm² (80%) and ulceration (50%).

Younger age (<40 years), the absence of tumor infiltrating lymphocytes and nodular histotype have revealed an adverse prognostic significance.

The predictive significance of age, thickness, mitotic index, histotype and ulceration has been proved in our analysis.

Eventually, we speculated about the use of these prognostic factor to realize a score in order to calculate the risk of relapse for the IA stage melanoma and candidate some traditional “low risk melanoma” to lymph node dissection.