CASE SCENARIO 9

7/11/2020

A 35-year-old woman presents with a long-standing history of apigmented lesion in her right lower leg. However recently she has noticed this to be larger and growing in size. The lesion is itchy and has bled from the surface a few times.

Malignant Melanoma

Age: Very rare before puberty / Common in 20-30 yrs.
Sex: Equal in both / often in L.L in women & trunk in men.
Ethnicity: Common in Caucasians / rare in Blacks / Fair complexion, red hair, and a tendency to freckle are more susceptible.

★ Cardinal Symptoms of Malignant Change in a Mole:

- Change in Surface: one of the earliest signs
  - Loss of skin creases over the mole. Skin may become rough & scaly.
- Itching: Early & significant symptom often associated with a pale-pink halo around the mole.
- Increase in Size, Shape or thickness:
  Long-standing mole, or recently developed brown spot, has grown steadily over a period of a few weeks or months.
- Change in Colour: M.M produce more melanin ⇒ Mole gets darker
- Bleeding: Slight & late sign overlying epithelium becomes anoxic & either ulcerates spontaneously or breaks down after minor injury.

- Evidence of local or distant Spread:
The Pigment Produced by the Malignant Melanocytes May Spread diffusely into the Surrounding Skin to produce a brown halo around the 1° Lesion.
  - Satellite Nodules: Small intradermal nodules around 1° Lesion.

★ Clinical Types:

- Superficial Spreading Melanoma: Most Common (70%)
May occur on any part of the body Usually palpable but thin with an irregular edge and a Variegated Colour

- Nodular Melanoma: (15%) More aggressive than SSM with a Shorter Clinical Course. More Common in men. It's thick & Protrudes above the Skin. Has a Smooth Surface and a regular outline and may rise de novo. It may become ulcerated and then often bleeds.

- Lentigo Maligna Melanoma: previously known as "Hutchinson's Melanotic Freckle". Slow growing brown Macule on the face, neck, or hands of the elderly. More in women. Due to prolonged Sun exposure. Less metastatic potential than other variants. (5-10%)
- Acral Lentiginous Melanoma: Affects the Soles of feet & Palms of hands. Rare in whites (2-8%). More Common in Afro-Caribbean, Hispanic, and asian populations (35-60%).

Diagnosis:

- Biopsy ↔ Excisional with 2-3mm margin
  Incisional when excisional is disfiguring
- Frozen Section
- Sentinel Lymph Node Biopsy

Staging:

- Breslow Thickness: Most important prognostic factor in absence of L.N Metz. "Thickness from granular layer to lowest detectable tumor cel

Stage 1: ≤ 1.0 mm → Cure rate is over 95% with excision
Stage 2: 1.01 - 2.0 mm
Stage 3: 2.01 - 4.0 mm → Intermediate but have risk of Metz
Stage 4: ≥ 4.0 mm → High risk lesions with poor Cure rate

Clark Level: penetration of the Melanoma through the layers of the skin.

The American joint Committee on Cancer (AJCC) Staging:
T.N.M Staging → Now Widely used

Treatment :

The gold standard is immediate, complete excision of the tumour with safety margins.

Safety margins according to Breslow's Thickness :

- in Situ Melanoma ⇒ 0.5 cm
- Melanoma < 1mm deep ⇒ 1 cm
- Deeper Lesions ⇒ 2 cm

+ Lymph Node Clearance

+ Adjuvant Therapy :

- BRAF Kinase Inhibitor : (Vemurafenib / Dabrafenib) used in Metastatic or unresectable tumours that have "BRAF V600E" mutation

- Immunotherapy : Checkpoint inhibitors (ipilimumab / Nivolimumab) for metastatic or unresectable Melanomas positive for "PD-1" mutations.

Prognosis :

The presence of L.N Metz is the single most important Prognostic index in Melanoma.

once Regional LN are clinically involved ⇒ 70-85% pts will have occult distant Metz.