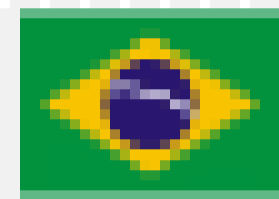


# CLINICAL AND DERMATOSCOPIC PARAMETERS IN THE DIAGNOSIS OF 488 LESIONS SUSPICIOUS OF MELANOMA ≤ 6MM OF DIAMETER

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## MELANOMA

- Cutaneous melanoma (CM) is an aggressive and potentially fatal skin cancer.
- Early diagnosis is fundamental for the survival of affected patients.
- Dermatoscopy is a semiotic technique that increases the accuracy of its diagnosis.
- BRAZIL (2018 - INCA): CM expected for 2018:
  - 6260 new cases
  - 2.920 men
  - 3.340 women



## STUDY

- This is a cross-sectional study.
- The patients were referred to a public hospital (INCA) or a private clinic.
- The same investigator, a dermatologist with experience in dermoscopy, has done the clinical and dermoscopic evaluation.
- Inclusion criteria: pigmented lesions ≤ 6mm in diameter in major axis.
- The gold standard was the anatomopathological examination confirming melanoma diagnosis.
- The lesions were documented and measured before excisional biopsy with margins of 2mm.
- Two dermatoscopes were used: DermLite 3Gen (10X) and Fotofinder (20X) – the images were re-analyzed on computer screen (Paint – Microsoft) to unify the ampliations.

## RESULTS

- 488 melanocytic lesions ≤ 6 mm in diameter
- Between 2011 and 2017
- 128 CM detected (26.2%)
- 376 patients (median of 1 lesion by patient)
- 48.4% ≤ 3mm in diameter
- 74.0% ≤ 4mm in diameter
- 91.8% ≤ 5mm in diameter

Table 1: Histopathological reports of the 488 lesions ≤ 6mm

Histopathological reports	N	%
Dysplastic melanocytic nevi	218	44.7
Cutaneous melanomas	128	26.2
Common melanocytic nevi	75	15.4
Simplex Lentigo	36	7.4
Lentiginous junctional melanocytic nevi	16	3.3
Spitz / Reed nevi	10	2.0
Other (Halo nevi etc)	4	0.8
Blue nevi	1	0.2
Total	488	100.0

Table 2: Histopathological reports of 128 melanomas ≤ 6mm

Cutaneous melanomas	128	26.2
Incipients	5	3.9
In situ (Clark I)	70	54.7
Clark II	21	16.4
Clark III	5	3.9
Clark IV	2	1.6
Metastatic	3	2.3
Atypical melanocytic proliferations	22	17.1

Table 3: Breslow index of 28 melanomas

Diameter of the lesion (mm)	Breslow index (mm)	Lesion number #
2	0.10	400
3	0.43	239
3	0.39	303
3	0.36	345
3	0.19	294
3	0.18	316
3	0.16	313
3	0.15	343
4	0.40	406
4	0.40	130
4	0.35	299
4	0.34	377
4	0.34	339
4	0.24	356
4	0.24	307
5	3.00	452
5	1.00	153
5	0.43	291
5	0.35	296
5	0.20	71
5	0.20	182
5	0.10	370
6	0.80	306
6	0.50	274
6	0.40	259
6	0.34	190
6	0.20	292
6	0.18	300

# 294- Extensive superficial melanoma. Clark level II, 0.19mm Breslow.

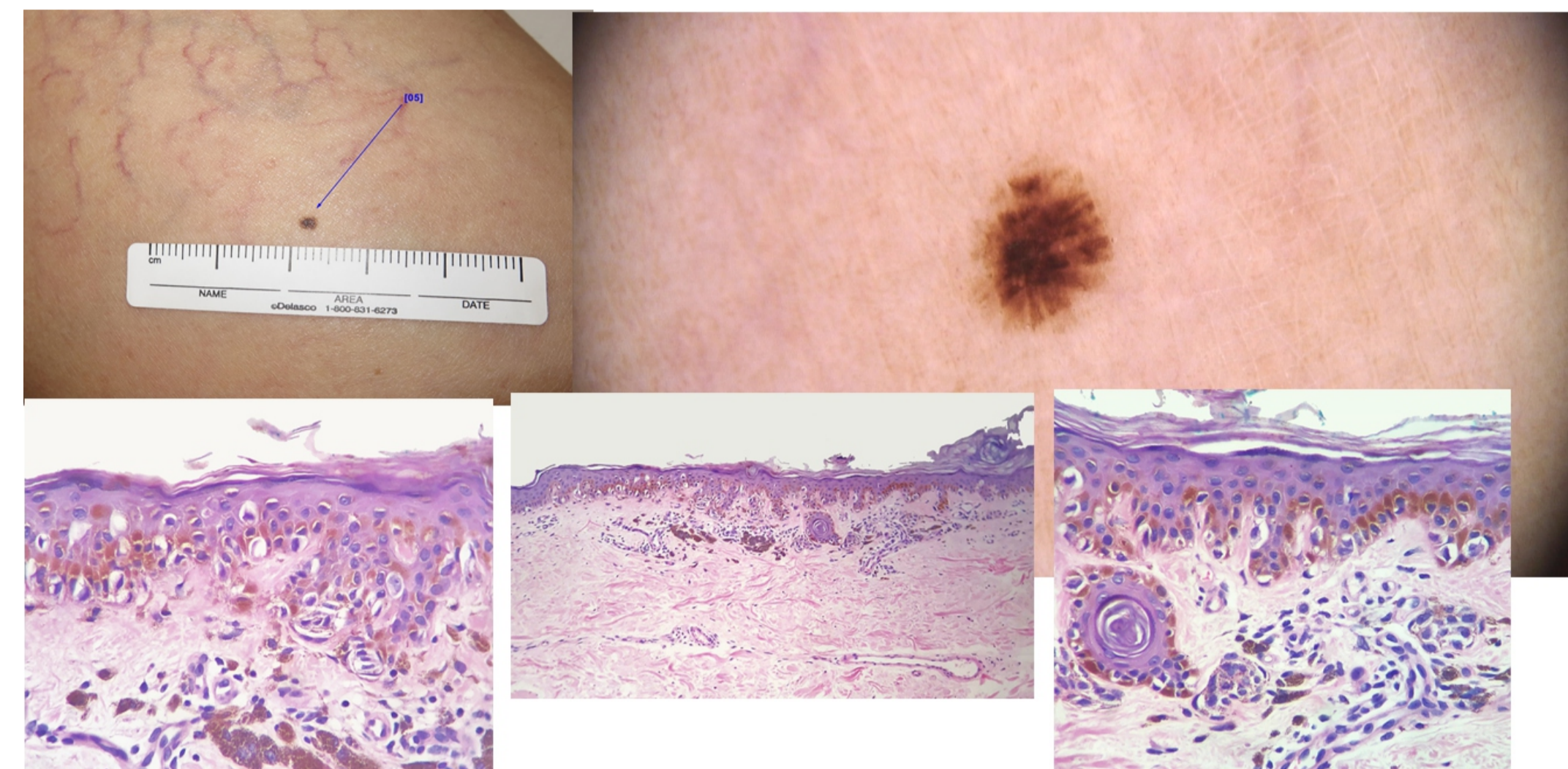


Table 4. Independent factors associated with the diagnosis of CM ≤ 6mm

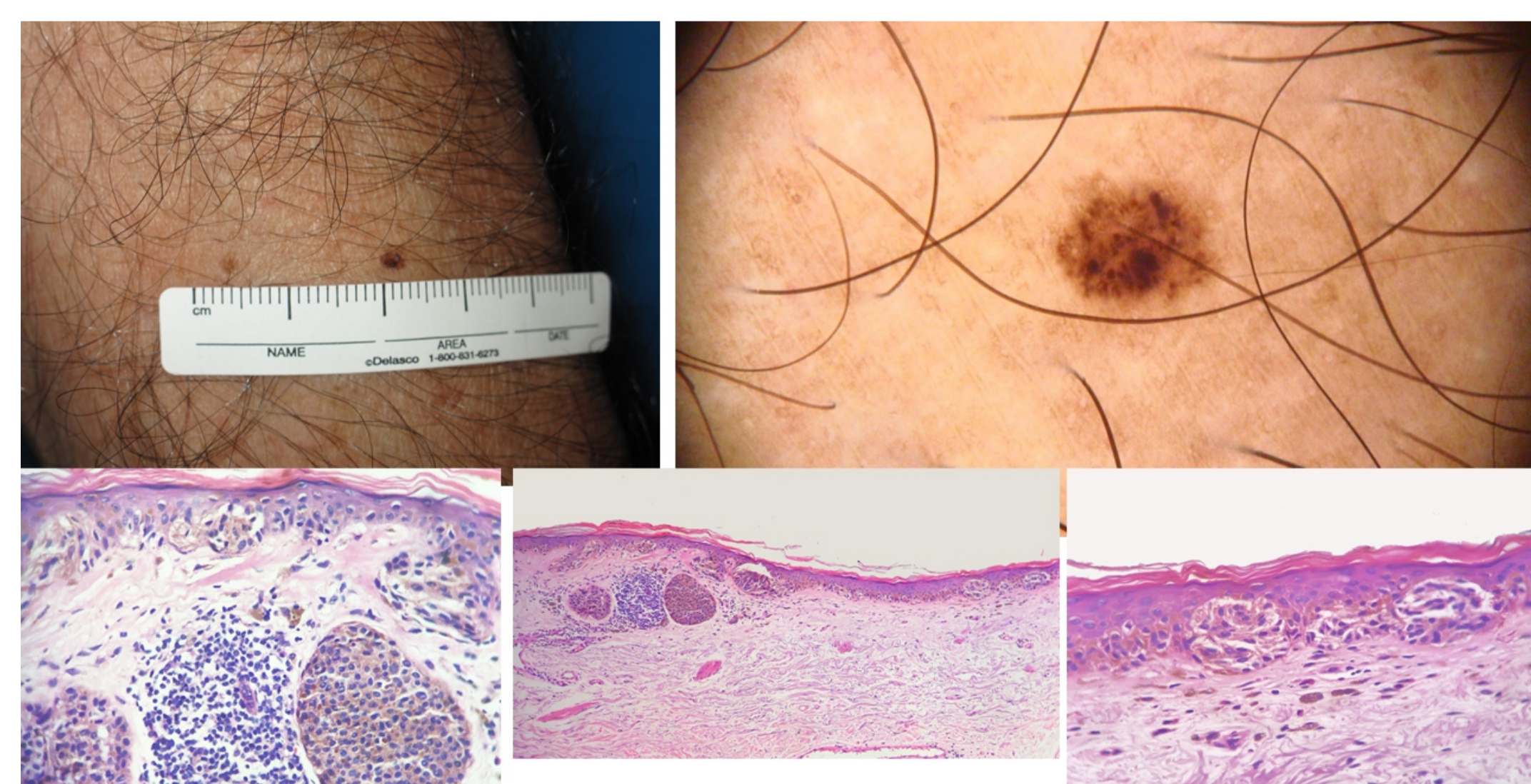
Variables	aOR	CI 95%	P value	
Limbs location: (upper and lower)	No	1	0.001	
	Yes	2.7		1.8-4.2
Age. years	≤ 30	1	0.005	
	31 - 50	2.9		1.2-7.3
	51 - 70	3.7		1.5-9.6
	>70	6.5		2.2-18.9
Structureless area	No	1	0.011	
	Yes	2.1		1.2-3.8
Asymmetry of dermoscopic structures on one axis	No	1	0.041	
	Yes	1.9		1.0-3.6
Family history of melanoma	No	1	0.023	
	Yes	1.7		1.1-2.8

Model with variables with p < 0.05. aOR = adjusted Odds Ratio

## CONCLUSION

- The existence of MCs in pigmented lesions ≤ 6 mm was documented.
- Criteria have been identified that support the suspicion of MC in these lesions.
- We stress the importance of doing the dermoscopy in all pigmented lesions.
- Including clinically symmetrical and regular lesions. even without the established clinical ABCD for suspected lesions.

#345 Extensive superficial melanoma. Clark level III. Breslow 0.36mm



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