Gender Differences Seen in Foot, Ankle Melanoma

BY BETSY BATES
Los Angeles Bureau

SAN DIEGO — Melanoma of the foot and ankle occurred far more commonly in women than it did in men, but men were more likely to have thicker tumors that were associated with a worse prognosis, Dr. Hugh T. Greenway said at the annual meeting of the California Society of Dermatology and Dermatologic Surgery.

In a retrospective study of 20 patients seen between 1997 and 2005 has identified three patterns of presentation in this rare condition, and wider recognition of these patterns could help expedite diagnosis, Dr. Alrawi said. The clinical patterns were:

- Type 1, in 10 (50%) patients, was a frank nodule or tumor with or without nail loss.
- Type 2, seen in six (30%), was a mild to moderate wart-like lesion with nail splitting and skin fissures.
- Type 3, found in four (20%), was a recurrent discharge from beneath the nail with putative onychomycosis.

In all patients, less than 50% of the survival of Scripps patients could be that 73% (46 patients). One reason for the high survival of Scripps patients could be that the use of immunoperoxidase stains in this context can lead to the “overdiagnosis” of melanoma in situ, said Dr. LeBoit, who founded and directs the university’s dermatopathology service.

A more reliable alternative is to simply biopsy the contralateral side of sun-exposed skin, he suggested.

“Even the best dermatopathologists in the world sometimes cannot tell if a lesion is a melanoma in situ, rather than an artifact of skin that has been damaged by the sun,” Dr. LeBoit explained that all biopsies stimulate a release of cytokines during the wound-healing process, which in turn activates melanocytes on the surface of the distal phalanx was affected.

Many patients, however, have trouble remembering how long the lesions have been on their feet or ankles, perhaps accounting for the failure of Dr. Greenway’s group to find an association between tumor thickness and duration. In 10 cases, a biopsy underestimated the Breslow thickness of the tumor. Seven of these cases were upstaged during the treatment process, which consists of surgery, consideration of sentinel node examination, a metastatic and oncology evaluation, and follow-up.

Increased surveillance did not improve survival in the series, he noted.

Disease-free survival was significantly worse in the Scripps series for thicker tumors, a higher stage, males, and tumors initially misdiagnosed.

The Scripps series showed a 4-year survival of 80%, with disease-free survival in 73% (46 patients). The mean age at diagnosis was 58 years.

The Scripps series showed a 4-year survival of 80%, with disease-free survival in 73% (46 patients). One reason for the high survival of Scripps patients could be that 24 of the 63 cases were melanoma in situ.

Dr. Greenway said. In his series, 10 cases, or 16%, were originally misdiagnosed.

‘It’s not just an increase in the prominence or an increase in the size of melanocytes due to the macules around them in sun-damaged skin. There’s actually an increase in number.’

- Prominent dendrites, which are somewhat, though not necessarily always, present in melanoma in situ, but not in actinic melanocytosis.
- More irregular pigmentation.
- More marked adnexal involvement, except in the case of lentigo maligna.
- More prominent and prominent dendrites, which are sometimes, though not necessarily always, present in melanoma.

The real key [to generally poor survival statistics] is that we don’t pick these up as early as we do melanoma on other parts of the skin surface,” he said.

People don’t regularly examine their feet, and the process becomes even more difficult with age and infirmities. In addition, some clinicians don’t even have patients remove their socks during skin examinations, said Dr. Greenway.

Women may be diagnosed with less-thick melanomas because they pay more attention to their feet than men do and they are also more likely to get pedicures, he speculated.

Presumably these cases are diagnosed earlier.

Many patients, however, have trouble remembering how long the lesions have been on their feet or ankles, perhaps accounting for the failure of Dr. Greenway’s group to find an association between tumor thickness and duration. In 10 cases, a biopsy underestimated the Breslow thickness of the tumor. Seven of these cases were upstaged during the treatment process, which consists of surgery, consideration of sentinel node examination, a metastatic and oncology evaluation, and follow-up.

Disease-free survival was significantly worse in the Scripps series for thicker tumors, a higher stage, males, and tumors initially misdiagnosed.

Increased surveillance did not improve survival in the series, he noted.

Nail Squamous Cell Carcinoma Varies In Presentation

MANCHESTER, ENGLAND — Squamous cell carcinoma of the nail unit is often misdiagnosed and its painful course protracted because clinical features can resemble more mundane conditions such as paronychia, Dr. Mohamed Alrawi said at the annual meeting of the British Association of Dermatologists.

A retrospective study of 20 patients seen between 1997 and 2005 has identified three patterns of presentation in this rare condition, and wider recognition of these patterns could help expedite diagnosis, Dr. Alrawi said. The clinical patterns were:

- Type 1, in 10 (50%) patients, was a frank nodule or tumor with or without nail loss.
- Type 2, seen in six (30%), was a mild to moderate wart-like lesion with nail splitting and skin fissures.
- Type 3, seen in four (20%), was a recurrent discharge from beneath the nail with putative onychomycosis.

In all patients, less than 50% of the survival of Scripps patients could be that 73% (46 patients). One reason for the high survival of Scripps patients could be that the use of immunoperoxidase stains in this context can lead to the “overdiagnosis” of melanoma in situ, said Dr. LeBoit, who founded and directs the university’s dermatopathology service.

A more reliable alternative is to simply biopsy the contralateral side of sun-exposed skin, he suggested.

“If you find the exact same picture, then that’s just what the patient’s face looks like,” he said.

The second dilemma he posed—that is, distinguishing melanoma in situ from recently excised skin—also has a fairly simple solution, as it turns out.

Dr. LeBoit explained that all biopsies stimulate a release of cytokines during the wound-healing process, which in turn activates melanocytes on the surface of the distal phalanx was affected.

Many patients, however, have trouble remembering how long the lesions have been on their feet or ankles, perhaps accounting for the failure of Dr. Greenway’s group to find an association between tumor thickness and duration. In 10 cases, a biopsy underestimated the Breslow thickness of the tumor. Seven of these cases were upstaged during the treatment process, which consists of surgery, consideration of sentinel node examination, a metastatic and oncology evaluation, and follow-up.

Disease-free survival was significantly worse in the Scripps series for thicker tumors, a higher stage, males, and tumors initially misdiagnosed.

Increased surveillance did not improve survival in the series, he noted.

Nail Squamous Cell Carcinoma Varies In Presentation

MANCHESTER, ENGLAND — Squamous cell carcinoma of the nail unit is often misdiagnosed and its painful course protracted because clinical features can resemble more mundane conditions such as paronychia, Dr. Mohamed Alrawi said at the annual meeting of the British Association of Dermatologists.

A retrospective study of 20 patients seen between 1997 and 2005 has identified three patterns of presentation in this rare condition, and wider recognition of these patterns could help expedite diagnosis, Dr. Alrawi said. The clinical patterns were:

- Type 1, in 10 (50%) patients, was a frank nodule or tumor with or without nail loss.
- Type 2, seen in six (30%), was a mild to moderate wart-like lesion with nail splitting and skin fissures.
- Type 3, seen in four (20%), was a recurrent discharge from beneath the nail with putative onychomycosis.

In all patients, less than 50% of the survival of Scripps patients could be that 73% (46 patients). One reason for the high survival of Scripps patients could be that the use of immunoperoxidase stains in this context can lead to the “overdiagnosis” of melanoma in situ, said Dr. LeBoit, who founded and directs the university’s dermatopathology service.

A more reliable alternative is to simply biopsy the contralateral side of sun-exposed skin, he suggested.

“If you find the exact same picture, then that’s just what the patient’s face looks like,” he said.

The second dilemma he posed—that is, distinguishing melanoma in situ from recently excised skin—also has a fairly simple solution, as it turns out.

Dr. LeBoit explained that all biopsies stimulate a release of cytokines during the wound-healing process, which in turn activates melanocytes on the surface of the distal phalanx was affected.

Many patients, however, have trouble remembering how long the lesions have been on their feet or ankles, perhaps accounting for the failure of Dr. Greenway’s group to find an association between tumor thickness and duration. In 10 cases, a biopsy underestimated the Breslow thickness of the tumor. Seven of these cases were upstaged during the treatment process, which consists of surgery, consideration of sentinel node examination, a metastatic and oncology evaluation, and follow-up.

Disease-free survival was significantly worse in the Scripps series for thicker tumors, a higher stage, males, and tumors initially misdiagnosed.

Increased surveillance did not improve survival in the series, he noted.

Nail Squamous Cell Carcinoma Varies In Presentation

MANCHESTER, ENGLAND — Squamous cell carcinoma of the nail unit is often misdiagnosed and its painful course protracted because clinical features can resemble more mundane conditions such as paronychia, Dr. Mohamed Alrawi said at the annual meeting of the British Association of Dermatologists.

A retrospective study of 20 patients seen between 1997 and 2005 has identified three patterns of presentation in this rare condition, and wider recognition of these patterns could help expedite diagnosis, Dr. Alrawi said. The clinical patterns were:

- Type 1, in 10 (50%) patients, was a frank nodule or tumor with or without nail loss.
- Type 2, seen in six (30%), was a mild to moderate wart-like lesion with nail splitting and skin fissures.
- Type 3, seen in four (20%), was a recurrent discharge from beneath the nail with putative onychomycosis.

In all patients, less than 50% of the survival of Scripps patients could be that 73% (46 patients). One reason for the high survival of Scripps patients could be that the use of immunoperoxidase stains in this context can lead to the “overdiagnosis” of melanoma in situ, said Dr. LeBoit, who founded and directs the university’s dermatopathology service.

A more reliable alternative is to simply biopsy the contralateral side of sun-exposed skin, he suggested.

“If you find the exact same picture, then that’s just what the patient’s face looks like,” he said.

The second dilemma he posed—that is, distinguishing melanoma in situ from recently excised skin—also has a fairly simple solution, as it turns out.

Dr. LeBoit explained that all biopsies stimulate a release of cytokines during the wound-healing process, which in turn activates melanocytes on the surface of the distal phalanx was affected.

Many patients, however, have trouble remembering how long the lesions have been on their feet or ankles, perhaps accounting for the failure of Dr. Greenway’s group to find an association between tumor thickness and duration. In 10 cases, a biopsy underestimated the Breslow thickness of the tumor. Seven of these cases were upstaged during the treatment process, which consists of surgery, consideration of sentinel node examination, a metastatic and oncology evaluation, and follow-up.

Disease-free survival was significantly worse in the Scripps series for thicker tumors, a higher stage, males, and tumors initially misdiagnosed.

Increased surveillance did not improve survival in the series, he noted.