

EBM

Desmoplastic melanoma

Clinical history

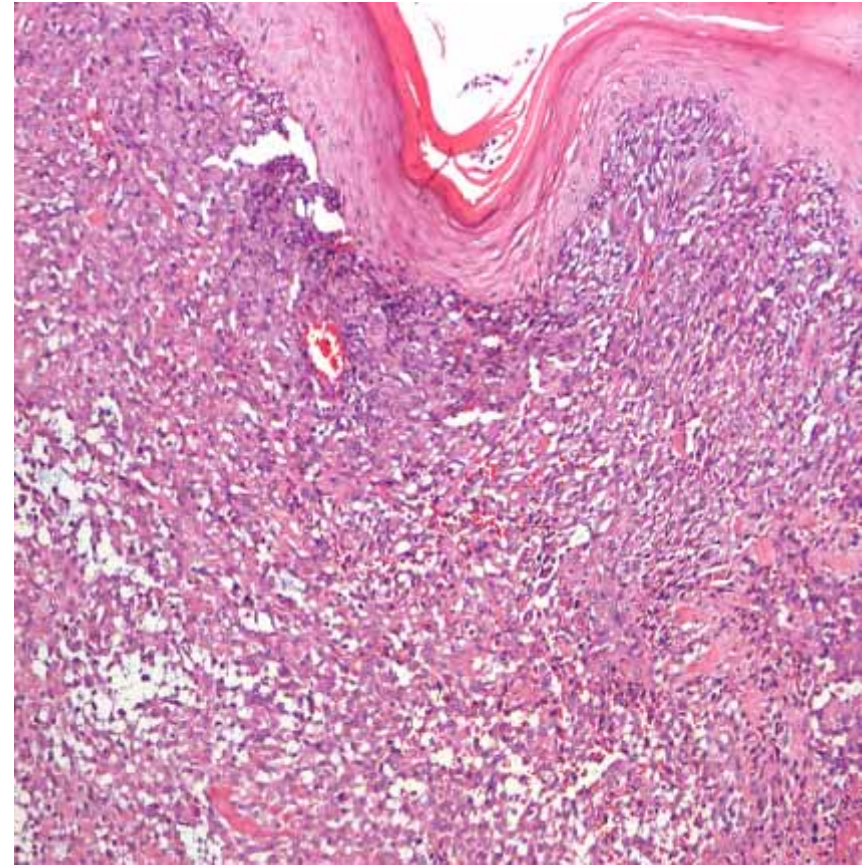
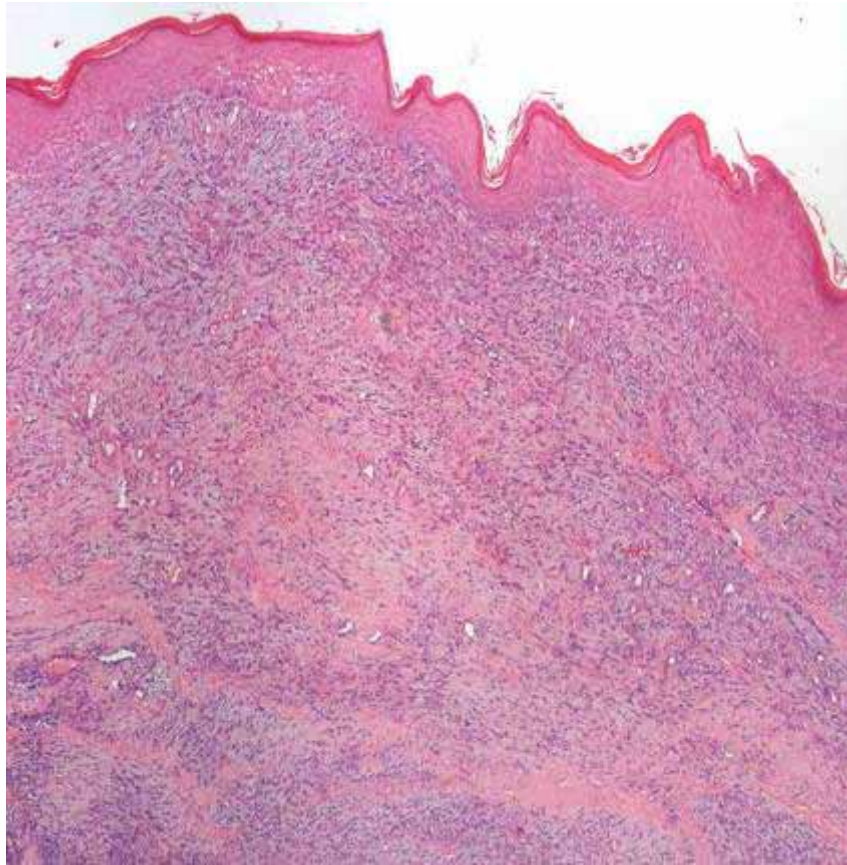
- **Age: 59 years old**
- **Gender: female**
- **Chief complain: right foot ankle mass for 2-3 months**
- **The mass measures 7x6x6 cm in size, and shows nodulation and with heterogeneous skin color.**
- **Underlying disease:**
 - **Periampullar adenocarcinoma s/p bypass surgery in July 2005.**
 - **Diabetes mellitus with drug control**



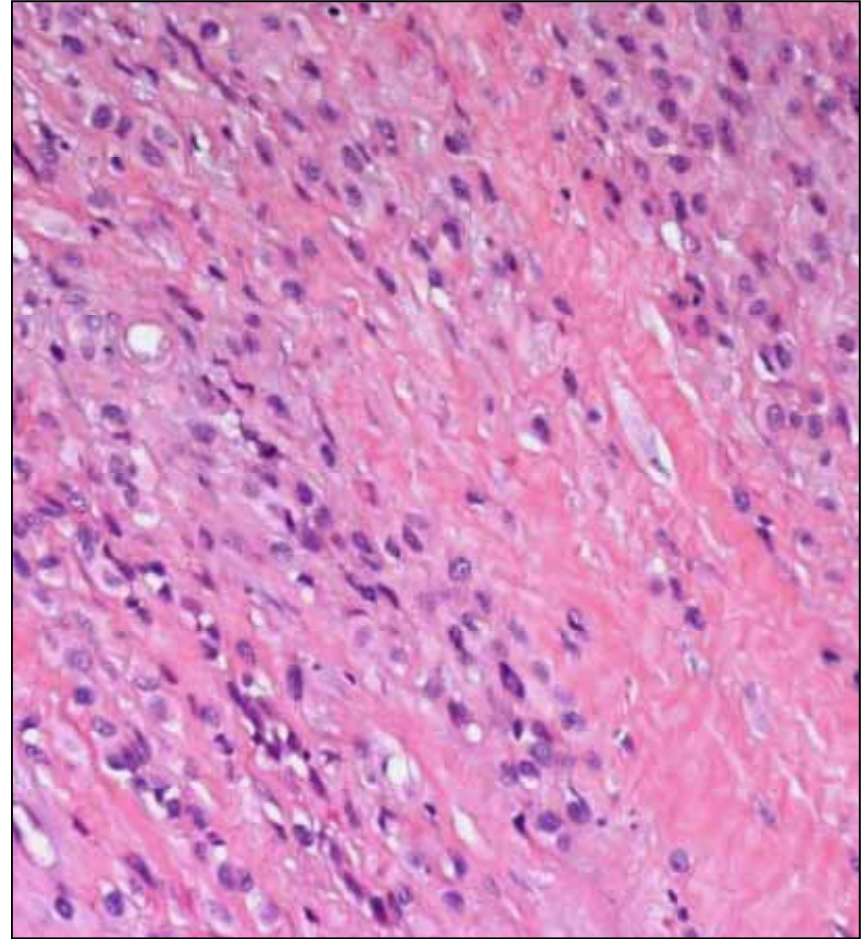
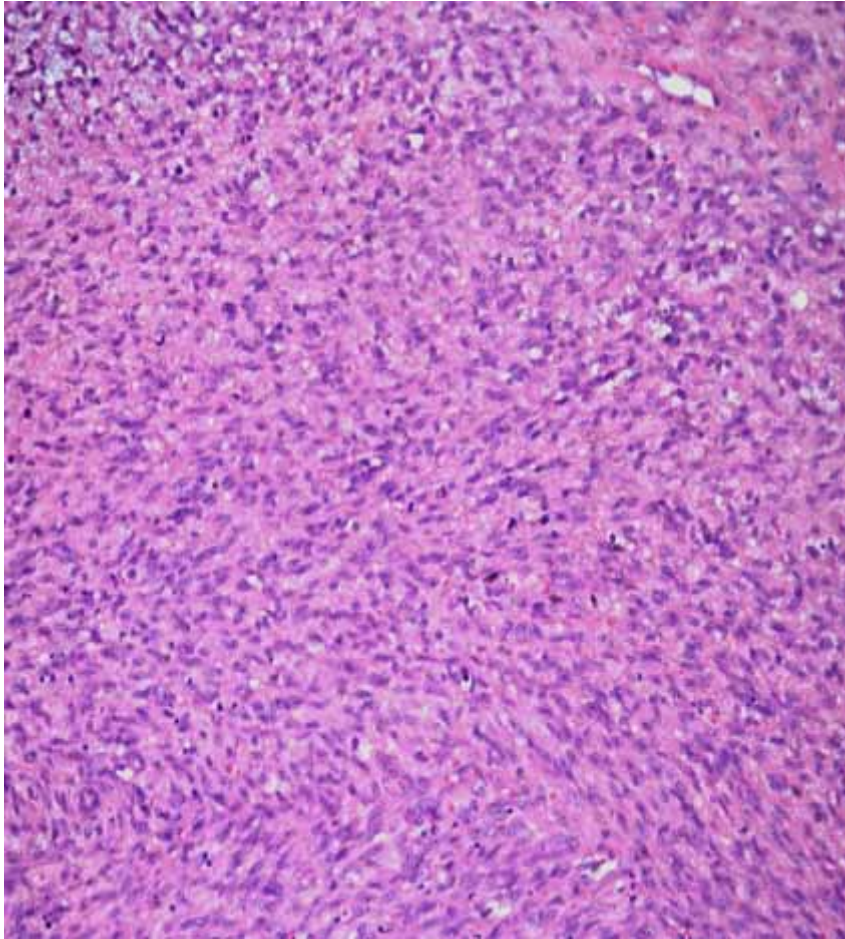
Laboratory data

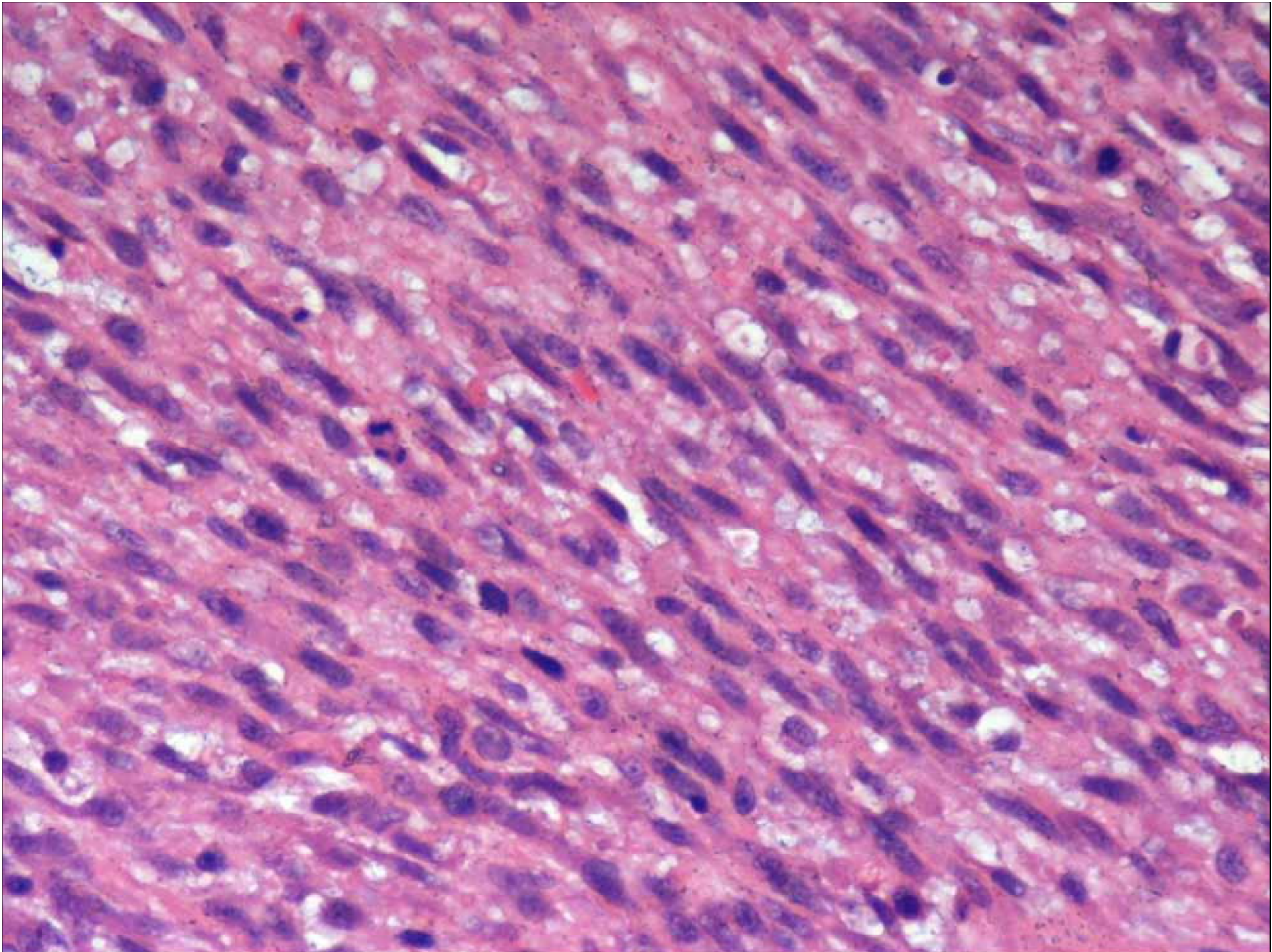
Item	Data		Item	Data
WBC	3.81 x 10³/ul		BUN	4.8 mu/dl
Hb	7.7 u/dl		Creatinine	0.7 mu/dl
PLT	95 x 10³/ul		Na+	137 mmol/L
PT (p/c)	10.7 / 10.8 sec		K+	3.9 mmol/L
PTT (p/c)	32.7 /29.7 sec		GPT	17 IU/L
GLU	342 mg/dl		GOT	33 IU/L

Histopathologic finding

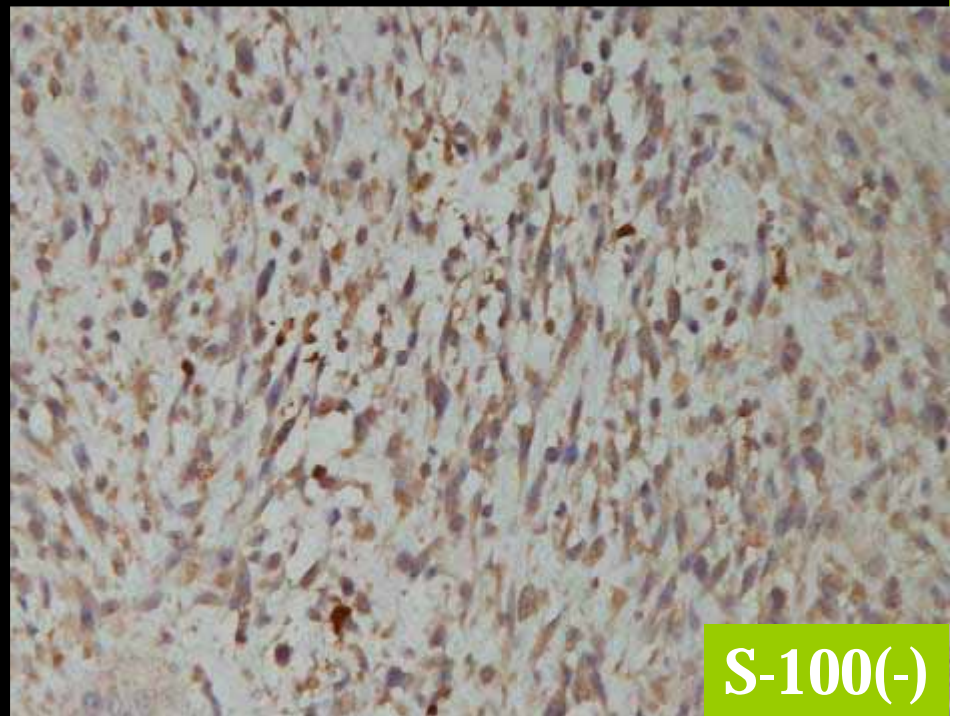
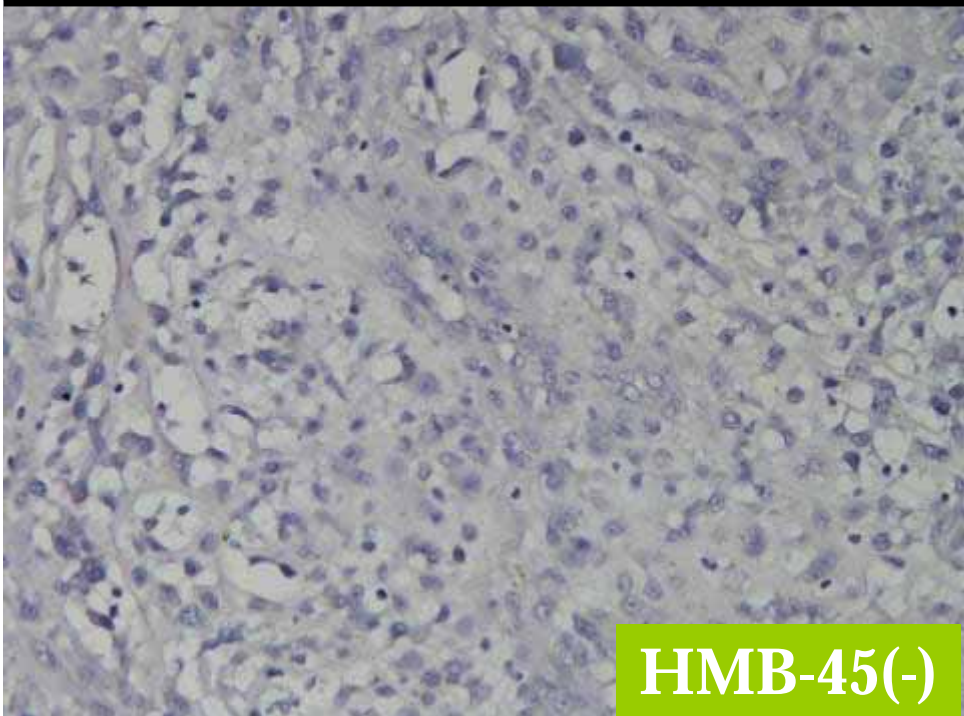
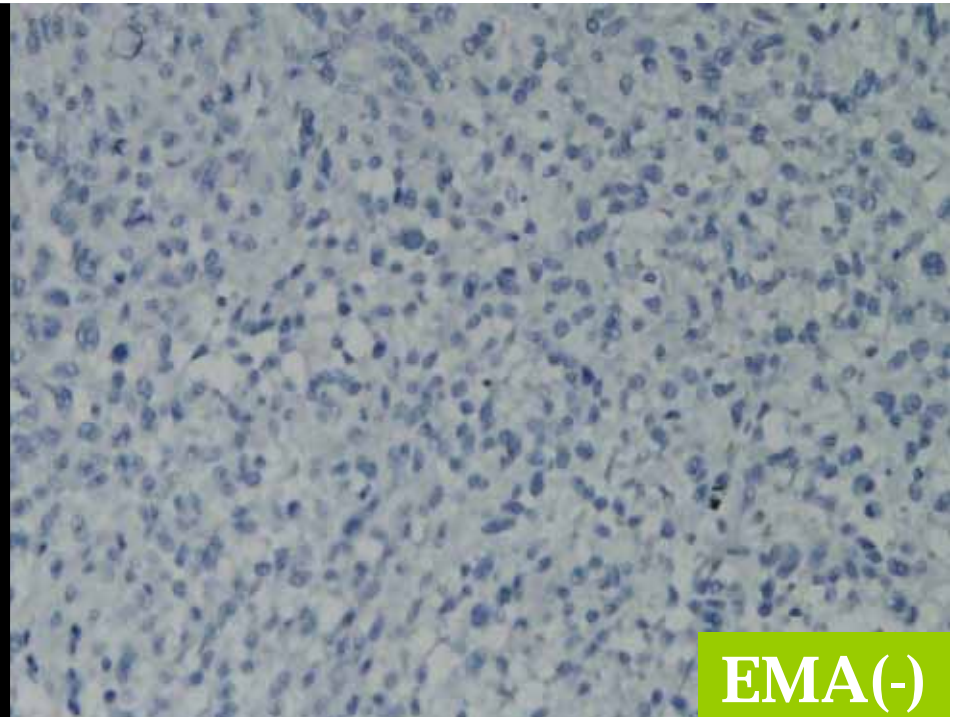
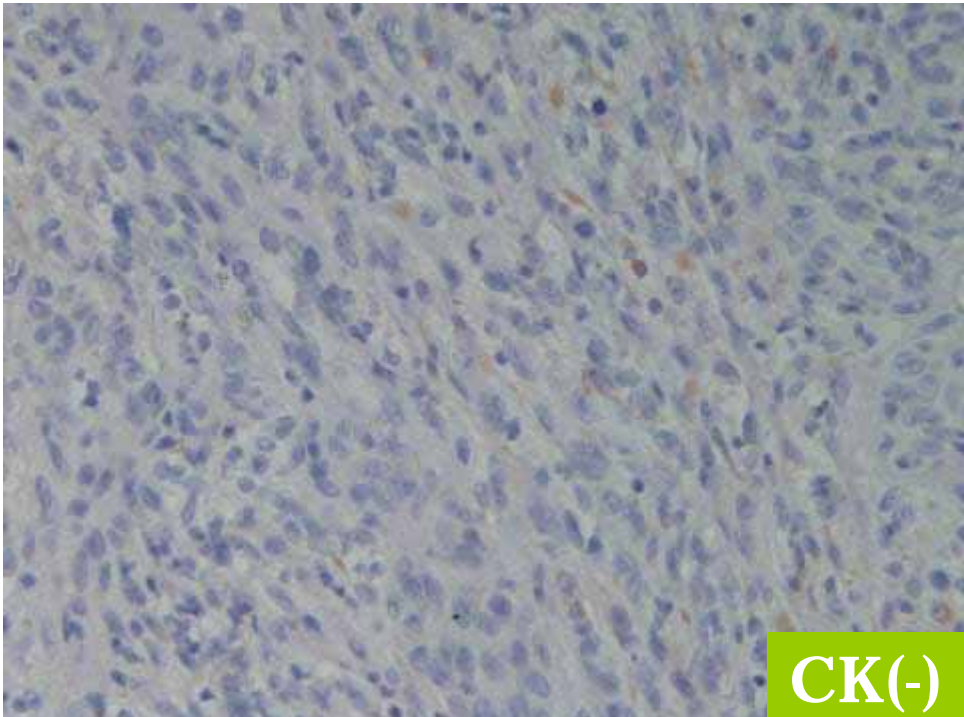


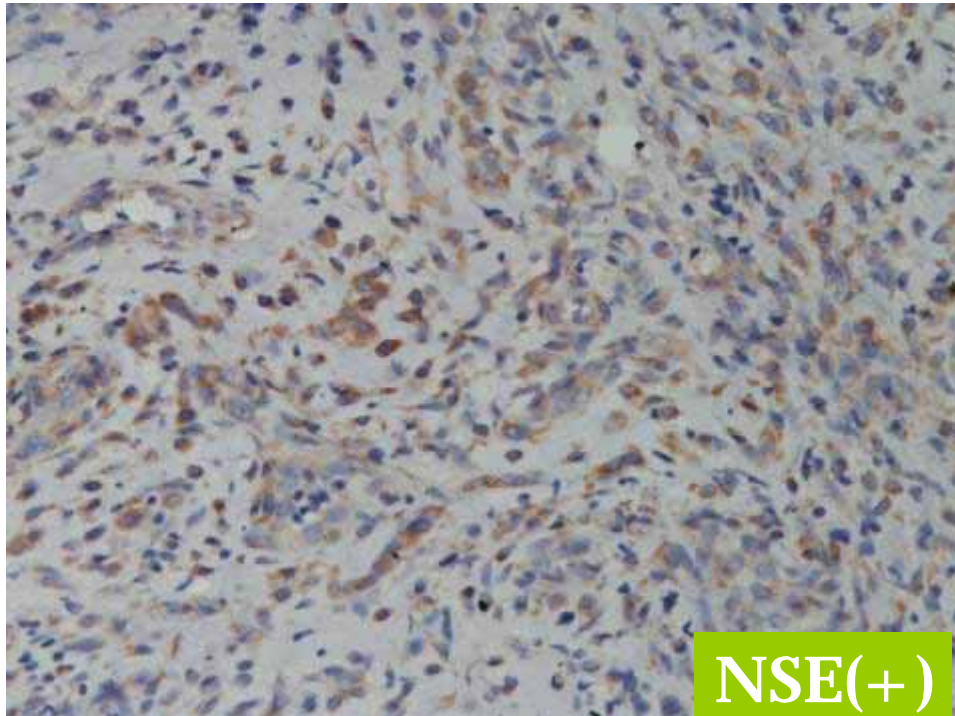
Histopathologic finding



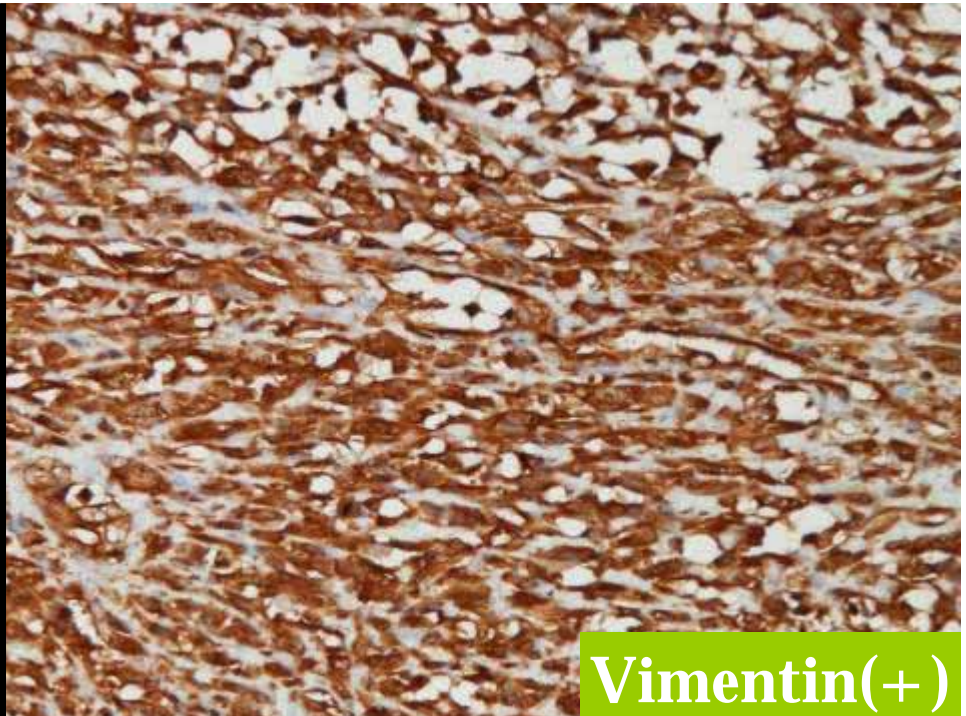


Immunohistochemical study

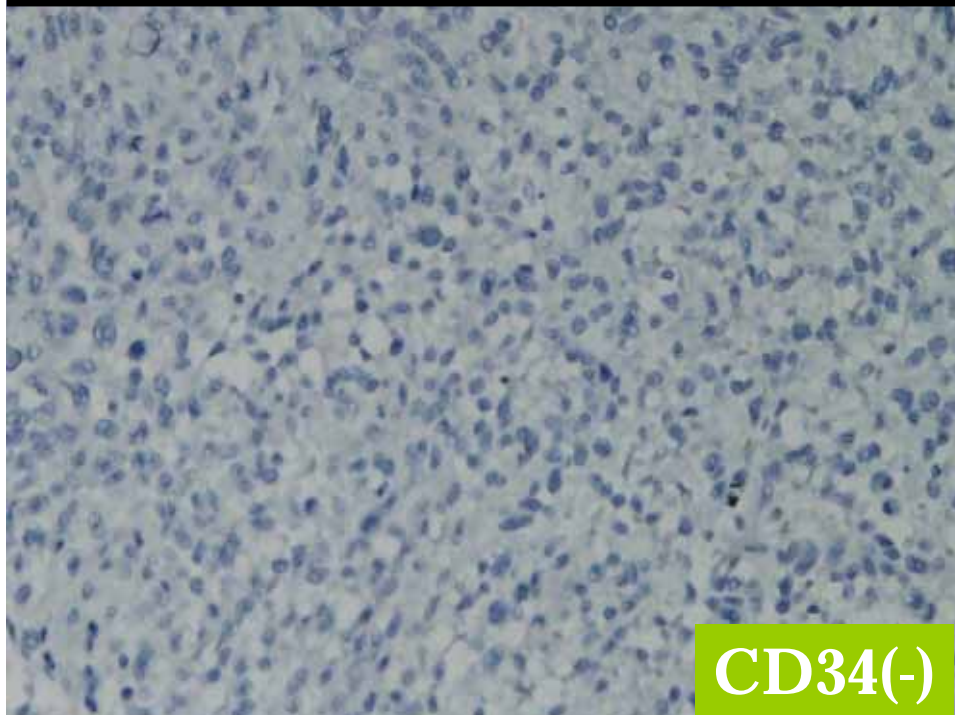




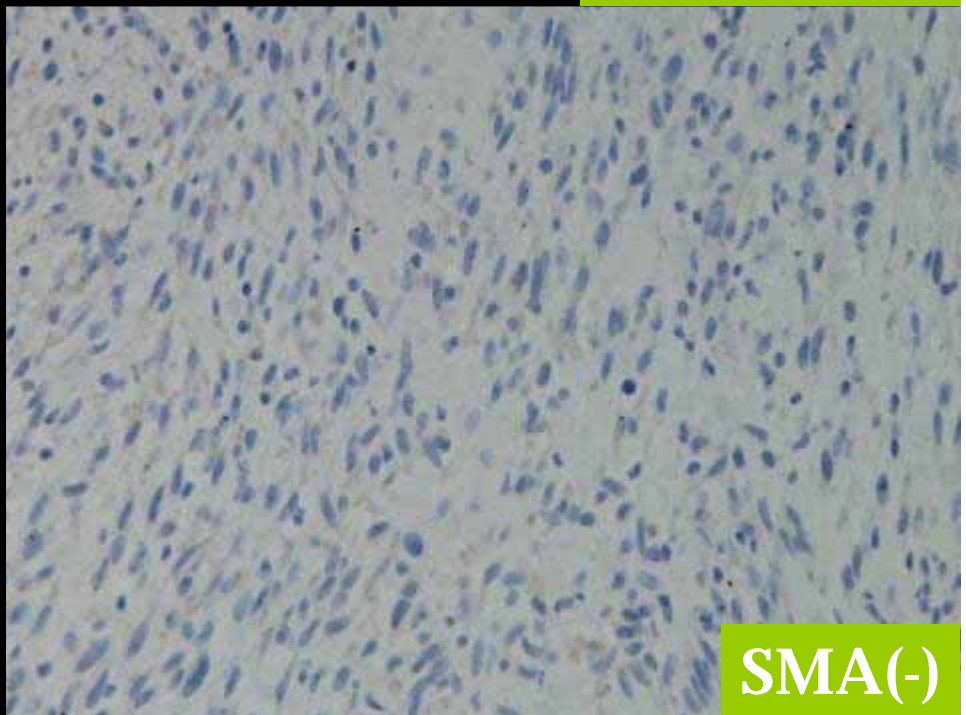
NSE(+)



Vimentin(+)



CD34(-)



SMA(-)

Summary of IHC

- Positive
 - S-100
 - NSE
 - Vimentin
- Negative
 - CK
 - EMA
 - CD34
 - SMA
 - HMB-45

Desmoplastic melanoma:

S-100 (+), Vimentin (+), NSE (+), HMB-45 (-), Melan A (-)

Final diagnosis:

Desmoplastic melanoma

Clinical scenario

- **This 59-year-old female is with desmoplastic melanoma of right foot ankle for 2 to 3 months.**
- **The right foot ankle mass was excision (97/11/12):**
 - **Pathologic stage: pT4NxMx**
 - **Margin is not free**
- **(98/1/22) Recurrence:**
 - **Enlarged mass over right foot (6x6x6 cm)**
- **Underlying disease:**
 - **Periampullar adenocarcinoma s/p bypass surgery in July 2005.**
 - **Diabetes mellitus with drug control**

實証醫學

實証醫學的五大步驟

- 1. Asking an answerable question
- 2. Tracking down the best evidence
- 3. Critical appraisal
- 4. Integrating the appraisal with clinical expertise & patient's preference
- 5. Auditing performance in step 1-4

Asking an answerable question

- Desmoplastic melanoma 和 conventional melanoma 之 clinical and pathological characteristics 有何差異?

PICO

- **Patient/problem:** 59-year-old female with desmoplastic melanoma of right foot ankle
- **Intervention:** desmoplastic melanoma
- **Comparison:** conventional melanoma
- **Outcomes:** prognosis
- **Specific Question:** The difference of clinical and pathologic characteristic of patients with desmoplastic melanoma and conventional melanoma?

搜尋資料庫和搜尋時使用之關鍵字

- Google
- PubMed
- Cochrane library
- UpToDate
- MD consult
- **Key Words:** Desmoplastic • Melanoma • Histopathology • Recurrence • Survival

Search result

- *Annals of Surgical Oncology* 12:207-213 (2005)
- **Desmoplastic Melanoma: A Pathologically and Clinically Distinct Form of Cutaneous Melanoma**

Result

- (1) Seventy-three percent of patients with DM(3.6cm) had tumors >2 mm in depth, compared with 31% of patients with CM(2.1cm) ($P < .001$).
- (2) Regional nodal metastasis was uncommon in patients who presented with clinically localized pDM (1%) compared with those with CM (6%) ($P < .05$, pDM vs. CM).
- (3) Patients with pDM and CM had a similar melanoma-specific mortality despite a 3-fold difference in median tumor depth (3.6 vs. 1.2 mm, respectively).

Conclusions

- (1) DMs are unlikely to disseminate to regional lymph nodes and are associated with a favorable outcome when compared with those with CM.

Search result

- *Annals of Surgical Oncology* 13:728-739 (2006)
- **Histopathologic Characteristics, Recurrence Patterns, and Survival of 129 Patients With Desmoplastic Melanoma**

Result

- (1) Overall survival was 76% at 5 years and 64% at 10 years; median survival was 13.0 years.
- (2) A total of 51 patients (39.5%) experienced disease recurrence, with a median time to recurrence of 1.3 years.
- (3) The first recurrence was local in 18 patients (14.0%), nodal in 18 patients (14.0%), and distant in 15 patients (11.6%), with median survivals of 6.7, 7.8, and 1.8 years, respectively.
- (4) Statistically significant predictors of recurrence were a final positive margin status and stage, and predictors of overall survival were patient age and stage.

Conclusion

- (1) Compared with other types of melanoma, **DMs do demonstrate a tendency toward local recurrence**, thus suggesting that **narrower excision margins** may **not** be appropriate in this population.
- (2) Scrutiny of **final surgical margins** is critical to the local management of DM.
- (3) In addition, **the potential for regional nodal involvement** must be considered at the time of diagnosis and during surveillance for disease recurrence.

Application to the patient

- (1) DMs are unlikely to disseminate to regional lymph nodes and are associated with a favorable outcome when compared with those with CM.
- (2) The incidence of local recurrence for DM(7%) is higher than CM (2%).
- (3) DM is treated with wide local excision with surgical margins of at least 2.0 cm.
- (4) The first local recurrence is 14.0%, nodal recurrence is (14.0%), and distant recurrence is 11.6%, with median survivals of 6.7, 7.8, and 1.8 years, respectively



Thanks for your attention