

SUPERFICIAL SPREADING MELANOMA „SLUMBERED“ BEHIND THE SHADOW OF ONYCHOMYCOSIS

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Summary. Malignant melanoma is the most aggressive form of cutaneous cancer. Due to the continuously increasing rate of newly detected cases each year and because of its particular low survival rate, the scientific interest in this type of neoplasia is constantly growing. Sun exposure is identified as the major etiologic factor for malignant transformation of the melanocytes. According to the WHO, malignant melanoma is divided into four main groups, as the superficial spreading form is defined as the most “gentle” among them. The name of this subspecies does not have to “drowse” the attention of dermatologists considering the possible metastatic risk, even at a later stage. Due to lack of subjective complaints, patients do not seek active consultation on this occasion, as this type of lesions often remain missed within the clinical examination. Early diagnosis, however, as well as early surgical removal is the key to increasing the survival rate of the patients. We present a case of a 88 year-old female patient consulted with dermatologist on occasion of severe onychomycosis, as a pigment lesion on the anterior surface of the right leg. Clinically and dermatoscopically suspected superficial spreading melanoma was detected within the examination.

Key words: *superficial, spreading, melanoma, onychomycosis, diagnosis, prevention*

INTRODUCTION

For the first time the term “melanoma” was used back in 1836 by Carswell, while the information of this cutaneous pathology is dating back since the time of Hippocrates [1]. Several centuries later, the interest in malignant melanoma remains increased because it is the most aggressive form of skin cancer. Even with a frequency of about 5% of all cutaneous tumors, it remains the main reason for mortality caused by malignant cutaneous diseases [2]. Globally, its frequency is increasing every year, which explains the increasing variety of studies in this area [2, 3].

Although the exact cause for the malignant transformation of melanocytes is not fully understood, the possible etiological factor most widely discussed remains sun exposure, in particular ultraviolet radiation [4].

According to the World Health Organization (WHO) classification, cutaneous melanoma is divided into four main types, based on the peculiarities of their morphology and histology – superficial spreading melanoma, lentigo maligna melanoma, nodular melanoma and acral lentiginous melanoma [3, 4].

Despite the variety of combinations of chemotherapy, radiotherapy and vaccines that are used in all advanced cases, early diagnosis and timely treatment are the only weapon against the malignant melanoma, as well as improving the quality of life of the patients with this diagnosis [5].

We present an ordinary on first sight case of a female patient, consulted with dermatologist on the occasion of severe onychomycosis, but within the examination, a superficial spreading melanoma, located in the right calf was established, by accident.

CASE REPORT

History

We present a 88-year-old female patient, consulted with dermatologist on occasion of discoloration and severe thickening of the structure of the toenails, as changes occurred bilaterally, with progression over the years. Subjective complaints were presented by moderate itching in the intradigitorum space. Presence of comorbidities or family history for dermatological diseases were not reported.

Clinical findings

Within the conducted thorough clinical examination, in addition to the significant fungal changes in both of the toenail plates, a pigmented lesion located on the anterior surface in the middle part of the right lower leg, was revealed. The lesion was irregularly shaped, with blurred boundaries, not elevated and without change in the skin relief, with unclear borders and regression areas dermatoscopically (Fig. 1a, b). Clinical data and the performed dermatoscopic study concluded that the lesion is suspected for superficial spreading melanoma (Fig. 1c). With further guidance history, it was established that the duration of the pigmentation is about more than 15 years, as the patient reported a inconspicuous growth of the lesion within this period of time.

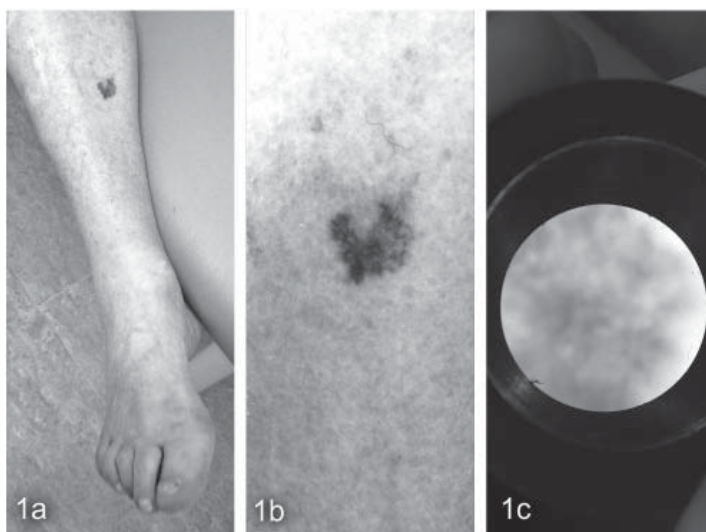


Fig.1a. Clinical finding of the melanoma suspected lesion. Disseminated onychomycosis

Fig. 1b. Clinical finding of the melanoma suspected lesion

Fig.1c. Regression zones dermatoscopically

Therapy

Although the presented detailed explanations for the suspected presence of malignancy, considering the observed pigmented lesions and the possibility for developing further locoregional and distant metastases, the patient categorically refused surgical treatment, citing the fact that pigmentation is with significant duration.

DISCUSSION

Although malignant melanoma represents only about 5% of all skin cancers, it remains the main subject in numerous researches, due to its aggressive course, high mortality and increasing frequency in recent decades [2].

Historical data for multiple and severe sunburns in childhood or adulthood, which our patient also indicated, are pointed as the main among the risk factors for the development of malignant melanoma [6].

Different classifications of malignant melanoma have been established, some of which based on histological differences between subtypes and others according to their possible evolution and probable outcome of the disease [7]. According to WHO classification, cutaneous melanoma is divided into four main types, based on the peculiarities of their morphology and histology – superficial spreading melanoma, lentigo maligna melanoma, nodular melanoma and acral lentiginous melanoma [7]. The main aim of this systematization is to determine the correct therapeutic approach according to the degree of aggressiveness of the individual clinical form [8].

The age and sex of the patient, location of the lesion, presence of ulceration or bleeding, clinical stages, have been also taken into consideration for the eventual outcome of the disease as well as regarding the therapeutic behavior and the course of the disease [9].

Due to its horizontal growth phase superficial spreading melanoma is often overlooked as a possible source for the development of close and distant metastases [7]. This melanoma form, however, should not be neglected only because of the fact that within the staging according to the depth of invasion (levels Clark) and according to the thickness of the lesion (scale Breslow) gives good prognosis in general [9]. Clinical examination and dermatoscopic examination cannot be performed using combined staging according Breslow-Clark and therefore, cannot be a proper assessment of the degree of invasion of the lesion, therefore surgical removal with histopathological evaluation of the stage according to the tumor thickness is the correct behavior in this form of melanoma malignum [10].

We presented a case of a 88-year-old female patient who visited a dermatologist on the occasion of onychomycosis in which during the thorough dermatological examination, suspected pigment lesion in the anterior surface of the right lower leg was observed, dermatoscopically determined as superficial spreading melanoma. Although the detailed explanation considering the opportunities for malignancy of the lesion and the possible complications, the patient categorically refused surgical treatment, due to the long duration limitation of the amendment.

Globally, three main levels are defined, aiming at the limitation of the incidence of malignant melanoma: 1) prevention by active photoprotection as solar radiation is a major etiologic factor; 2) screening programs that include preventive examinations and mandatory inspection of the entire skin surface of the patient, regardless of the reason for the visit, which would provide early diagnosis in 90% of cases and lead to a significant reduction in mortality; 3) combating metastasis, recurrence and mortality [5].

Informing patients about the risk factors generating melanoma is the key element in the battle against the spread of the disease [2, 5].

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