

Histoprognostic particularities of Superficial spreading melanoma

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Superficial Spreading Melanoma

- Superficial Spreading Melanoma (SSM): characterized by a radial growth phase with pagetoid pattern
- 89 Melanoma : 1991-2005 / Department of Pathology
- EHS Douera
- Usuel technics
- Staging: TNM 2002

PRIMARY MELANOMA (n: 89)

	n. cases	%
Nodular	30	33,7
MAL	25	28,1
Dubreuilh	15	16,85
SSM	11	12,36
Desmoplastic	1	1,12
Achromic	2	2,25
Inclassable	5	5,62
Total	89	100

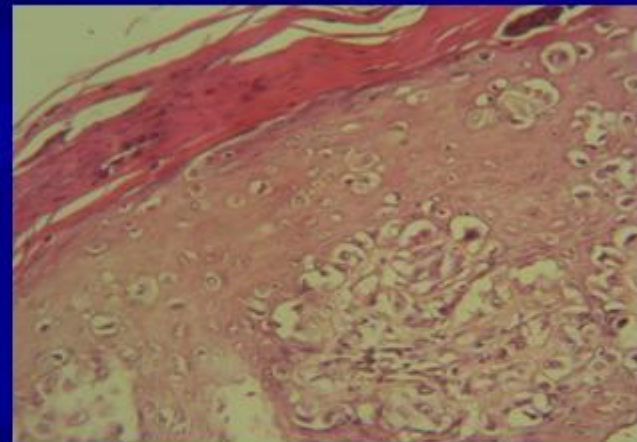
SSM RESULTS

- 12,36% of melanoma
- M/F = 1,2
- 24 - 88 years m. 53,90 pick [61 – 80]
- ATCDS: burn (1 pt), diabtes (2)
- Age of tumor : 3 months- 10 y, m. 2 y
- Notion of traumatism: 3 pts (burns and clothes rubbings)

SSM

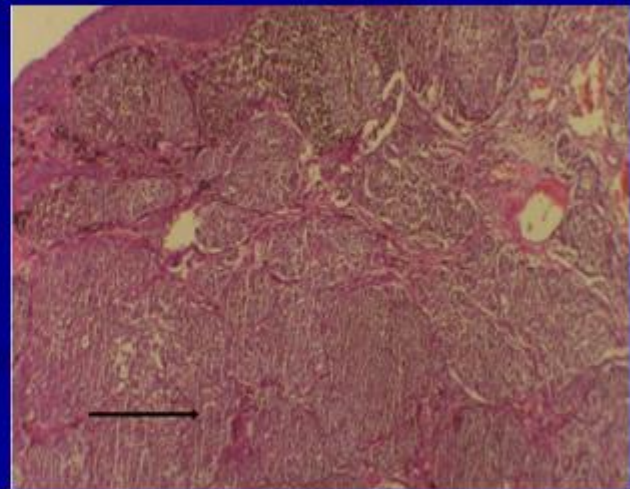
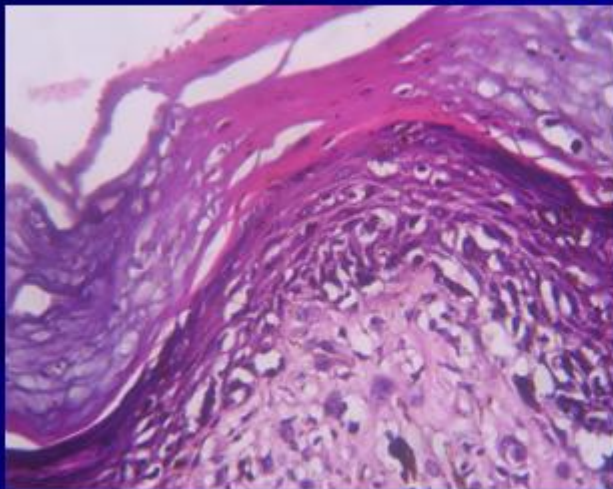
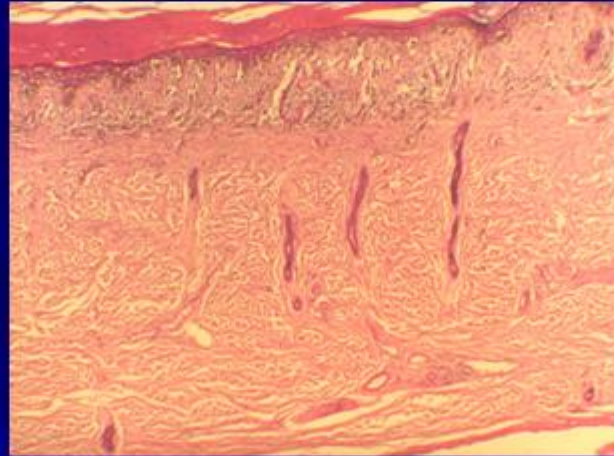


- Irregularly pigmented and outlines macule (50%)
- 40%: ulcerated papule
- 10% NS
- Diameter: 0,5 à 7 cm; m.2,16
- localization: ubiquitarian



SSM: radial growth phase
with pagetoid pattern

SSM MICROSCOPY



SSM

MORPHOLOGICAL PROGNOSTIC FACTORS

■ Breslow's thickness

Breslow's thickness	N
≤ 1 mm	3
1,01- 2,0 mm	4
2,01 - 4,0 mm	1
> 4 mm	3
Total	11

■ Clark's levels of invasion

Levels of invasion	N
II	3
III	5
IV	1
V	2
Total	11

SSM

MORPHOLOGICAL PROGNOSTIC FACTORS

- **Ulceration 36,4%**
- **Mitotic rate: low in 1/2 cases**
- **Tumour infiltrating lymphocytes : 63%**
- **Lymphovascular invasion : 18,2%**
- **Regression : 18,2%**
- **Microscopic satellites : 1 pt**

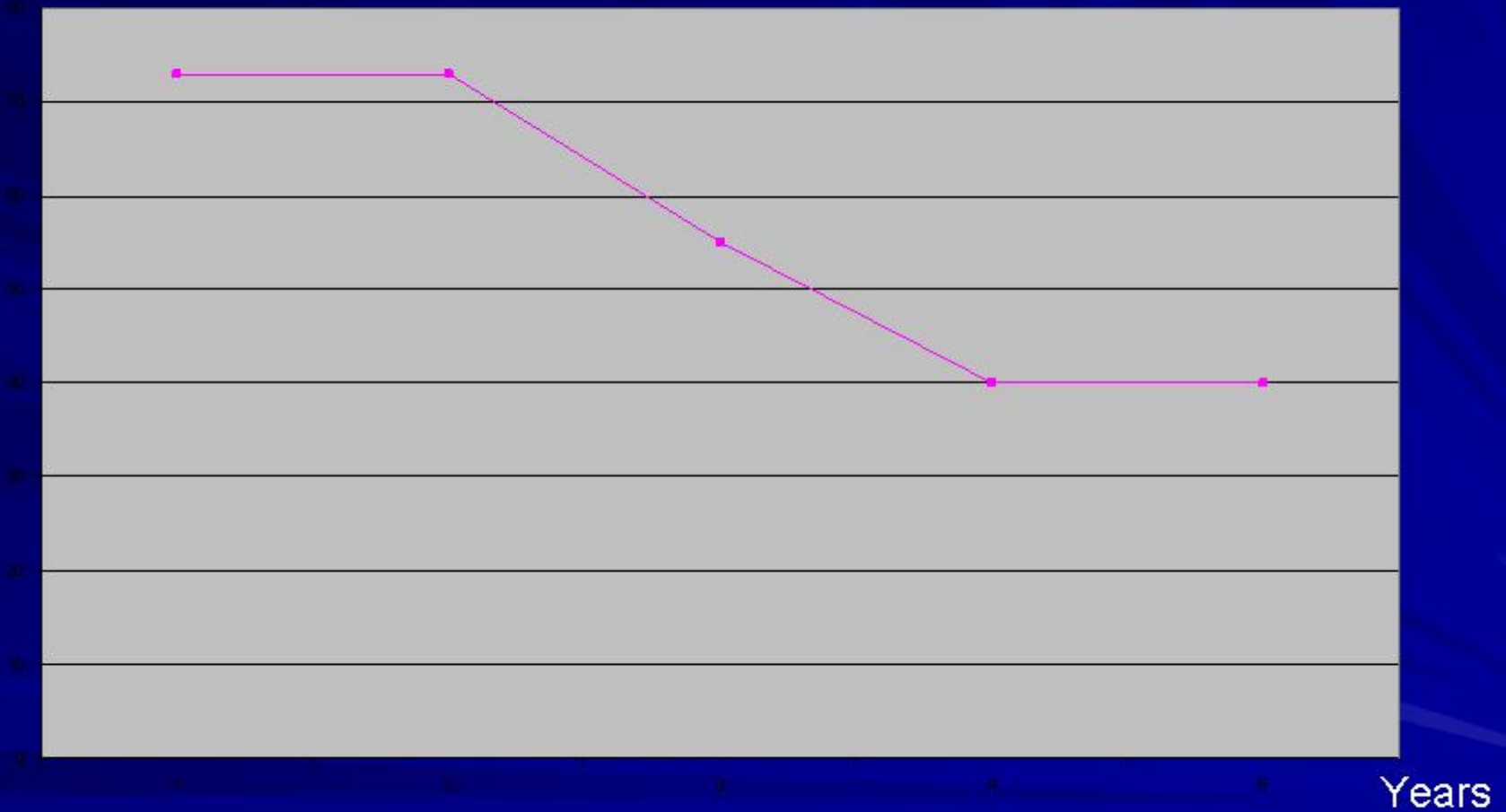
STAGING

- **Excision margin: healthful in 82%**
- **Surgery: stage N0 (10) stage N+ (1)**
- **Adjuvant therapy : 7 pts / 11**

Stage	N
IA	3
IB	2
IIA	2
IIB	3
IIC	0
IIIA	0
IIIB	1
Total	11

SSM

%



Survival distribution function

DISCUSSION (1)

- **Pagetoid melanoma**
- **4th position in our study / 70 % (Langly 1998, Swetter 2003)**
- **Mean age: 54 years / 30-50 Langley**
- **Localization: ubiquitous / legs, trunk (Haneck 2006)**

DISCUSSION (2)

- **Typical clinical features**
- **36,4% ulcerated vs 23% (Balch 1980)**
- **Intermediat thickness (Langley 1998)**
- **Prognostic: ↓ in our study vs good for Mac Kie (2000)**

CONCLUSION

- Rare in our sample
- Morphological prognostic factors have not predictive value
- Others factors
 - Epidemiology?
 - Genetics?