

Acral lentiginous melanoma: a single institution experience of 35 years.

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Acral lentiginous melanoma (ALM) occurring on the palms, soles and nail beds of the extremities have been associated with poor prognosis. We aimed to summarize our experiences with this melanoma subtype and compare it with data from the literature.

We conducted a retrospective review between 1977 and 2013 at our dermato-oncology department in the south of Hungary. Data from ALM patients were collected with regards to gender, age, Breslow tumor thickness, tumor location, sentinel lymph node (SLN) status and about the time needed to consult a physician after patients observed the skin tumors. For overall survival Kaplan-Meier analysis was used.

During the 35 years time period a total of 154 patients with ALM were diagnosed. The mean age was 66.5 years, male:female ratio was 1:1.26. The mean Breslow tumor thickness was 3.344 mm and 69% of the tumors were 2.00 mm or greater. In 82.5% of patients tumors were localized on the lower extremity. 52% of patients consulted a physician within the first year after observing the skin tumor. Risk factors associated with overall survival were Breslow tumor thickness and SLN status. 27.3% of the patients underwent SLN biopsy of whom 52% were positive. The main difference between the SLN positive and negative groups was the mean Breslow tumor thickness. When comparing our data with the relevant literature data in caucasian AML patients, we found significantly greater tumor thickness in our patient population.

We concluded, that that ALM is a rare subtype of malignant melanoma. The majority of the tumors diagnosed are thicker than 2 mm and the time to consult a physician is long. We confirmed, that tumor thickness and SLN status are important prognostic factor for survival and that there is a room to improve patient awareness with regards to this rare subtype of malignant melanoma.