Managing Tough Real Life Dermatology Cases

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DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY

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S050 - Managing Tough Real Life Dermatology Cases

DISCLOSURES

I do not have any relevant relationships with industry.
Diagnosis: Lentigo Maligna

- Broad lesion on sun damaged skin
- Asymmetric and poorly circumscribed
- Junctional growth of atypical melanocytes
- Involves adnexal structures
- Dominated by non-nested melanocytes
- Nests elongated, bizarre, confluent, and oddly located
- Rete ridges effaced
Surgical Excision

• Excision with histologically negative margins is the recommended and first-line treatment
• May require >5mm margin because of subclinical extension
• Mohs or staged excision may be utilized for exhaustive histologic assessment of peripheral margins
• Permanent section analysis of the central portion of the specimen is recommended to identify and appropriately stage potential invasive melanoma
  • If invasive melanoma identified on Mohs sections, tissue should be submitted for formal pathology review

Surgical Excision: Disadvantages

• Surgical defects can be large and disfiguring
• Staged excisions can remain active for several days to weeks, increasing patient discomfort and risk of infection
• Surgical margins can be confounded by “atypical melanocytic hyperplasia”
Imiquimod

• Most studies suggest ~75% response rate
• Phase II trial of up to 60 applications showed pathologic clearance in only 10/27 (37%) of patients
• Combination of tazarotene and imiquimod increased frequency of complete response
• Risk of recurrence after complete clinical response includes chance for invasive disease
• Follicular involvement is seen in 95.8% of specimens, with mean 68% of follicles involved to depth of 0.45mm
Radiation

- Literature is mixed given different modalities, doses, treatment parameters
- Largely, recent studies reported from outside of US
- Recent literature review:
  - 9 clinical studies with 537 patients
  - 18 local recurrences in 349 patients
  - 5 patients with progression to LMM

Cryotherapy

• Efficient, relatively low-risk procedure with quick healing and reasonable cosmetic outcome
• Low recurrence rates, with re-treatment a possible option
• Low number of treated patients and lack of controlled studies
Observation

- Treatment has not been proven superior to observation
- Reducing tumor burden may improve outcomes by reducing potential for invasive melanoma
- No data to define rates of progression
  - Estimated 5% lifetime risk of progression to invasive disease
  - Others estimate lower risk, depending on age at diagnosis