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The Modality of Melanoma Surgical Treatment Correlated to Invasion Degree According to AJCC Classification

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Melanoma mortality rates are the highest between skin cancer patients. It is life threatening disease, with survival rate correlated with many, mainly pathohistological factors. The depth of melanoma according to AJCC classification affects the surgical treatment modality and overall survival rate. We have presented the melanoma surgical treatment protocol with sentinel biopsy and radical lymphadenectomy of 213 patients with previously pathohistologically verified melanoma, operated in the Clinic for reconstructive and plastic surgery, Clinical University Center Sarajevo, in the three-year period (2015-2018). We have used Microsoft Excel program and IBM statistics SPSS v 21 or 22.

Results: We have evaluated correlation between thickness of the tumor according to AJCC classification and positive sentinel lymph node using the Chi-squared test = 82.5; with statistically significant difference ($p < 0.00001$). According to our clinical results, we have also evaluated the correlation between patients who have been subjected to radical lymphadenectomy after positive sentinel biopsy and thickness of tumor according to AJCC classification by Chi-squared test = 82.5; and statistically significant difference ($p < 0.00001$) and statistically significant relationship of grade and metastasis with AJCC classification (Chi-squared test = 19.6; $p < 0.00001$)

Conclusion: There is a significant correlation between thickness of the tumor according to AJCC classification and positive sentinel node biopsy and consequently indication for radical lymphadenectomy. We would like to emphasize that there was debate about necessity and justification of sentinel biopsy regarding the regional lymph node metastasis despite primary negative results

Biography :

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