

Comment on “Clinicopathological analysis of acral melanoma in a single center: a study of 45 cases”

 Isabella Parente Almeida¹

1. Médica Dermatologista – Clínica Oncoderma, São Paulo, SP, Brasil.

e-mail: isabellaparente@hotmail.com

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The interesting article “Clinicopathological Analysis of Acral Melanoma in a Single Center: A Study of 45 Cases” by Souza et al. discusses the anatomopathological nuances of one of the most lethal types of skin tumors: the acral melanoma. It is a retrospective study with a considerable time of observation (20 years) and a sample of 45 patients. When compared to other studies involving skin melanomas in Brasil, the series presented by the authors is expressive and possibly the second-largest sample of acral melanomas in a single-center study. The largest national study in number of patients was conducted by Nunes et al. at the National Cancer Institute.¹

The paper has positively contributed to the profiling of acral melanoma in that population, with a predominance in women, in the plantar region, acral lentiginous histological subtype, invasive tumors, and Clark IV, showing consistent with the existing literature. A curious fact raised by the authors regards the possible worse prognosis in males, which was not confirmed by data presented since men and women did not show statistical differences regarding invasiveness, ulceration, degree of mitosis, Breslow index, and five-year survival rate. Although several studies have indeed demonstrated a worse prognosis in male patients, there is still no clear explanation for this finding^{2,3,4}. Often times, this difference is attributed to a greater self-care by females.² As well noted by Souza et al.⁶, this simplistic explanation should not be accepted as an isolated fact and the absence of better explanations is an invitation to the scientific community for further studies in this respect.

The scientific literature is rich in articles on cutaneous melanoma; however, few focus specifically on assessing the acral subtype. Simultaneously, this subtype of melanoma is diagnosed later, which directly contributes to its poor prognosis⁵. This was observed by the authors, who found high Breslow scores among the patients evaluated. Aware of the positive relationship between delayed diagnosis, Breslow thickness, and the prognosis, the authors accordingly reinforce the need for appropriate dermatological assessment of the palmo-plantar and nail regions. It confirms the importance of asking patients to remove footwear during the physical examination of the skin. This simple act, which takes only a few seconds more, can be the difference between an early and late diagnosis or, from a perspective as dramatic as it is true, between life and death.

REFERENCES

1. Nunes LF, Quintella Mendes GL, Koifman RJ. Acral Melanoma: a retrospective cohort from Brazilian Nacional Cancer Institute (INCA). *Melanoma Res.* 2018; 28 (5): 458-464
2. Battisti R, Nunes DH, Weber AL, Schweitzer LC, Sgrott I. (2009). Avaliação do perfil epidemiológico e da mortalidade dos pacientes com diagnóstico de melanoma cutâneo primário no município de Florianópolis - SC, Brasil. *An Bras Dermatol.* 2009; 84(4):335-342.
3. Moreno M, Batista FRB, Bonetti TC. Sobrevida de Pacientes com Melanoma Cutâneo na Região Oeste de Santa Catarina, Brasil *Revista Brasileira de Cancerologia.* 2012; 58(4): 647-653
4. Brandao FV, Pereira AFJR, Gontijo B, Bittencourt FV. Epidemiological aspects of melanoma at a university hospital dermatology center over a period of 20 years. *An Bras Dermatol.* 2013; 88(3): 344-353.
5. Zyman LM, Cunha JA, Gimenez AO, Maia M. Acral melanoma: considerations about surgical management of this tumor. *An Bras Dermatol.* 2019; 94: 632-3.
6. Souza BC; Silva DHM; Miyashiro D; Kakizaki P; Valente NYS. Clinicopathological analysis of acral melanoma in a single center: a study of 45 cases. *Rev Assoc Med Bras* 2020;66(10):1391-1395

