LYMPHADENECTOMY AND ITS COMPLICATIONS IN III STAGE MELANOMA

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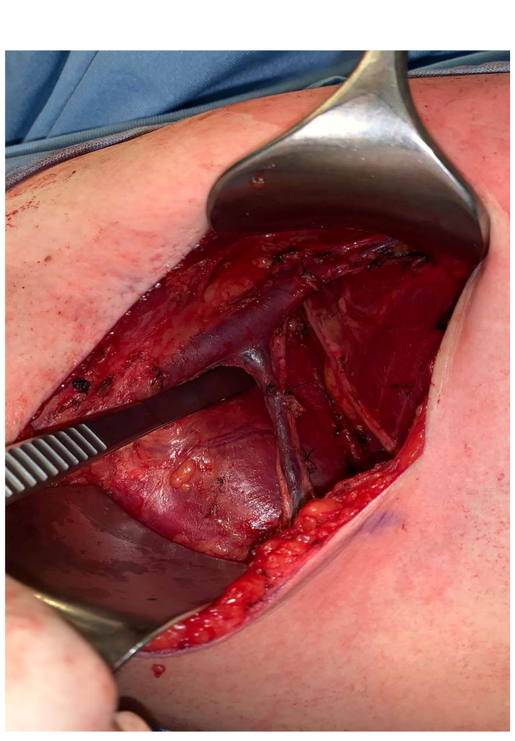
Background

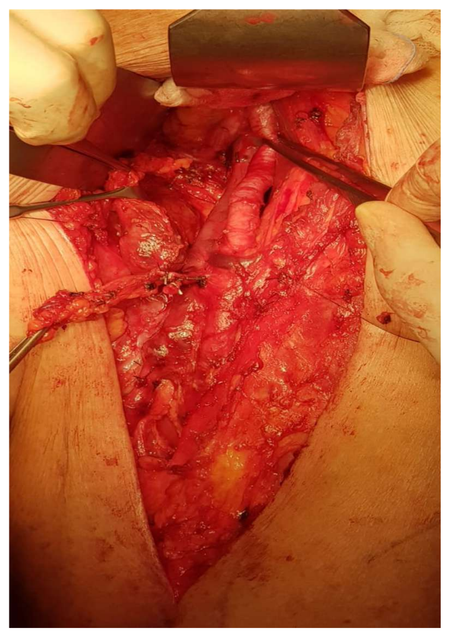
Clinical outcome in melanoma patients is strongly correlated with primary tumor characteristics (thickness, ulceration). The presence or not of lymphnode metastasis is the most significant prognostic factor for survival, as survival rates are halved by the presence, numer and tumor load of nodal metastasis. However, the impact of the timing of radical lymphnode dissection (RLND) on survival is still debated (1,2). Nowadays, after MSTL-2,complete lymphadenectomy (CLND) after positiveSLNB isn't performed, while the therapeutic one (TLND) is imposed in clinically evident metastases (3). The extension defines its adequacy. CLND following a positive SLNB has been reported to be less morbid than TLND(4,5,6). A positive SLNB represents the most important prognostic factor, however there is no way of identifying subgroups of SLNB-positive patients who might benefit from immediate CLND.

Short-term complications (<30-days)	Long-term complications (>30-days)
Wound hematoma	Mild lymphedema (I)
Infection	Moderate lymphedema (II)
Skin necrosis	Severe lymphedema (III)
VTE	
Nerve injury	

Methods

From 2006 to today out of 189 patients (106M, 83F), we performed for radical SLNB/ local recurrence 186 radical lymphadenectomies: 116 axillary lymphadenectomies, 63 ilio-inguinal-obturator, 7 cervical ones. In positive SLNB(60), 41 patients performed dissection, 19 did not (bulky <0.5, polypathology, personal choice). Antibiotic prophylaxis was given. We performed sartorial transposition during ileo-inguinal lymphadenectomy. Physiatrics visited all patients in the first postoperative day. Patients received low weight heparin during immobilization.





Results

The number and the positivity of medium lymph nodes removed are in line with Literature: 14 cervical-23%pos, 16 axillary, 14%pos, 19 ilio-inguinal,19%pos. The complications were: 9 permanent seromas (4.7%), 22 dehiscences (11.6%), 8 surgical wound infections (4.2%), 1 lymphedemas (I-II) (1%). (Fig.1). According to Clavien-Dindo classification (7) we reported 157 patients in the I class (97.5%), 5 in the II one (2.46%), 0 in III-IV-V ones. (Fig.2). The median overall survival calculated with Kaplan-Meier curve is 58.5 months (39-196), 80% to 1 yr, 50% to 5 ys, 45% 10ys. (Fig.3).

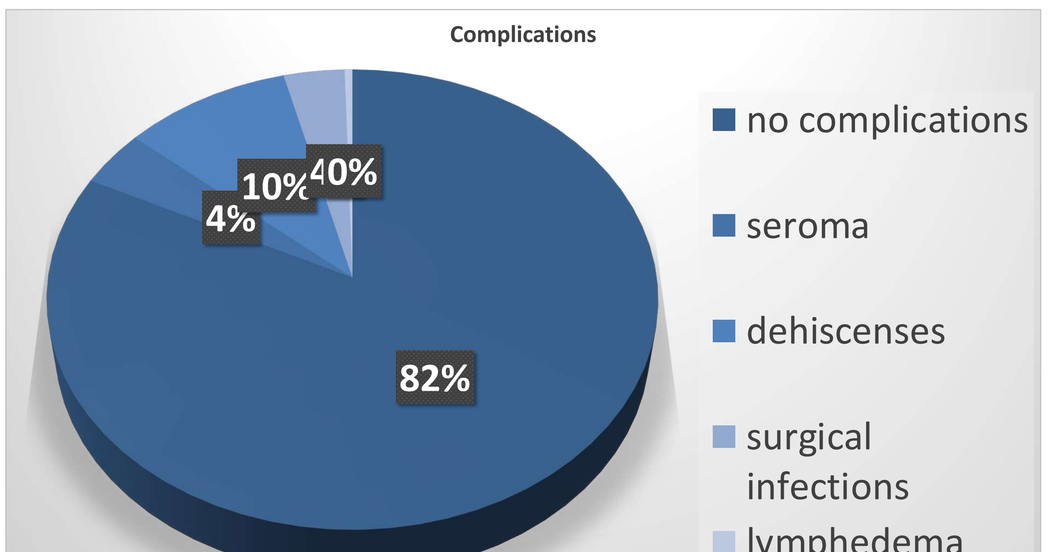


Fig.1-Complications

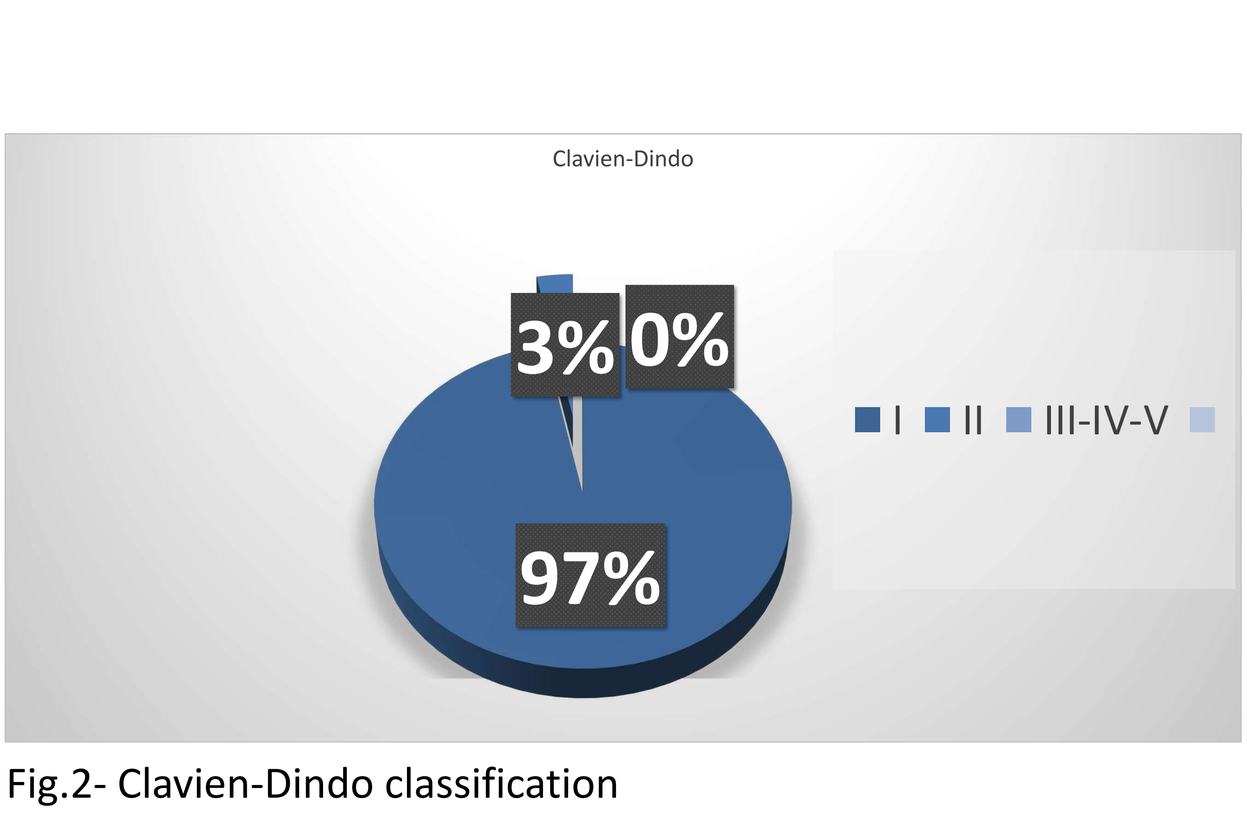


Fig.2- Clavien-Dindo classification

Conclusion

The time point at which a lymph node dissection for melanoma is performed, after a positive SLNB (CLND in the past), or today a TLND for palpable/radiological disease, has little effect on the surgical morbidity of the patient, specially complications occurring within 30-days. (8).

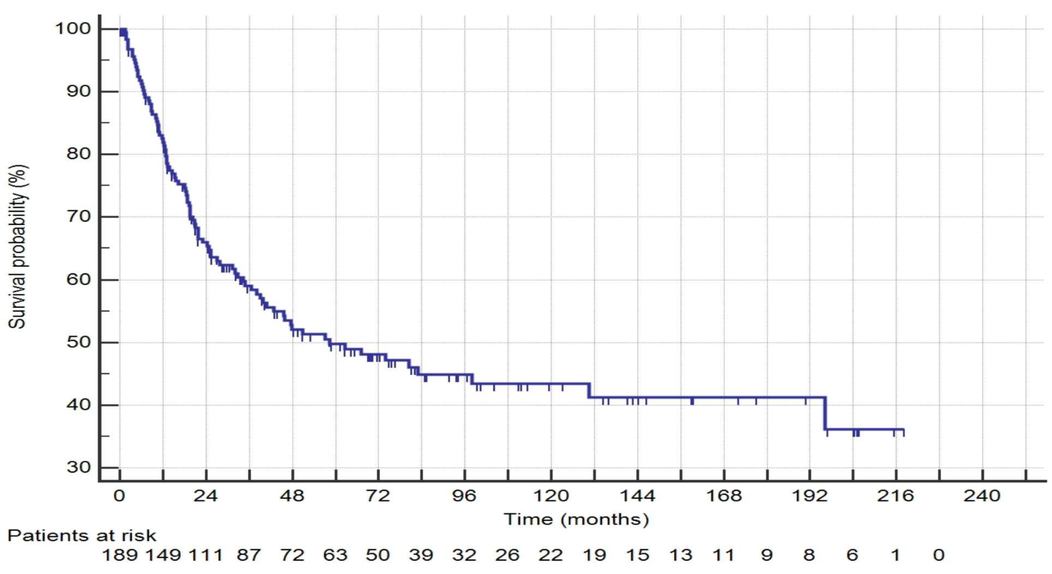


Fig.3-Kaplan-Meier curve

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