## MULTIPLE PRIMARY MELANOMA IN PATIENTS WITH A PREVIOUS DIAGNOSIS OF CUTANEOUS MELANOMA: INCIDENCE AND TYPE

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*Introduction*: Cutaneous melanoma represent only 10% of the total cutaneous malignant tumors and it causes over 90% of the deaths for skin tumors. It is well known that patients with melanoma have an increased risk of having other neoplasm and expecially to develop secondary and multiple melanomas.

*Methods*: this study included 33 patients afferent to follow up clinic with epiluminescence digital dermoscope who have developed at least a second melanoma from Jenuary 2020 to December 2022. Of these, 22 were men (66,67%) and 11 were women (33,34%) aged 24-90 years (mean age 63); men mean age 64,63 years and women mean age 59,81.

Patients were subdivided according to the age, thickness of the primary melanoma, disease stage, location, and time of second melanoma onset. "In situ" melanomas were included among primary. Finally, we classified melanomas diagnosed simultaneously as synchronus.

The limitations of the study are the small number of cases and the short observation time. We'll need to implement data

*Reults*: on 71 total lesions removed (of which 5 melanoma syncronus), 34 were primary melanomas (1 syncronus) and 37 are second melanomas (of which 4 syncronus). In table n.1 we report the results by thickness.

This study shows a prevalence of second melanomas thin, with lower stage than primary,

localized to the trunk and upper limbs, more common in men more older than women (mean age 63 vs 59 years) finally, about 60% of second melanomas were diagnosed within the first two years of follow up, from 5 to 10 years about 19% and after 10 years only 2,7%.

Thickness	Primary MM	Second MM
In situ	5 (14,70%)	18(16+2)(48,65%)
0-1	22(21+1)(64,72%)	19(17+2)(51,35%)
1.01-2	5(14,70%)	0
2.01-3	1(2,94%)	0
3.01-4	0	0
>4	0	0
Non classificato	1(2,94%)	0
Totale	34	37

*Conclusions*: need to follow up in clinics dedicated with digital epiluminescence for greater adherence of patients for at least 10 years.



1. a) flap of primary MM (pT1b); b) second MM (pT1a)



2.a) primary MM (pTis) ; b) second MM (pT1a) sites on back