Short-term Dermoscopic Monitoring of Pigmented Lesions: examining our practice.

Lynch F, Roche M, Feighery C

1. Our Lady of Lourdes Hospital, Drogheda, Ireland

Background
Short-term dermoscopic monitoring (STDM) is performed in our pigmented lesion clinic (PLC) for selected melanocytic naevi. Despite evidence that this practice can detect early changes of melanoma, no formal guideline for its implementation exists. This study aims to better understand our local practice of STDM, examining patient and lesion characteristics, as well as compliance. Secondary aims were to measure rates of excision, biopsy, and the detection of in situ or invasivem malignant melanoma (MM).

Methods
100 patients, who underwent STDM of 108 lesions, were identified among new referrals seen in the PLC. Pseudonymised demographic, clinical and laboratory data was collected from their medical records.

Results

Management of New Referrals to PLC over a 14 month Period (n=1492)
- 6% of referrals were managed with STDM.
- 94% were managed with alternative management.

Number of MM Risk Factors among STDM Patients (n=100)
- 40% had 0 risk factors.
- 48% had 1 risk factor.
- 9% had 2 risk factors.
- 3% had 3 risk factors.

Site of Lesions Selected for STDM (n=108)
- Trunk 49%.
- Chest 13%.
- Abdomen 10%.
- Upper limbs 14%.
- Lower limbs 27%.

Dermoscopic Change following STDM (n=108)
- 13% showed dermoscopic change.
- 84% showed no change.
- 3% DNA (did not attend).

Lesion Outcomes Following STDM (n=108)
- 65% no further action.
- 13% biopsy or excision.
- 18% further photo & review.
- 1% DNA (did not attend).

Prevalence of certain MM RFs among STDM Patients
- UV exposure 58%.
- Family history MM 6%.
- Personal history MM 5%.
- Atypical mole phenotype 6%.
- Immunosuppression 4%.
- No risk factors 40%.

Conclusion
- 6% of new referrals to PLC were managed with STDM.
- A majority of patients undergoing STDM had risk factors for malignant melanoma. Significant UV exposure was the most prevalent risk factor.
- Lesions selected were frequently located in areas that were difficult for patients to self-monitor (trunk and legs).
- Poor patient compliance, in the form of non-attendance at follow-up, was striking.
- Despite low rates of morphological change over the review period (3%), a significant proportion (18%) of lesions ultimately underwent histopathological analysis.
- This suggests that our decision to biopsy or excise is often based upon factors other than dermoscopic change.
- Severely dysplastic or premalignant lesions accounted for 10% of sampled lesions and 2% of lesions undergoing STDM overall.
- STDM of 108 lesions resulted in the detection of one in situ (1%), and no invasive melanoma.