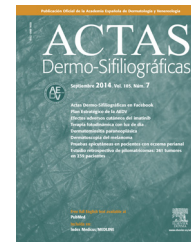




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ORIGINAL ARTICLE

Clinical and Pathological Features of Melanoma in Europeans Living on the Western Costa del Sol in Southern Spain[☆]



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KEYWORDS

Melanoma;
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Abstract

Objective: To compare clinical and pathological features of melanoma in Spanish patients with those of patients from Central or Northern Europe living in the health district of Costa del Sol Occidental in southern Spain.

Methods: We conducted a descriptive cross-sectional study of all cases of primary cutaneous melanoma histologically confirmed between 2005 and 2011 in the health care district covered by Hospital Costa del Sol in Marbella. We analyzed clinical and pathological features and performed a descriptive analysis of the 2 populations, in addition to univariate analysis with place of birth (Spain vs Central or Northern Europe) as the independent variable.

Results: Compared with Spaniards, patients from Central or Northern Europe were 10 years older at the time of melanoma diagnosis (66.2 vs 56.2 years, $P < .001$), had lighter skin (types I or II) (90.3% vs 67.1%, $P < .001$), and greater recreational sun exposure (93.7% vs 66.2%, $P < .001$). In addition, multiple melanomas (17.6% vs 4.4%, $P = .001$), nonmelanoma skin cancer (47.2% vs 15.7%, $P < .001$), and a family history of melanoma (9.5% vs 2.3%, $P = .01$) were more common in these patients. Central and Northern Europeans also had a higher overall frequency of melanoma on the trunk (46.3% vs 38.7%) and melanoma in situ (54.7% vs 41.8%, $P = .03$).

Conclusion: Differences in melanoma presentation between Spanish patients and patients from Central or Northern Europe appear to be linked to phenotypic and lifestyle factors. A better understanding of these differences will help to tailor melanoma prevention and follow-up programs for multicultural populations, such as those on Spain's Costa del Sol.

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PALABRAS CLAVE

Melanoma;
Exposición solar
recreativa;
Sur de España;
Centro y norte
europeos

Características clínico patológicas del melanoma en residentes europeos de la Costa del Sol occidental**Resumen**

Objetivo: Estudiar las diferencias clínico-patológicas del melanoma entre grupos de población española y centro-norte europea en el área sanitaria pública de la Costa del Sol occidental.

Métodos: Se realizó un estudio descriptivo, transversal, que incluyó todos los casos de melanoma cutáneo primario confirmados histológicamente durante el periodo 2005-2011 en el área sanitaria del Hospital Costa del Sol. Se analizaron las características clínicas y patológicas. Se realizó un análisis descriptivo y un análisis univariado tomando como variable de comparación de subgrupos el país de nacimiento (España vs norte y centro de Europa).

Resultados: En comparación con los españoles, los pacientes centro-norte europeos presentaron una edad al diagnóstico 10 años superior (66,2 vs 56,2; $p < 0,001$) una mayor frecuencia de fototipos bajos (10 vs 90,3% vs 67,1%; $p < 0,001$), fotoexposición recreativa (93,7% vs 66,2%; $p < 0,001$), antecedentes familiares de melanoma (9,5 vs 2,3; $p = 0,01$), melanomas múltiples (17,6% vs 4,4%; $p = 0,001$) y una mayor asociación con carcinomas cutáneos (47,2% vs 15,7%; $p < 0,001$). Además, destacó un mayor número de melanomas del tronco (46,3% vs 38,7%) y melanomas *in situ* (54,7% vs 41,8%; $p = 0,03$).

Conclusión: Las diferencias fenotípicas y en los estilos de vida entre la población española y la centro-norte europea parecen determinar patrones diferentes de presentación del melanoma. Conocer estas diferencias permitirá orientar más adecuadamente las estrategias de prevención, así como el seguimiento de los pacientes con melanoma en poblaciones multiculturales como la de la Costa del Sol.

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Introduction

The incidence of melanoma is growing at an annual rate of between 3% and 7% in the white population.¹ This rise in incidence has been attributed to a combination of factors, including an ageing population, depletion of the ozone layer, and changes in lifestyle habits related to a desire for a tan. Sun exposure is now considered one of the main modifiable risk factors for melanoma.

The western Costa del Sol, which is located in southern Spain and includes the city of Malaga, has over 300 days of sun a year and is one of the top destinations for both tourists and retirees. At least 31.8% of its population (148 320 inhabitants, of whom 25 664 are aged over 65 years) are from European countries with less sunshine than Spain (data from 2010 census). Our Mediterranean climate has a lot to offer this population, who, with a distinct phenotype and genotype to ours and very different sun exposure habits, are drawn to Spain in search of sun, sand, and golf.

The prevalence of melanoma in the province of Malaga is underestimated due to a lack of records, and there is currently no information on the frequency of melanoma among foreigners residing in tourist spots such as the Costa del Sol. The combination of light skin types, risk-related sun exposure habits, and a high incidence of melanoma make the western Costa del Sol health care district an ideal place for epidemiological studies comparing Spaniards and Central-Northern Europeans.

The aims of this study were to analyze melanoma cases registered at Hospital Costa del Sol and to study clinical and pathological differences between Spanish patients and patients from Central and Northern Europe. Hospital del

Sol, the referral hospital for our health care district, serves a population of 465 217 inhabitants between the cities of Fuengirola and Manilva (2010 census).

Materials and Methods

This was a descriptive, cross-sectional study of all patients from Spain and Central or Northern Europe with primary cutaneous melanoma histologically confirmed between 2005 and 2011. The data were collected from the pathology department's skin cancer registry at Hospital Costa del Sol and from electronic medical records. Patient nationality is recorded in the administrative section of the medical record. All the data were recorded anonymously, with strict adherence to Spanish data protection laws (Organic Law 15/1999 of 13 December on Data Protection and Law 41/2002 of 14 November on Patient Autonomy).

We analyzed epidemiological variables (country of origin, age, sex, skin type, sun exposure habits) and clinical and pathological features of melanoma (tumor thickness and location, melanoma subtype, family history of melanoma, presence of multiple melanomas, and a histologic diagnosis of nonmelanoma skin cancer (NMSC) (Table 1).

We performed a descriptive analysis using measures of central tendency and dispersion for quantitative variables and distribution of frequencies for qualitative variables. The independent variable used in the univariate analysis to compare subgroups was place of origin (Spain vs Central or Northern Europe). The *t* test was used for quantitative variables, and the X^2 test corrected for continuity (or the Fisher test where appropriate) was used for qualitative variables.

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