



CIRUGÍA y CIRUJANOS

Órgano de difusión científica de la Academia Mexicana de Cirugía
Fundada en 1933

www.amc.org.mx www.elsevier.es/circir



ORIGINAL ARTICLE

Sentinel lymph node biopsy in melanoma: Our experience over 8 years in a university hospital[☆]



Luis Bañuelos-Andrío^{a,*}, Gil Rodríguez-Caravaca^b, José Luis López-Estebanz^c,
José Antonio Rueda-Orgaz^d, Fernando Pinedo-Moraleta^e

^a Unidad de Medicina Nuclear, Hospital Universitario Fundación Alcorcón, Madrid, Spain

^b Servicio de Medicina Preventiva, Hospital Universitario Fundación Alcorcón, Madrid, Spain

^c Servicio de Dermatología, Hospital Universitario Fundación Alcorcón, Madrid, Spain

^d Servicio de Cirugía General, Hospital Universitario Fundación Alcorcón, Madrid, Spain

^e Servicio de Anatomía Patológica, Hospital Universitario Fundación Alcorcón, Madrid, Spain

Received 15 December 2014; accepted 19 February 2015

Available online 7 December 2015

KEYWORDS

Cutaneous melanoma;
Sentinel lymph node;
Lymphadenectomy;
Recurrences;
Predictive factors

Abstract

Background: Since the introduction of sentinel lymph node biopsy, its use as a standard of care for patients with clinically node-negative cutaneous melanoma remains controversial. Our experience of sentinel lymph node biopsy for melanoma is presented and evaluated.

Material and methods: A cohort study was conducted on 69 patients with a primary cutaneous melanoma and with no clinical evidence of metastasis, who had sentinel lymph node biopsy from October-2005 to December-2013. Sentinel lymph node biopsy was identified using preoperative lymphoscintigraphy and subsequent intraoperative detection with gamma probe.

Results: The sentinel lymph node biopsy identification rate was 98.5%. The sentinel lymph node biopsy was positive for metastases in 23 patients (33.8%). Postoperative complications after sentinel lymph node biopsy were observed in 4.4% compared to 38% of complications in patients who had complete lymphadenectomy.

Conclusion: The sentinel lymph node biopsy in melanoma offers useful information about the lymphatic dissemination of melanoma and allows an approximation to the regional staging, sparing the secondary effects of lymphadenectomy. More studies with larger number of patients

[☆] Please cite this article as: Bañuelos-Andrío L, Rodríguez-Caravaca G, López-Estebanz JL, Rueda-Orgaz JA, Pinedo-Moraleta F. Biopsia selectiva del ganglio centinela en melanoma: experiencia durante 8 años en un hospital universitario. Cir Cir. 2015;83:378–385.

* Corresponding author at: Unidad de Medicina Nuclear, Hospital Universitario Fundación Alcorcón, C/Budapest, 1, 28922 Alcorcón, Madrid, Spain. Tel.: +34 6072 76537; fax: +34 9162 19909.

E-mail address: lbanelos@fhalcorcon.es (L. Bañuelos-Andrío).

PALABRAS CLAVE

Melanoma cutáneo;
Ganglio centinela;
Linfadenectomía;
Recurrencias;
Factores predictores

and long term follow-up will be necessary to confirm the validity of sentinel lymph node biopsy in melanoma patients, and especially of lymphadenectomy in patients with positive sentinel lymph node biopsy.

© 2015 Academia Mexicana de Cirugía A.C. Published by Masson Doyma México S.A. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Biopsia selectiva del ganglio centinela en melanoma: experiencia durante 8 años en un hospital universitario

Resumen

Antecedentes: Desde la introducción de la biopsia selectiva del ganglio centinela, su utilización en pacientes con melanoma cutáneo y ganglios clínicamente negativos permanece controvertido. Hemos evaluado nuestra experiencia en biopsia selectiva del ganglio centinela en pacientes con melanoma.

Material y métodos: Estudio retrospectivo observacional, en el que hemos estudiado una muestra de 69 pacientes diagnosticados de melanoma cutáneo primario sin evidencia clínica de afectación metastásica, a los que se realizó biopsia selectiva del ganglio centinela desde octubre de 2005 hasta diciembre de 2013. El ganglio centinela fue identificado mediante una linfogammagrafía preoperatoria y posterior detección intraoperatoria con sonda gammadetectora.

Resultados: La tasa de identificación del ganglio centinela fue del 98.5%. El ganglio centinela fue positivo en 23 pacientes (33.8%). Las complicaciones postoperatorias después de la biopsia selectiva del ganglio centinela fueron observadas en el 4.4%, frente al 38% de los pacientes sometidos a linfadenectomía.

Conclusión: La biopsia selectiva del ganglio centinela en pacientes con melanoma proporciona valiosa información sobre las vías de diseminación linfática del tumor, y también permite una aproximación a la estadificación regional del mismo, evitando los efectos secundarios de la linfadenectomía. No obstante, serían necesarios estudios de mayor tamaño muestral y tiempo de seguimiento para confirmar la validez de la técnica de la biopsia selectiva del ganglio centinela en pacientes con melanoma, y especialmente de la linfadenectomía en casos de ganglio centinela positivo.

© 2015 Academia Mexicana de Cirugía A.C. Publicado por Masson Doyma México S.A. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Background

The incidence of melanoma has greatly increased over the last 50 years. In 2012 there were 160,000 new cases of melanoma worldwide (3600 in Spain) and approximately 41,000 patients worldwide died as a consequence of this disease (710 in Spain).¹

Since its introduction in 1992² the role of sentinel lymph node biopsy in melanoma care remains controversial and is not included in most European clinical guidelines for the management of melanoma.³ However, this procedure has become a habitual practice for the staging and treatment of ≥ 1 mm clinically node-negative melanomas or melanomas < 1 mm thick associated with factors of poor prognosis. This threshold aside, the predicted number of positive sentinel lymph nodes is too low to justify the use of this technique.

The main objective of sentinel lymph node biopsy in melanoma is early identification of patients with clinically occult nodal metastasis, who might benefit from a lymphadenectomy. Many studies have shown that sentinel lymph

node status is an independent prognostic factor in relation to overall survival and disease-free survival of patients with melanoma.⁴⁻⁶ Its predictive value is greater than the usual prognostic factors, such as Breslow thickness, Clark level, the presence of ulceration, gender and age.⁷ Furthermore, the information obtained regarding the lymph status is essential both for accurate AJCC staging⁶ and decisions regarding possible adjuvant treatments. However, many authors do not recommend routine use of this technique, basing their arguments on results such as those of the *Multicenter Selective Lymphadenectomy Trial (MSLT)*,⁸ which did not show any significant differences in survival between patients with sentinel lymph node biopsy (and immediate lymphadenectomy if the result was positive for metastasis) and those patients evaluated only by observation and with lymphadenectomy if lymph node recurrence resulted. Other retrospective studies have revealed similar results and the outcome of sentinel lymph node biopsy and of lymphadenectomy in long-term patient survival together with their therapeutic contribution is currently under debate.⁹

Download English Version:

<https://daneshyari.com/en/article/4283420>

Download Persian Version:

<https://daneshyari.com/article/4283420>

[Daneshyari.com](https://daneshyari.com)