Errata

IMPACT OF ILIOINGUINAL DISSECTION ON SURVIVAL PATIENT WITH CUTANEOUS MELANOMA

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Introduction

Therapeutic groin dissections are the treatment of choice when inguinal node metastases are present; however, the question whether early removal of clinically occult lymph node dissection improves survival remains controversial issue. The aim of the present study was to evaluate if the number of groin and iliac positive nodes and therapeutic groin and ilioinguinal dissection had influence patient prognosis. Methods: A retrospective review of all patients had undertaken to groin and ilioinguinal dissection between 1978-1987 and 1992-2004 was undertaken. Patients were excluded because of current or previous locoregional or distant metastatic disease. Medical records were reviewed to obtain data for the following: age; sex; date of removal and Breslow thickness of primary melanoma; date of ilioinguinal lymph node dissection; number of metastatic lymph nodes in the groin and pelvis. Follow-up were attained for date and site of first recurrence, date of any distant metastatic disease, date of death or last follow up. Results: 38 superficial inguinal node dissection and 92 pelvic node dissection had been assessed; 75 men and 55 women, with median age of 51,7 and 70 patients had groin or/ and pelvic lymph node involvement at time of surgery, The thicker Breslow measure significantly influenced the number of lymph nodes involvement; 20 of these patients (47,6%) with metastatic lymph nodes had 4 mm of Breslow thickness. 17 patients (26,2%) had metastatic pelvic lymph nodes in the group with 65 deaths. The metastatic involvement ilioinginal lymph nodes number influence significantly overall survival. Discussion: Some authors describe that more extensive lymph node surgery for melanoma offers better local disease control. Until now, there has been no randomized trial to assess the potential survival benefit of combined inguinal and pelvic node dissection vs superficial inguinal node dissection alone. However, the close correlation of inguinal and deep node involvement and the fact that the complication rate seems to be similar for the extended procedure and the limited dissection prompts us to support radical ilioinguinal node dissection including removal of the pelvic nodes.