

AB078. 86. Ten years of inguinal lymphadenectomy for metastatic malignant melanoma: a single centre experience

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Background: Malignant Melanoma is the most aggressive form of skin cancer. Patients who present with a palpable lymph node metastasis in the groin area are a subgroup with a poor prognosis; at 5 years post diagnosis only 12–52% are alive. The only curative treatment for palpable or biopsy (fine needle aspiration cytology) (FNAC) or Sentinel lymph node) proven involved groin lymph nodes in the setting of melanoma is inguinal lymphadenectomy (IL). The aim of this retrospective study was to assess the demographics, radiological and pathological diagnosis, as well as patients' outcomes undergoing IL for melanoma.

Methods: All cases of IL done at Cork University Hospital for malignant melanoma between 1/1/2008 and 31/12/2017 were retrospectively reviewed. Patient demographics, diagnosis, surgical approach, length of hospital stay, histology and all documented complications were evaluated.

Results: A total of 45 surgeries were undertaken, 66.6% were women. Mean age was 60 years with a range of 27–94 years. Of all cases 51% were on the left groin. Number of lymph nodes (LN) removed ranged between 1–22, 53.3% of patients had LNs between 11–20. Tumour, node and metastases (TNM) Status showed 37% T4, 38% N1 and 28% with distant metastasis. The number of positive LNs ranged between 0–14, of them 86.6% ranged between 0–5. Surgical approach was mostly supra & inguinal lymphadenectomy for the majority of cases. 33% of patients had extra nodal extensions requiring adjuvant radiotherapy.

Conclusions: Inguinal lymphadenectomy is the only curative treatment for malignant melanoma involving groin lymph nodes. It is a safe procedure with good oncological outcomes and minimal complications.

Keywords: Groin dissection; inguinal lymphadenectomy; malignant melanoma

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