

Biopsy of sentinel lymph node for melanoma in Day Surgery

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SUMMARY: Biopsy of sentinel lymph node for melanoma in Day Surgery.

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We reporting the experience of SLNB procedure in Day Surgery performed in 64 patients underwent to lymphadenectomy for malignant melanoma between February 2003 to March 2009 at Tor Vergata University Hospital in Rome. This study confirms that the SLNB in malignant melanoma is safe and accurate procedure and it is well accepted in Day Surgery patients.

KEY WORDS: melanoma, sentinel lymph node, Day Surgery.

Introduction

The prognosis in melanoma patient depends primarily by the thickness of primary tumor and by presence of metastasis to regional lymph nodes. Use of SLNB (sentinel lymph node biopsy) changed the strategy. Different studies proved that lymph nodes metastasis diffuse sequentially, with this technology patient can avoid a regional lymphadenectomy. In this study we report the experience using SLNB in Day Surgery.

Materials and methods

64 Patients (39 male, 25 female) underwent into a lymphadenectomy for melanoma tumor between fe-

bruary 2003 to march 2009 in Surgery Department of "Tor Vergata" University of Rome. The indication of SLNB was Breslow $>0,75$ and for any Breslow with Clark $>III$. After limphoscintigraphy in the early morning the point with the higher signal was marked on patient's skin. The intraoperative localization is obtained with Scintiprobe MR-100. The kind of anaesthesia depended by wishes and general condition of patients.

Results

The preliminary limphoscintigraphy showed us the drain's station clearly. The biopsy of sentinel's lymph node was positive in 5 cases. The number of lymph nodes removed was less than 4 in 44 patients, between 4 and 9 in 12 patients, and more than 9 in 7 patients.

Conclusion

The biopsy of sentinel lymph node in melanoma is very accurate, specially in not showed metastasis. This procedure is well accepted by patients in Day Surgery. The multidisciplinary approach is essential for a good result in this therapy.

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