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Lymph node dissection in patients with malignant melanoma is associated with high risk of morbidity

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Introduction: Malignant melanoma is one of the most rapidly increasing cancer types globally. Patients with a melanoma ≥ 1 mm in Breslow thickness are offered sentinel node (SN) biopsy and subsequent radical lymph node dissection if the biopsy is positive. The objective in the present paper was to describe post-operative complications in this group of patients. A standard operation and drainage regime was used.

Material and Methods: This was a retrospective study based on 96 consecutive SN-positive patients with primary cutaneous malignant melanoma who underwent subsequent radical axillary or inguinal lymph node dissection.

Results: In all, 57 patients were male and 39 female. A total of 71 had an axillary and 25 an inguinal operation. The median drainage period was seven days (2-15 days). Forty patients developed seroma which needed puncture; three of these cases were chronic, there was no difference between the two groups. Seroma puncture was only associated with infection in the inguinal group ($p = 0.04$). 25% in the axillary group were diagnosed with lymphoedema after three months versus 48% in the inguinal group ($p = 0.04$). A body mass index ≥ 25 kg/m² was associated with a slight, but non-significant increase in complications ($p = 0.08$). No association was found for smoking or co-morbidity.

Biography

Ul-Mulk finished his medical degree in 2007 from Panum Institute, Copenhagen University. He is now a third year resident in Plastic Surgery, Reconstruction and Burns at Copenhagen University Hospital. He has published several papers and at the moment he is doing a study about "Breast reconstruction in Denmark in the period 2007-2011, the frequency and methods".

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