

Malignant Melanoma re-excision specimens: Is there a need for histopathological analysis?

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Introduction and Aims

The recommended management of cutaneous melanoma is excision biopsy followed by re-excision of the scar¹. It is routine for the scar excision to be sent for histopathological analysis. Although a number of authors^{2,3} have discussed how these pathology specimens are processed no one has ever addressed the necessity of sending the scars for histopathological analysis.

Materials and methods

A retrospective review of the case notes of 1007 patients with cutaneous malignant melanoma was performed.

Key Results

In all cases the re-excision was found to have no residual melanoma on histological analysis.

Conclusion

Despite some clinicians discomfort, we would recommend all specimens that are taken from melanomas that have had originally clear excision biopsies need not be sent for histopathological examination. Only scars with macroscopically or microscopically apparent disease should be sent for pathology. The time and cost saving from such an approach is significant. We calculate savings of £60,000 and 67,200 work hours for processing per annum in our unit.

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3. Johnson R, Sviland L. Is extensive histological analysis necessary following a diagnosis of melanoma? *Histopathology* 1998; 32; 379-380.