

가

16	:	5	가	가	, 20%
				1985	
	:	16	58.5	40	2
가	5	11	4	3	2
가	2			1	
	1	3	가 9	10	35
			가 4		1
					3
			Clarks stage		2cm
	가 4		2cm		가 4
	3			가 5	가
	Clarks stage IV	V	2		
	:	Clarks stage I	3	II	4
4		16	9	1	가
	4		4	1	11
	:				
	:				

75 1 , 20%
 5
 7). (70~80%)
 가 가 , (congenital nevocellular nevus)
 가 가 , (dysplastic nevus) 6,9). 1944
 1998 Webster¹⁾

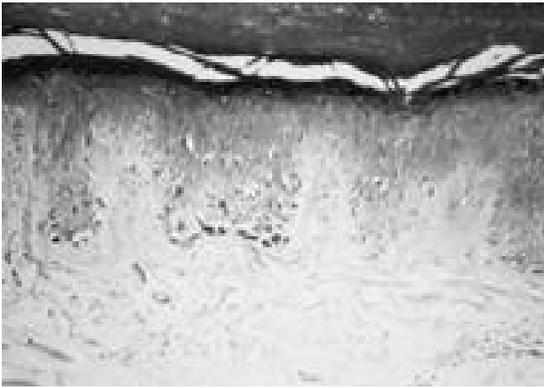


Fig. 1. Clark's stage I of melanoma showing atypical melanocytes within epidermis.



Fig. 2. Clark's stage II of melanoma showing invasion of atypical melanocytes until papillary dermis.

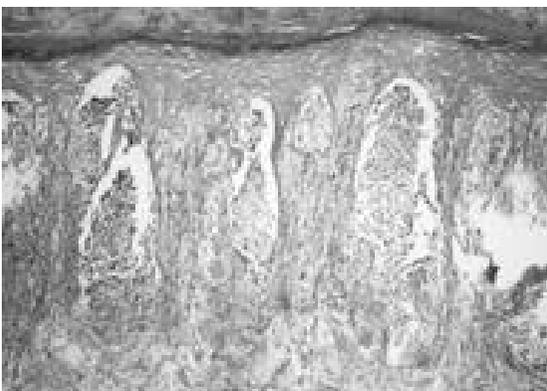


Fig. 3. Clark's stage III of melanoma showing atypical melanocytes until papillary-reticular dermal interface.



Fig. 4. Clark's stage IV of melanoma showing atypical melanocytes until reticular dermis.

2
 2
 2cm
 8cm
 10
 가
 60
 2 8 1 10
 6 4 stage IV V
 3
 1
 1

Clarks stage
 Clarks stage I 51

(Fig. 1).

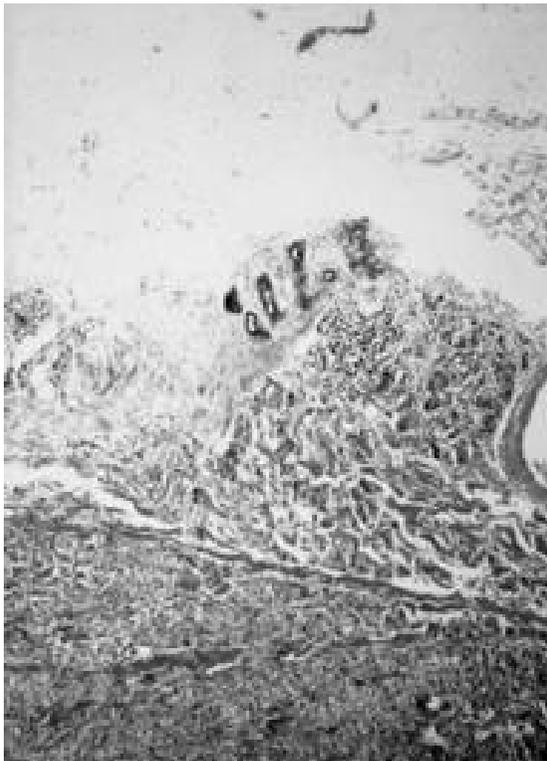


Fig. 5. Clark's stage V of melanoma showing atypical melanocytes until subcutaneous tissue.

6)
40 ~ 70
5, 6, 9)
7 (7/16, 43%)

(Lentigo maligna),
(Superficial spreading melanoma),
(Acral lentiginous melanoma)
(Nodular melanoma)⁹⁾
가

1967 Clark¹⁾
(Fig. 1-5). stage I
, stage II
가 , stage III
가

stage IV , stage
V . 1970
Breslow³⁾ 가

Clarks stage II 57

, (Fig. 2).
Clarks stage III 46

(Fig. 3). 가

Clarks stage IV 61

, (Fig. 4).
Clarks stage V 59

(Fig. 5).

, 가 0.70mm 가

, 가 7, 9, 10)

가 1mm
가
1mm
1cm 가 , 1mm
1cm 3cm

가 가 (local flap)
(free flap)

1 ~ 2cm 가 7). stage I 가 56%

stage II 1 stage III stage IV V 가 2cm 가 10 2

가 1mm (sentinel node) 10).

가 5,7,9). 가 가

Taxol Dacarbazine 가 (adjuvant therapy) 7,10). 5 80% 가 40~50% 2).

Breslow Clark 가 50 가 16 4 Clark's stage I II 가 7). 1985 stage 가 2cm stage IV 16 stage V 4 12 가 68.7%, 25% 6.3% 4 가 58.4 60 가 3 가 stage I II V 1cm , stage III, IV 1cm 가 가

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Malignant Melanoma

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Background : The incidence of malignant melanoma is currently increasing at a rate greater than any other cancer occurring in human. At this time, early diagnosis and surgical excision were the mainstay of treatment for patients with malignant melanoma. We reviewed the results of average 4 years of follow-up after surgical excision of total 16 cases of malignant melanoma since 1985.

Materials and Methods : There were 16 patients (mean age 58.5 years, 5 men, 11 women). The site of the primary lesion was foot and toe (6), back (3), hand (2), thigh (2), shoulder (1), lower abdomen (1) and lip (1). The lymph node was involved at 9 patients. The histologic diagnosis was made with H-E, S-100 stain, and HMB-45 stain as a special stain.

Results : Histologically, there were Clark's stage I for 3 patients, II in 4, III in 2, IV in 3, and stage V in 4 patients. The wide excision only greater than 2cm margin was performed for 4 patients. The wide excision and lymph node dissection were performed for 4 patients. The amputation was only performed for 3 patients, and the amputation and lymph node dissection were performed for 5 patients. After surgical excision, chemotherapy was done with Taxol for each 2 patients of stage IV and V. After long term follow-up for mean 4 years, 4 patients died related with melanoma, 1 patient was recurred, and 11 patients were cured.

Conclusion : The incidence of malignant melanoma was rare in Korea, but early involvement of lymph node at initial diagnosis was found in many cases (9/16, 56%). And then, early detection and appropriated excision as well as careful dissection of adjacent lymph nodes will offer the patient the best chance for cure.

Key Words : Malignant melanoma, Surgical excision

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