
가 , 5
 : 1995 3 2003 8 35 (17 , 18)
 2 cm
 , dacarbazine (DTIC) 400 mg - 300 IU
 III , 2002
 AJCC , 5
 : 가 15 (42.8%) 가 , 5 (14.2%), 2 (5.7%), 2 (5.7%), 5 (14.2%)
 IA 8 (22.8%), IB 9 (25.7%), IIA 4 (11.4%), IIB 2 (5.7%), IIIA 1 (2.8%), IIIB 2 (5.7%), IIIC 2 (5.7%) IV 7 (20.0%)
 5 I 94.1%, II 66.8%, III 40%, IV 14.3%
 : III 5
 1~3 cm

: 34

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 *

0.2%

1

가

가 가

가

가 (1,2,7,11)

5

5%

가

80%

가

가

7)

5

(melanocyte)

가

3,6,10)

3,11,18)

1995 3

2003 8

가

35 (17 , 18)

, 2004

6.1

Table1. Clinical stage of malignant melanoma (American Joint Committee on Cancer: AJCC 2002)

Stage	Histological Feature/ TMN classification
0	Intraepidermal/in situ melanoma (TisN0M0)
IA	1 mm without ulceration and Clark level II/III (T1aN0M0)
IB	1 mm with ulceration and Clark level IV/V (T1bN0M0)
	1.01~2 mm without ulceration (T2aN0M0)
IIA	1.01~2 mm with ulceration (T2bN0M0)
	2.01~4 mm without ulceration (T3aN0M0)
IIB	2.01~4 mm with ulceration (T3bN0M0)
	> 4 mm without ulceration (T4aN0M0)
IIC	> 4 mm with ulceration (T4bN0M0)
IIIA	Single regional nodal micrometastasis non-ulcerated primary (T1-4aN1M0)
	2~3 microscopic regional nodes, non-ulcerated primary (T1-4aN2aM0)
IIIB	Single regional nodal micrometastasis, ulcerated primary (T1-4bN1aM0)
	2~3 microscopic regional nodes, ulcerated primary (T1-4bN2aM0)
	Single regional nodal macrometastasis, non-ulcerated primary (T1-4aN1bM0)
	2~3 macroscopic regional nodes, non-ulcerated primary (T1-4bN2bM0)
	In-transit met (s)/satellite lesion (s) without metastatic lymph node (T1-4a/bN2cM0)
IIIC	Single microscopic regional noda, ulcerated primary (T1-4bN1bM0)
	2~3 macroscopic regional nodes, ulcerated primary (T1-4bN2bM0)
	4 or more metastatic nodes, matted nodes/gross extracapsular extension, or in-transit mets (s)/satellite (s) and metastatic nodes (any TN3M0)
IV	Distant skin, subcutaneous or nodal mets with normal LDH (anyTanyNM1a)
	Lung mets with normal LDH (anyTanyNM1b)
	All other visceral mets with normal LDH or any distant mets with increased

. IA 8 7 가 가 14
 (87.5%) , . I II
 1 (12.5%) . IB 9 5
 가 가 1 (11.1%) , IA 8 5 가
 , IIA 4 1 (25.0%) , 1
 가 가 1 (25.0%) . IIB . 5 5 4 가
 2 1 7 가 80% , 3
 , IIIA 1 1 , IIIB 2 1 . IB 9 5
 , IIIC 2 1 ,
 가 , IV 7 6 가 .
 (85.7%) 가 가 1
 (Table 2). 25% ,
 69.8 , 5 75% . IIA 4 2
 IA 100% IB 88.9% I 5 , 가
 94.1% , IIA 75.0% ,
 IIB 50.0% II 66.7% . IIIA 가 1 . IIB 2
 100%, IIIB 50%, IIIC 0% III ,
 40% 5 IV 7 6 .
 14.3% 5 . 35 24 (68.5%)
 III , I II (42.8%) , 5 (14.2%) , 2

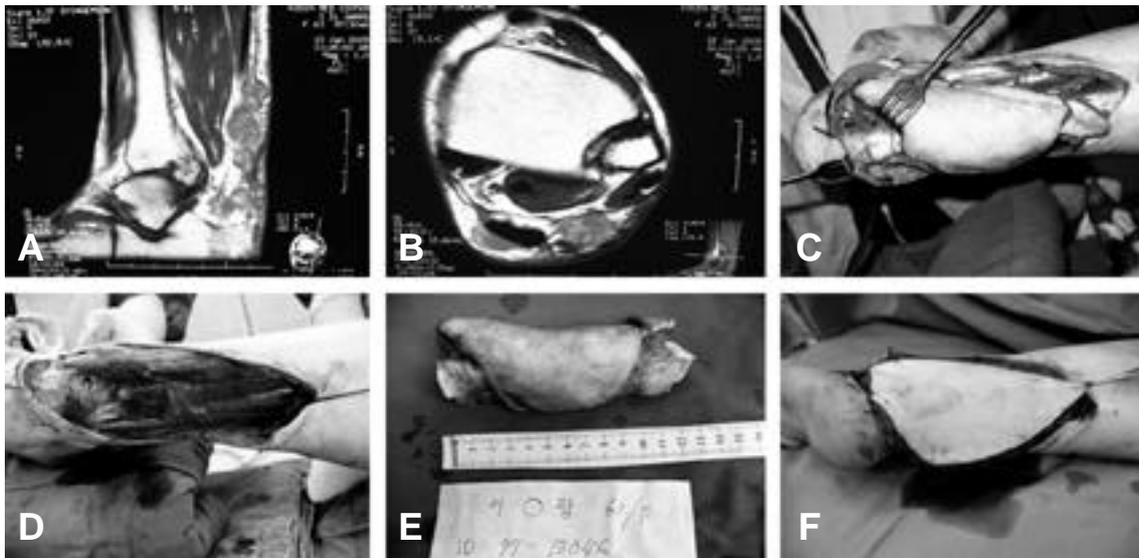


Fig. 1. 63 year-old female was surgical operated for malignant melanoma at ankle left and treated immunochemotherapy. After 2 years later, malignant melanoma was local recurred with tendocalcaneus. Reoperation was done by wide excision and recycled autogenous tendocalcaneus graft with extracorporeal irradiation and free flap. (A and B) are MR images after recurrence. (A) Axial T1 weighted MR image. (B) Coronal T1 weighted MR image. (C, D, E, F) are operation findings.

(5.7%), 2 (5.7%), 1
 11 (31.4%) 5
 (14.2%), 3 (8.6%), 2 (5.7%), 가 Rhee¹⁸⁾ 1 3
 1 (2.9%) 5 cm
 3
 , Maurice Y.¹⁷⁾
 melanoma in situ 5 mm , 1
 mm 1 cm, 1~2 mm 1~2 cm, 2~4
 mm 2 cm ,
 가 4 mm 2 cm
 , Webster²¹⁾ 4 mm
 2 cm 4 cm
 가
 2 cm
 Balch⁵⁾ 5
 , IIB
 가 , III
 가
 가 4 mm 2 cm

가 , (sentinel lymph node
 13-15) biopsy; SLNB) 1,12,13,
 가 16,19,20) 1990
 Morton³⁾
 (delayed lymph node dissection;
 DLND)
 , B-cell lymphoma
 derived protein 2(Bcl-2) Bcl-xL
 (apoptosis)
 10,19)
 , , , , ,
 11,14),
 가
 , 가
 가 4 mm
 Clark
 Clark
 가 , Breslow 가 4,6) 12)
 가 , Breslow
 ,
 가
 dacarbazine - 5
 III 40%, IV 14.3%
 4,5,6), Breslow Balch⁵⁾ III 45%, IV

11%

I, II

III

가
가

AJCC

III

5

40%

가

Breslow

1 mm

1

cm, 1~4 mm

2 cm, 4 mm

3

cm

가

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Analysis of Treatment and Prognosis in Malignant Melanoma

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Purpose: The most important thing in curing Malignant melanoma is surgical excision, operating method is wide excision. The author et al. studied 5-year survival rate of each stage and appropriate surgical margin after operating wide excision and immuno-chemotherapy.

Materials and methods: From March 1995 to August 2003, wide excision and immuno-chemotherapy were operated to 35 patients (17 males and 18 females) who were diagnosed as malignant melanoma and followed up.

Excision was done around 2 cm from edge of tumor regardless of the size or effected degree of the skin, and flap or full thickness skin graft was used for skin deficit that was not covered after excision. As for immuno-chemotherapy, method that prescribes 400 mg of dacarbazine (DTIC) and 3 million IU of interferone- in combination was used. Immuno-chemotherapy was operated to patients in over stage III. We used AJCC stage that was revised in 2002.

Local recurrence, local metastasis and distant metastasis were investigated for these patients as well as the 5-year survival rate of each stage.

Results: Most frequently 15 cases(42.8%) occurred in foot, 5 cases(14.2%) occurred in ankle, 2 cases(5.7%) in leg, 2 cases(5.7%) in thigh and 5 cases(14.2%) in hand.

The incidence of each stage were 8 cases(22.8%) in IA, 9 cases(25.7 %) in IB, 4 cases(11.4%) in IIA, 2 cases(5.7%) in IIB, 1 cases(2.8%) in IIIA, 2 cases(5.7%) in IIIB, 2 cases(5.7%) in IIIC and 7 cases(20.0%) in stage IV.

5-year survival rate of each stage were 94.1% in stage I, 66.8% in stage II, 40% in stage III and 14.3% in stage IV.

Conclusion: 5-year survival rate of stage IV was low in malignant melanoma. In treatment of malignant melanoma, staging before operation is important as operation methods are different from each stage. We recommend wide excision which remove around 1 ~ 3 cm from margin of tumor up to each thickness

Key Words: Malignant melanoma, Wide excision, Immuno-chemotherapy

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