

DP AGNOSTICS OF THE SKIN MELANOMA

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One of the most aggressive essentially distinguished in biological growth, in frequently rapid and heavy clinical current among the all malignant tumours is skin melanoma. The melanoma can be masked under pigmentary diseases of the skin presented at about 90% of the population. The basic difficulties of diagnostics skin melanoma are connected with vast majority of its clinical displays. We analysed the results of diagnostics skin melanoma at 108 patients, who were under treatment at Grodno regional clinical hospital in 1999-2006. Among them 44,4% (48 persons) were the men, and - 55,6 % (60 persons) - the women. 66 persons (61,1 %) were the inhabitants of countryside. For diagnostics the clinical data were used. At 30,5 % of patients the skin melanoma has arisen de novo, at 69,5 % - it has developed from earlier visible pigmentary nevus.

As it was defined, more often the initial tumour was located on extremities (53,7%) and trunk (33,3 %), less often - on head and a neck (10,2 %). At 2,8 % of the patients the initial tumour has not been found. The determining methods of diagnostics the skin melanoma were morphological data (cytologic research of touch- prints from the surface of tumour and hystological reseach of excisional sample of the skin.

Before operation the diagnosis cytologically verified at 95 persons (87,9 %), total excisional byopcy was made at 13 patients (12,1 %).Exept rutine methods the regional metastasises were visualized applying ultrasound and CT. Remote hematogene metastasises revealed by using standard methods. Tumour staging was carried out after hystological studying postoperatinal samples and taking into consideration melanoma depth invasion by Clark and the thickness of tumour by Breslow. Among observed patients there were 4 patients (3,7 %), with stage 0, 15 (13,9 %) - with stage I, 33 (30,6 %) - with stage II, 51 (47,2 %) with stage III and 5 (4,6 %) - with stage IY.

Thus, at 51,8 % of the patients, who were under our supervision, the skin melanoma, which is one of the turmours of external localization and accessible to visual diagnostics, was revealed on III and IY stages of diseas.

These data reflekt a low level of preventive measure and delayed diagnostics of this kind of tumour at the population of our region.