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COMMENTARIES

Strategies for Reducing Diagnostic Delay in Acral Lentiginous Melanoma[☆]



Estrategias para disminuir el retraso en el diagnóstico del melanoma lentiginoso acral

Acral lentiginous melanoma (ALM) is a relatively rare subtype of melanoma in whites, in whom it accounts for just 1% to 2% of all melanomas. There is no evident link to solar radiation. ALM affects the palms and soles and the area around the nail unit and generally carries a poor prognosis associated with several factors, including late diagnosis and, in all likelihood, tumor biology. Accordingly, it is frequently diagnosed in unfavorable circumstances, such as high Breslow thickness, tumor ulceration, and locoregional metastasis. Reasons for diagnostic delay attributable to patients¹ include old age, unfamiliarity with the clinical presentation of ALM among the general population, and difficulty examining hard-to-access areas in old age. Diagnostic delays attributable to primary care doctors¹ can be explained by a failure to detect lesions early due to insufficient training, particularly in the case of in situ

melanomas that present with longitudinal melanonychia. ALMs with atypical clinical presentations may also be diagnosed late due to confusion with a variety of benign and malignant conditions, such as pyogenic granulomas, infections, nonspecific ulcers, and squamous cell carcinoma. This possibility is greater in the case of amelanotic or hypomelanotic ALMs. Dermoscopy training for primary care physicians and specialists and encouragement of self-examination of hands and feet within melanoma prevention campaigns could contribute to early diagnosis and better prognosis in ALM.

Reference

1. Pereda C, Traves V, Requena C, Serra-Guillén C, Llombart B, Sanmartín O, et al. Clinical presentation of acral lentiginous melanoma: A descriptive study. *Actas Dermosifiliogr.* 2013;104:220–6.

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