

Letter to the Editor

Sentinel Lymph Node Biopsy in Melanoma: Assessment of Risk

To the Editors:

We read with interest the paper by Morris and colleagues¹ in which, on a much larger scale, conclusions of our small study from the Department of Dermatology of the University Hospital Spedali Civili of Brescia, Italy² have been confirmed. Between January 1996 and December 2004 we performed sentinel lymph node biopsy (SNB) in 50 patients with histopathologically “favourable” melanoma (tumor thickness less than or equal to 0.75 mm, Clark level II or III, no ulceration) showing regression according to the criteria proposed by the Pathological Group of the World Health Organization Melanoma Programme.³ From the 50 patients with thin melanoma, a total of 79 lymph nodes were analyzed using multilevel sections of paraffin-embedded specimens stained for melanoma markers S100 and MART-1 or HMB45, as previously described.⁴ None of the 79 nodes was found to contain melanoma metastases. We concluded that tumor regression in thin melanomas is not associated with a significant risk of sentinel lymph node involvement. Now, with the study of Morris and colleagues, our hypothesis has found a major confirmation.

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