

Reply to: “Five-millimeter lateral margins are appropriate in the treatment of melanoma in situ”



To the Editor: We thank Rodríguez-Jiménez et al for articulating the popular feeling that 5-mm margins should be enough for melanoma in situ (MIS). Most practitioners who feel this way concede lentigo maligna (LM) requires more than a 5-mm margin, but are not so sure about non-LM MIS. With 2335 MIS cases, our study definitively showed subclinical extension of LM is similar to that of MIS.

A 5-mm margin was not adequate for either subtype. The clearance rate was 79% for LM and 83% for MIS, 84% for trunk and extremity location, and 88% for lesions with diameters of less than 1 cm. These findings were recently corroborated by a multicenter prospective study of 378 in situ lesions.¹ That MIS can have subclinical extension beyond 5 mm is clear to those who regularly examine the entire margin (Fig 1).

That said, when we looked at the 140 lesions on the trunk and extremities that were also ≤ 9 mm in diameter, 95% cleared with 6 mm.² This suggests there may be select lesions on nonphotodamaged skin that can be treated with a 5- or 6-mm margin, especially if an ellipse removing additional tissue is used. All but 2 of the 60 cases reported by Rodríguez-Jiménez et al were on the trunk and extremities. If these were minute and discrete lesions on nonphotodamaged skin, their findings are compatible with ours. A prospective study of the safety of 5-mm margins excised with an ellipse and examined via bread-loafing at standardized intervals is much needed.

Regarding the impact of HMB-45 on clearance rates, margin requirements before and after the

institution of MART-1 immunostain were compared, and no difference was found.³ If the 2 genital and 53 acral lesions are omitted from the trunk and extremity cohort, trunk and extremity clearance rate for 6-mm margins changes only from 83.7% to 84.1%.

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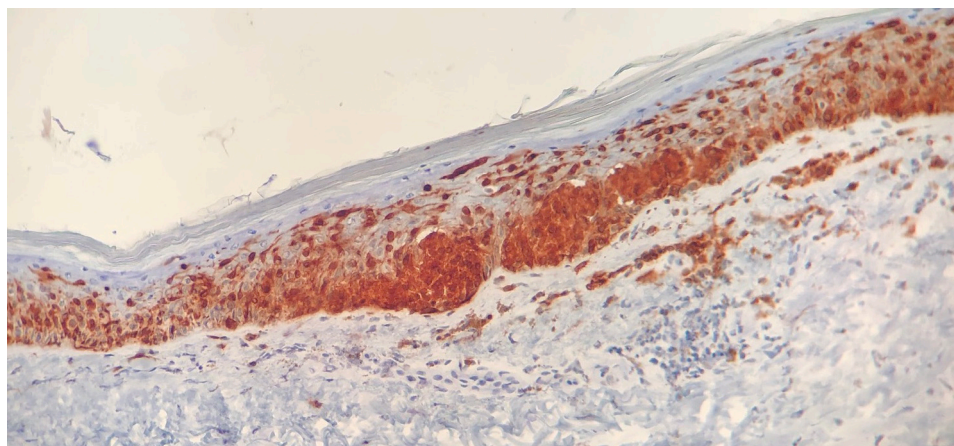


Fig 1. Positive margin after excision of melanoma in situ on the arm with a 6-mm surgical margin.