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Introduction: Electrochemical therapy (EChT) with galvanic current delivered through implanted electrodes has been used for local cancer treatment. EChT destroys tumors owing to electrolytic processes in tumor tissue caused by galvanic current. This creates a large local pH change which leads to cell death. EChT is mainly used for palliative treatment of cancer incurable by any other standard treatment.

Material and methods: 12 patients with primary T2-3N0M0 basal and squamous cell skin cancers were treated with EChT. The age of patients ranged from 65 to 87 years. The size of tumors treated with EChT was 2.0 to 10.0 cm in the largest dimension. ECU-300 (Sering) unit was used to generate EChT. Depending on the tumor size, 4 to 8 electrodes were parallelly implanted into the tumor base with 1.0-1.5 cm spacing, under local anesthesia. The number of anodes and cathodes was equal. The amount of electricity delivered to the tumour was determined taking into account that 100 C causes primary tumor necrosis at a distance of 10-15 mm from each electrode. The duration of EChT treatment was 60 min. A total of 2-4 EChT treatments were delivered every 3-4-weeks. No other treatment modalities were used for skin cancer patients.

Results: Neither local nor systemic side effects were noted when using EChT. 10 of the 12 patients presented with complete response of tumor foci treated with EChT. No tumor regrowth was found in the follow-up period of 12 months. One patient developed regional lymph node metastasis.

Conclusion: The preliminary beneficial outcomes of EChT in the management of locally advanced skin cancer are indicative of advisability of its expanded testing in patients at high surgical risk.

AMELANOTIC MELANOMA IN SVERDLOVSK REGION OF RUSSIA

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Currently, melanoma of the skin is considered as a socially significant disease. Amelanotic or pigment-free melanoma may be of any type (nodal, superficial-spreading, lentigo). On the basis of the literature 2-3% of all melanomas are amelanotic.

According to the data of the Sverdlovsk Regional Oncology Center in 2010 after histological examination of 185 primary melanomas, was diagnosed in 5 (2.7%) patients. In 2011 and 2012, amelanotic melanoma was diagnosed also in 5 patients of 205 and 216 patients with skin melanoma, which composed 2.4% and 2.3% respectively. In 2013, of 228 patients diagnosed with melanoma 7 (3.1%) neoplasms were amelanotic. The age range of amelanotic melanoma patients was from 39 to 75 years.

Of 22 amelanotic melanomas 72.7% of neoplasma localized on the skin of the feet were most frequent, and the same frequency was observed on the heels and toes (by 27.3%), 4 (18.2%) melanoma were on the sole. On the skin of the upper extremities achromatic melanomas localized

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in two cases on the shoulder and forearm (4.5%) in the interscapular area and lower back in 18.2% of cases.

Initial visit to a physician from the time of appearance of tumors in 8 patients was 3 months, in 14 patients - 6 months. Prior to treatment, all patients indicated that they practiced self-treatment: destruction with acids, applications with tar, steaming - cutting, using various ointments. Primarily all patients were referred to physicians in outpatients' clinics, where they were diagnosed with an ingrown nail, paronychia, dry corn, trophic ulcer, tumor of the skin. Clinical manifestations in patients with amelanotic melanoma were the following: different colors, often pale, pink stain, asymmetrical, painless ulceration in the centre (90.9%), and sometimes bleeding.

Our analysis of diagnostic errors of amelanotic tumors of the skin allows us to reach the following conclusions: the physicians who have initial contact with the patient do not have sufficient knowledge about the achromatic neoplasmas, their clinical features and possible non-invasive methods of diagnosis, such as superficial standard dermoscopy, digital dermoscopy, SIAscopy, confocal microscopy. No patient was examined with the listed techniques, nobody was referred to related specialists for additional modern diagnostic procedures, which significantly increase the accuracy of diagnosis.

DIAGNOSTIC OF PRIMARY SKIN MELANOMA

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Melanoma skin - extremely malignant tumor that develops from melanocytes. Important stages in the diagnosis and treatment of melanoma are early detection of the primary tumor site and the timely identification of metastasis, which increases the survival rate of patients. The article presents the clinical diagnostic algorithm data management and treatment of patients with melanoma with metastases to regional lymph nodes.

The skin melanoma is a unique tumor in clinical oncology, which is able to demonstrate a rare diversity of clinical course. In spite of some certain progress achieved in the treatment of malignant melanoma of the skin in recent years, the overall results of the 5 year survival rate remains low and substantially depend on the degree of spreading the tumor process at the time of notification of the disease, i.e. the timely adequate diagnosis.

More than 10-15 years ago, the skin melanoma was considered to be one of the most malignant human tumors with an unpredictable prognosis of disease. However, in recent years the view of melanoma as a tumor with the inevitable fatal outcome has not been confirmed (Alan C Geller,