

Letter to the Editor

Melanoma of the Skin: The Problem of Resection Margins

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SINCE Breslow and Macht [1] stated that patients with thin melanomas experienced an excellent survival irrespective of the size of the resection margin, this subject has excited the curiosity of several investigators. The observations of Breslow and Macht have been repeated by Balch *et al.* [2]. Recently, the WHO working group on melanoma published their data concerning the influence of the width of the resection margin on the incidence of local recurrences [3]. These authors

rences in patients with narrow resection margins (≤ 2 cm) is about three times higher than in the corresponding groups of patients subjected to wide excisions (> 2 cm), irrespective of the tumor thickness. The condensed details are shown in Table 1. It appears to me that a recurrence rate of 9.4% (9/96) for Stage I melanomas with tumor-free resection margins of ≤ 2 cm is unacceptably high. Although not all of the observed trends reach statistical significance, the conclusion of the WHO me-

Table 1. Frequency of local recurrences by tumor thickness and resection margins

Thickness	Thin melanomas (≤ 2 mm)		Thick melanomas (> 2 mm)	
Resection margin	Stage I	Stage I + II	Stage I	Stage I + II
Narrow (≤ 2 cm)	2/38 (5.3)*	2/45 (4.4)	7/58 (12.1)	8/71 (11.3)
Wide (> 2 cm)	3/191 (1.6)	3/236 (1.3)	13/306 (4.2)	23/451 (5.1)
Significance	$\chi^2 = 2.02$ N.S.†	$\chi^2 = 2.18$ N.S.	$\chi^2 = 5.74$ $P < 0.05$	$\chi^2 = 4.18$ $P < 0.05$

*Percentages given in parentheses.

†N.S. = not significant.

concluded that the risk of local failure was only related to tumor thickness, and not to the size of the resection margin. This statement is not supported by their reported results: their recurrence rate increased from 3.0 to 11.1% (not 10.8%) with diminishing margins of resection. They concluded that this trend was probably due to the unbalanced numbers of thin and thick tumors in the various categories of resection margins. Still, if one analyses the WHO results of Stage I, and of Stage I and II melanomas combined, it is apparent that the frequency of local recur-

lanoma group that the local recurrence rate of cutaneous melanoma is not related to the margin of resection is not justified. For the time being, resection margins of > 2 cm seem to be indicated for all melanomas. On the other hand, the arbitrary margin of 5 cm or more as advocated by most authors strikes me as exaggerated and the result of an irrational fear of this "black tumor", based on tradition. Isn't it astonishing that we are now faced with the gigantic task of scrutinizing the validity of this inheritance? Nevertheless, we are most patient and will await the results of properly planned randomized prospective trials.

REFERENCES

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