

Letter to the Editor

LDH in the Follow-up of Stage I Malignant Melanoma

ELISABETTA CAMPORA, LAZZARO REPETTO, PATRIZIA GIUNTINI, GIANFILIPPO BERTELLI,
DOMENICO AMOROSO, MARIO ROBERTO SERTOLI and RICCARDO ROSSO

Department of Medical Oncology, Istituto Nazionale per la Ricerca sul Cancro, Viale Benedetto XV, 10, Genova, 16132, Italy

SEVERAL authors have suggested that the monitoring of serum LDH values provides a simple and inexpensive method of predicting recurrence in melanoma patients. In particular, an elevated LDH value has been associated with the presence of liver involvement [1-6]. The histories of 125 Stage I malignant melanoma patients presenting at our clinic from January 1977 to December 1985 were reviewed to evaluate the diagnostic and prognostic significance of serial LDH determinations. Particular attention was given to LDH value at diagnosis, date of first LDH elevation and LDH value at recurrence. LDH was considered abnormal only if >1.5 times the normal upper value and if it remained persistently elevated for at least 3 months. At a median follow-up of 34 months, 57 patients (45.6%) had developed recurrent disease. An abnormal LDH value was observed in only 12 of 57 patients who recurred (21% sensitivity). LDH was abnormal in all patients with visceral involvement. Table 1 shows LDH values according to metastatic sites. Overall survival of the entire group of 125 patients was 78+ months. Median survival in recurring patients was 25+ months but survival was significantly decreased in those cases who presented an abnormal LDH value in comparison to patients in whom LDH remained normal, median 8 months and 27+ months,

Table 1. LDH value according to recurrence site in 57 Stage I malignant melanoma patients

Site of recurrence	No. of patients	LDH value	
		Abnormal	Normal
Skin	25	4	21
Lymph nodes	24	2	22
Liver	4	4	0
Bone	1	0	1
Skin, bone, lung	1	1	0
Skin, liver	1	1	0
Skin, lymph nodes	1	0	1
Total	57	12	45

respectively ($P = 0.0001$). As could be expected, survival was poor in patients with visceral recurrence (median 7 months). However, survival did not appear to be entirely related to site of metastatic disease since patients with non-visceral recurrence and abnormal LDH had a significantly decreased survival compared to those with non-visceral recurrence in whom LDH remained normal ($P = 0.005$). In fact, survival in patients with soft tissue recurrence and elevated LDH was comparable to that observed in patients with visceral disease. Serum LDH is not a useful predictor of disease recurrence in Stage I malignant melanoma patients. An elevated LDH value at recurrence may, however, identify a subset of patients with poor prognosis regardless of initial metastatic site.

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Address for reprints: Elisabetta Campora, Department of Medical Oncology, Istituto Nazionale per la Ricerca sul Cancro, Viale Benedetto XV, 10, Genova, 16132, Italy.

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