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NEUROMYOTONIA AND MALIGNANT MELANOMA.

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Neuromyotonia is a type of continuous activity of muscular fiber originating in the peripheral nerve which was first described by Isaacs in 1961 and also related to a diversity of other diseases. Only rarely has it been associated to lung neoplasia and thymoma.

We introduce a 32 year old female patient suffering from melanoma in the leg, Clark level IV, treated with radical exeresis and graft and inguinal lymphadenectomy followed by chemotherapy. After 24 months there appeared generalized metastases for which chemotherapy with vincristine and DTIC was administered. Three months later she presented a generalized neuromyotonia both clinically and electrophysiologically which responded partially to carbamazepine in high doses, total remission not being achieved.

It has been shown that there is a humoral factor bound to the IgG fraction responsible for neuromyotonia and its improvement following repeated plasmaphereses (S. Sinha, J. Newson-Davis et al. Lancet 1991; 338, 75-77).

Neuromyotonia joins the paraneoplasic peripheral neurological manifestations and is open to treatement.

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METAST. MALIG. MELANOMA (M.M.M.): PRELIM. RESULTS OF A TRIAL WITH CARBOPLATIN (CB), CIS-PLATINUM (DDP), DACARBAZINE (DTIC), INTERFERON-α (IFNα) AND TAMOXIFEN (TAM). Isacson R, Hubert A, Kaduri L, Lyass O, Queralt B, Rosengarten O. Dept. of Oncology, Hadassah Univ. Hosp. Jerusalem, Israel. 13 patients (pts) (7 men, 6 women) with M.M.M. received DDP80mg/m^2 I.V. D_1, DTIC 850mg/m^2 I.V. D_1, CB 250mg/m^2 I.V. D_2, IFN S.C.9 X 10^6U, 3 q w X 3 w, and TAM 20mg daily, q4 w. Median age was 52(23-60), and median KPS 80(70-100). Sites of metastasis included: skin/soft tissue (4) lymph nodes (4) lung (5) liver (6) bone (4) spleen (3) and other (2). Three pts (23%) showed a partial response, lasting 4+m, 6m and 7+m; 1 pt. achieved a minimal response, and 3 pts remained stable. Hematological toxicity was considerable: grade 4 leucopenia in 5 pts (4 required hospitalization for fever while leucopenic), grade 4 thrombocytopenia in 6 pts. Moderate to severe N & V were universal. 3 pts developed mild ototoxicity. Severe fatigue caused IFN α dose reduction in most pts. Further pt accrual is needed to determine the efficacy of this combined modality in M.M.M.

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MAGNETIC RESONANCE IMAGING AND COMPUTED TOMOGRAPHY SPECIFICITY IN THE DETECTION OF METASTATIC MELANOMA - CLINICOPATHOLOGICAL CORRELATION

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Magnetic resonance imaging (MRI) of 36 extracranial lesions, suspected as metastatic melanoma (MM) by computed tomography (CT), were correlated with the clinicopathological (CP) findings in 27 melanoma patients. The CP findings confirmed the diagnosis of MM (CP+) in 25 (81%) out of 31 MR positive (MR+) lesions, and were negative for MM (CP-) in the 5 (100%) MR negative (MR-) lesions. False positive MR findings were found in 6/31 lesions (19%). The majority (72%) of the 25 CP+/MR+ lesions exhibited non-specific low to intermediate signal on T1WIs and high signal on T2WIs. The typical high signal on T1WIs and low signal on T2WIs pattern was found only in 1 lesion. Enhancement after Gd-DTPA was seen in 14/20. The MR appearance of extracranial MM was variable. MR was superior (81%) to CT (70%) in diagnosing MM.

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INTERFERON-alpha (IFN-a) IN COMBINATION WITH CARBOPLATIN (C) VINBLASTINE (V) AND BLEOMYCIN (B) IN METASTATIC MALIGNANT MELANOMA (M.M.).

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Purpose of the trial is to study the efficacy and the toxicity of the above regimen (CVB-IF) in MM. The scheme was: C 300mg/m^2 + V 6mg/m^2 I.V. D1, q 3 W X 4, B 30 mg I.V., D1 q W X 12 and IFN-a 5X10^6 U, s.c. 3 weekly X 1 year. 26 Patients(pts) have been studied, 14 ♂ and 10 ♀ with median age 63 y. 5 Pts were given adjuvant chemotherapy. 13 had viskeral metastases(m), 5 only skin m and 8 only soft tissue m. 20 Pts have been evaluated. 9/20(45%) achieved a PR, 2 SD and 9 PD. The responses were 3 in the lung, 4 in the soft tissue and 2 in the skin. The Time To Progression was 4 months. The main toxicity was haematological (5 pts leukopenia G3-4). 1 Pt died from infection and 1 from bleomycin-induced pneumonitis. 4 Pts discontinued due to IFN-a intolerance.

CONCLUSION : The combination CVB-IF is effective in metastatic Malignant Melanoma with moderate toxicity.

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TREATMENT OF SKIN NEOPLASMS BY HIGH DOSE RATE IRIDIUM MOULDS.

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The authors will report on their early experience with expanded silicone rubber moulds of different size and source-skin distance loaded by Ir192 by Microselectron in the treatment of primary and secondary skin tumours. Paris dosimetry was applied to calculate separation between the channels and the dose distribution. The curved or cylindrical moulds were constructed from perspex. Smaller lesions were treated by single dose, larger by between three and ten sessions in different intervals.

Construction of moulds of different shapes as well as the treatment is simple. The acute reactions were moderate and cosmetic effect at 6 months was superior to the conventional superifical X-ray therapy. As the tumour responses were good, we hope that this method will offer improved therapeutic ratio especially for the tumours on the trunk and extremities.

The clinical material, technique and results will be documented in detail.

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TREATMENT OF METASTATIC MELANOMA WITH INTERFERON ALPHA-2b AND COMBINATION CHEMOTHERAPY

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Seventy-two pts (37 female, 35 male) with advanced melanoma were treated with interferon alpha-2b (3 MIE/m2 day 3-6) and first-line ChT containing VLB (2mg/m2, 12-hr infusion, day 1), bleomycin (15 mg/m2 i.v.,day 1), CCNU (40 mg/m2 p.o. day 1) and CDDP (20 mg/m2 i.v.day 2-5) at 4 week intervals. Pts mean age was 47yrs (range 18-69), median PS (ECOG) was 1 (range 0-2). Soft tissue metastases were found in 42 (58%), lung 29 (40%), bone 9 (13%), and liver in 18 (25%) pts; 25 (35%) pts had a single metastatic site, 30 (42%) double, whereas 17 (23%) had more than two metastatic sites. Pts had 3-9 (mean 4) cycles of ChT. Objective response was observed in 28 (39%) pts (95% CI was 28-50);8 pts had CR, and 20 pts PR (UICC criteria). Overall mean survival was 7.5 (2.5-46) mos, and for responders 15.5 mos. Responses were generally short and mean time to progression was 10 (3.5-18) mos. The most frequent adverse reactions were fever (60%) and nausea/vomiting (48%). Combined immuno-ChT is successful without essentially affecting patient's quality of life.