SERVIÇO DE DERMATOLOGIA TROPICAL DO HOSPITAL CENTRAL DO EXÉRCITO
HCE/ UNIFASE

COORDENAÇÃO:
PROF. LENINHA VALÉRIO DO NASCIMENTO

Pesquisa de linfonodo sentinela - Sempre realizar?

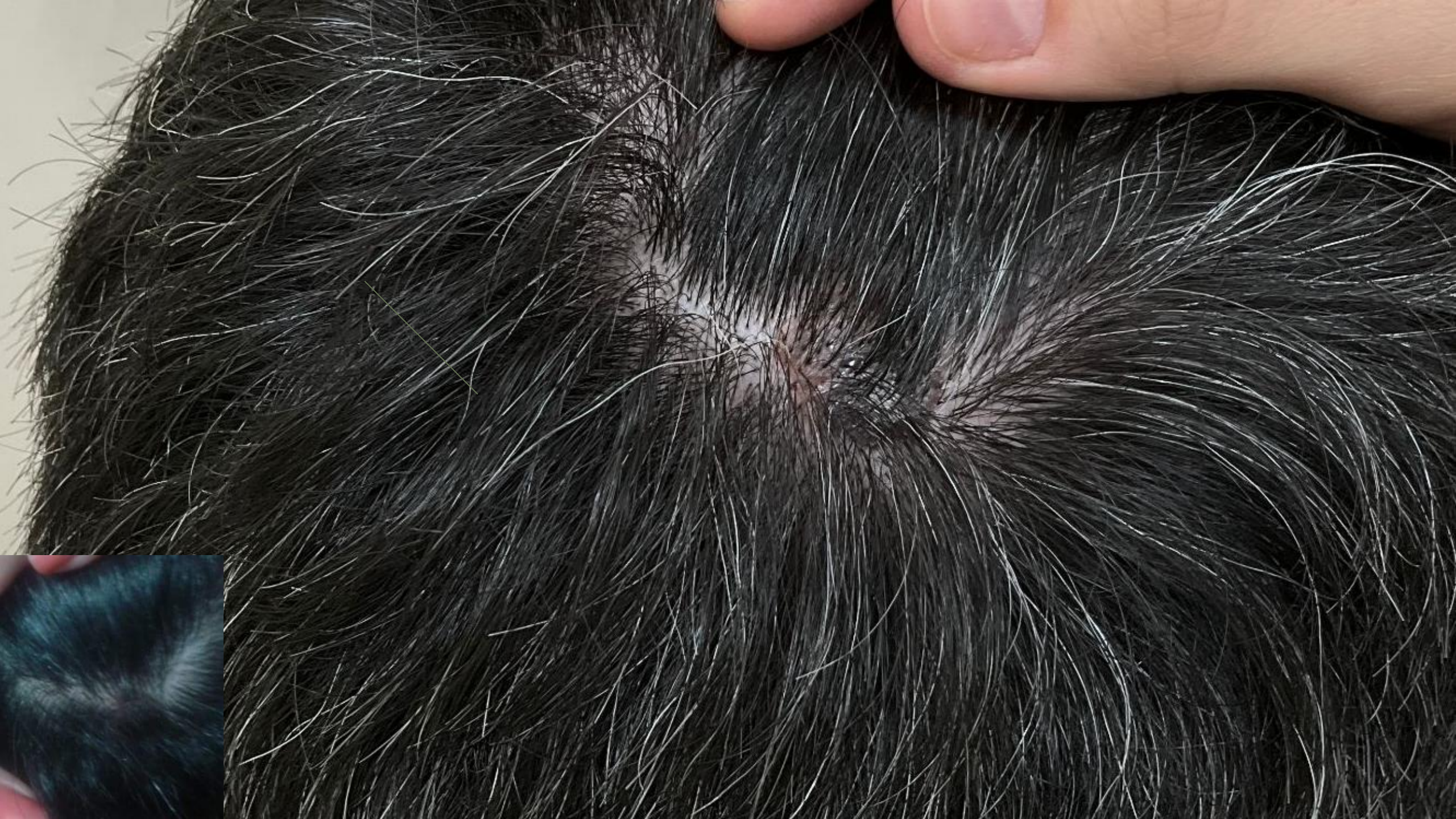
Ariana Mendonça
Júlia Côrtes
Daniel Lago Obadia
João Paulo Yamagata

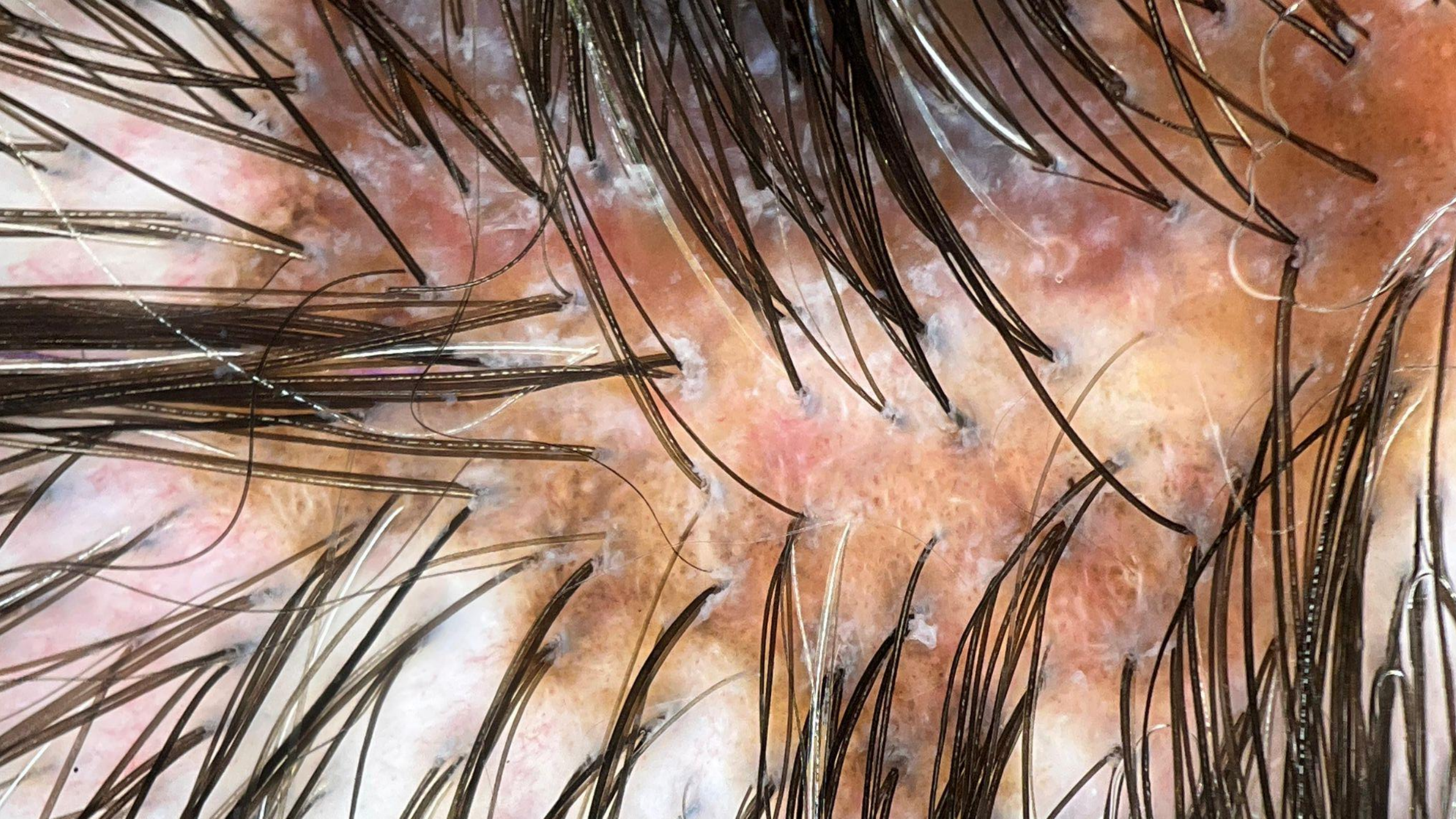
Caso clínico

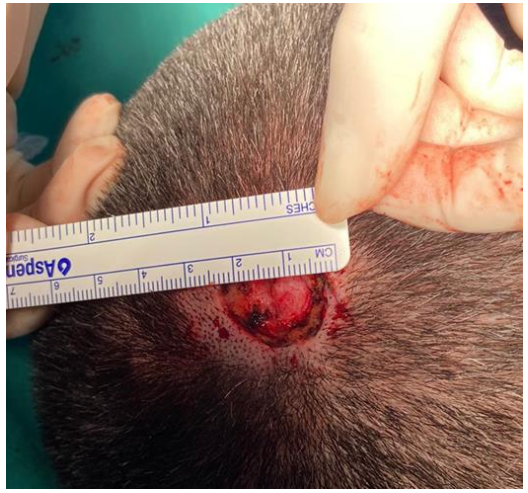
ID: Masculino, pardo, 53 anos, casado, natural do RJ, militar reformado.

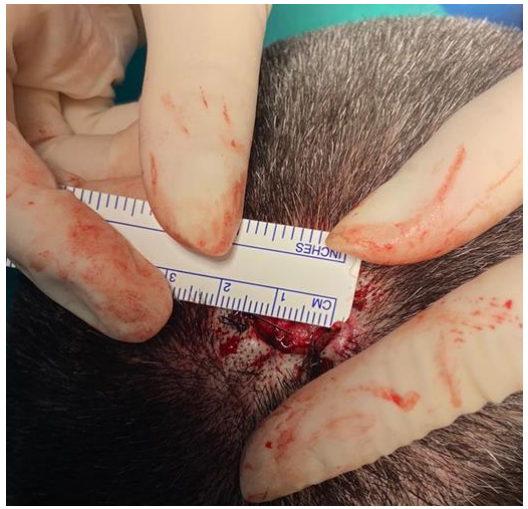
HDA: Paciente relata lesão no couro cabeludo desde a infância, evoluindo com crosta há uma semana. Nega trauma local. Relata ter feito uso de Diprogenta® por 10 dias, sem melhora.

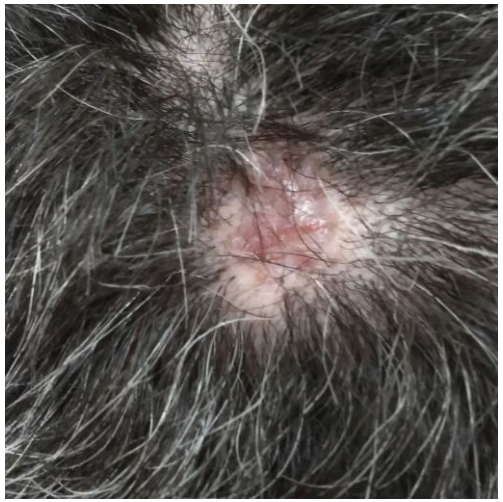
HPP: Esclerose Múltipla há 24 anos.
Em uso de: Interferon Beta 1ª, SC, 44mcg 3x/semana.



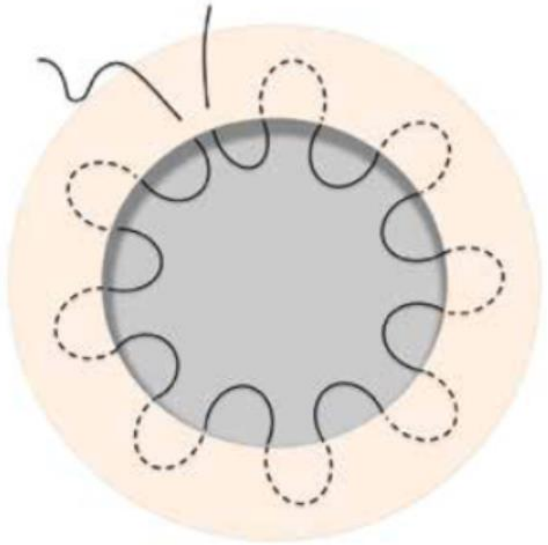


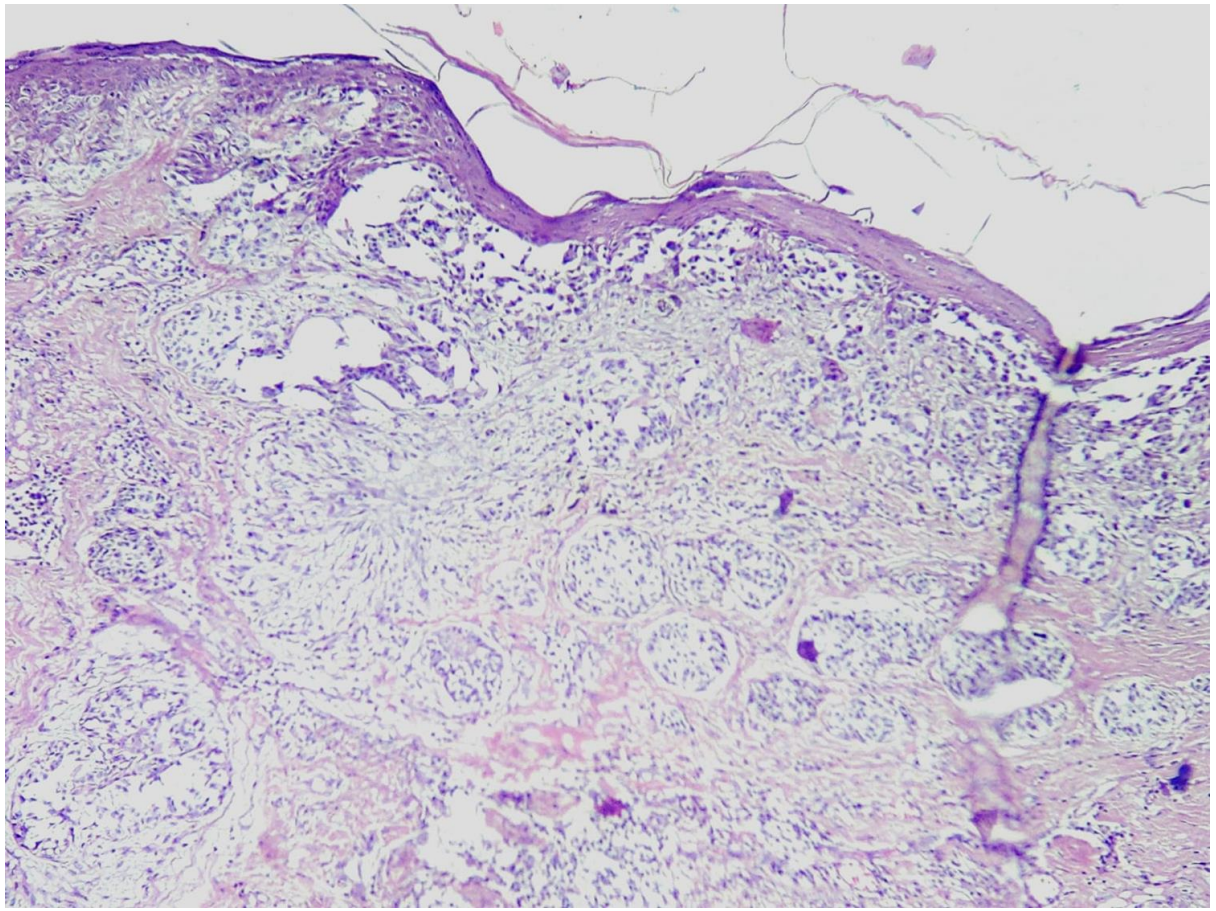


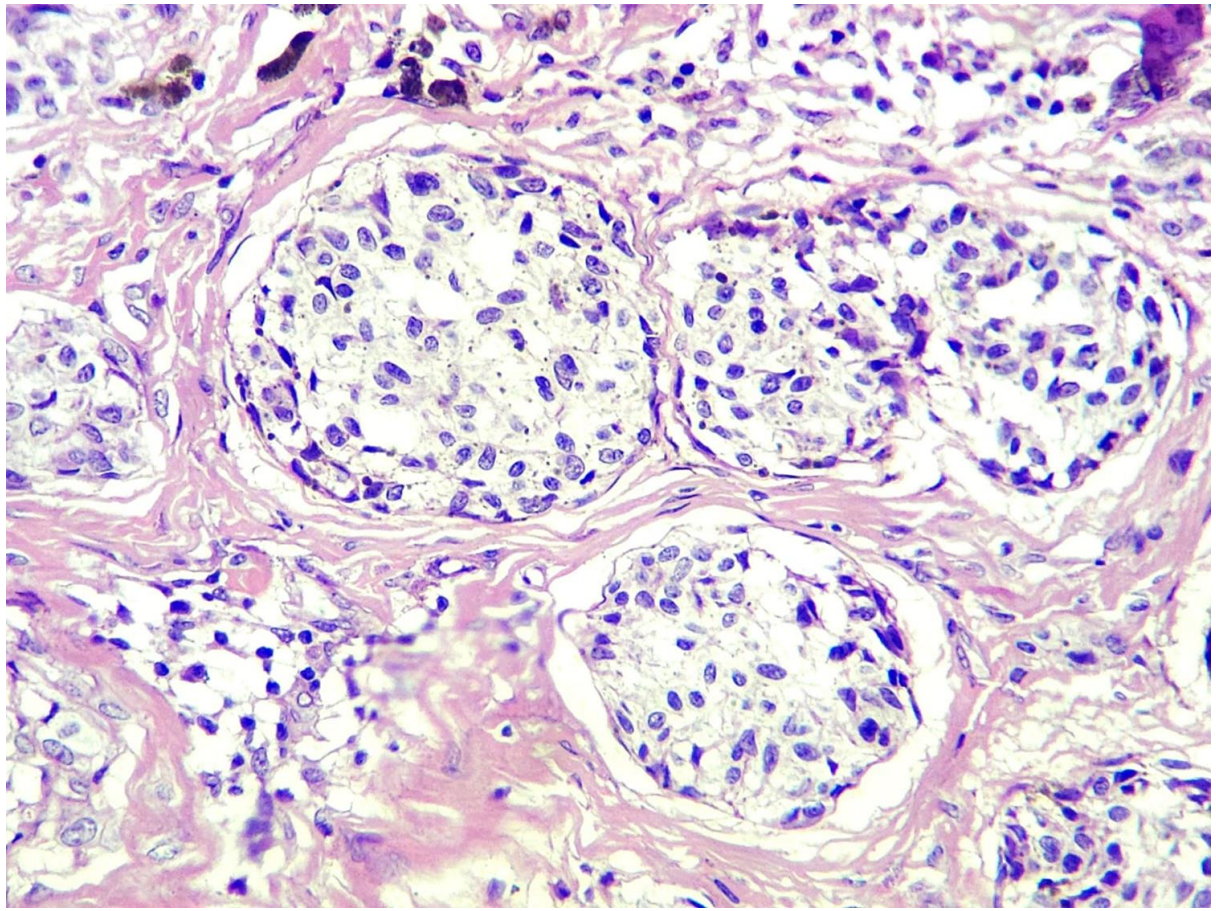




- Realizada exérese da lesão com margens mínimas ;
- Redução do diâmetro do defeito cirúrgico por cerclagem;
- Enxertos e retalhos não são recomendados nesta etapa pela possibilidade de alteração na drenagem linfática local







Laudo histopatológico: Melanoma.
Fase de crescimento: Vertical
Nível de Clark: IV
Nível de Breslow: 1,6mm
Índice mitótico nulo. Sem evidências de ulceração, regressão, invasão angioneural ou microssatelitose.
Inflamação NON BRISK. Margens cirúrgicas livres

Melanoma

25% dos melanomas tem localização na cabeça e pescoço, sendo aproximadamente 30% destas localizadas no couro cabeludo e pescoço.

Sobrevida global em 5 anos é de 74%, e de 60% em 10 anos, se localizado no couro cabeludo e pescoço.

Metástases clinicamente ocultas estão presentes em 15 a 20% dos casos no momento do diagnóstico

A ampliação de margens, pesquisa de linfonodo sentinela, realização de exames de imagem e laboratoriais complementares deverão ser realizados de acordo com o estadiamento da doença

Estadiamento

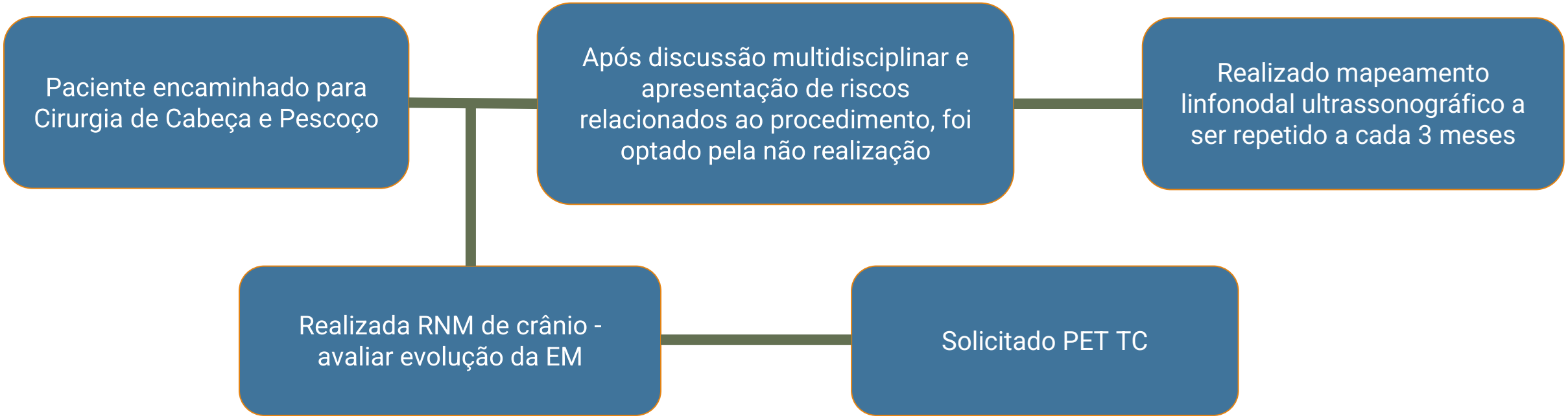
Table 2
T category (primary tumor) criteria in cutaneous melanoma

T Category	Thickness	Ulceration Status
TX: Primary tumor thickness cannot be assessed	Not applicable	Not applicable
T0: No evidence of primary tumor	Not applicable	Not applicable
Tis (melanoma in situ)	Not applicable	Not applicable
T1	≤1 mm	Unknown or unspecified
T1a	<0.8 mm	Without ulceration
T1b	<0.8 mm 0.8–1.0 mm	With ulceration With or without ulceration
T2	>1.0–2.0 mm	Unknown or unspecified
T2a	>1.0–2.0 mm	Without ulceration
T2b	>1.0–2.0 mm	With ulceration
T3	>2.0–4.0 mm	Unknown or unspecified
T3a	>2.0–4.0 mm	Without ulceration
T3b	>2.0–4.0 mm	With ulceration
T4	>4.0 mm	Unknown or unspecified
T4a	>4.0 mm	Without ulceration
T4b	>4.0 mm	With ulceration

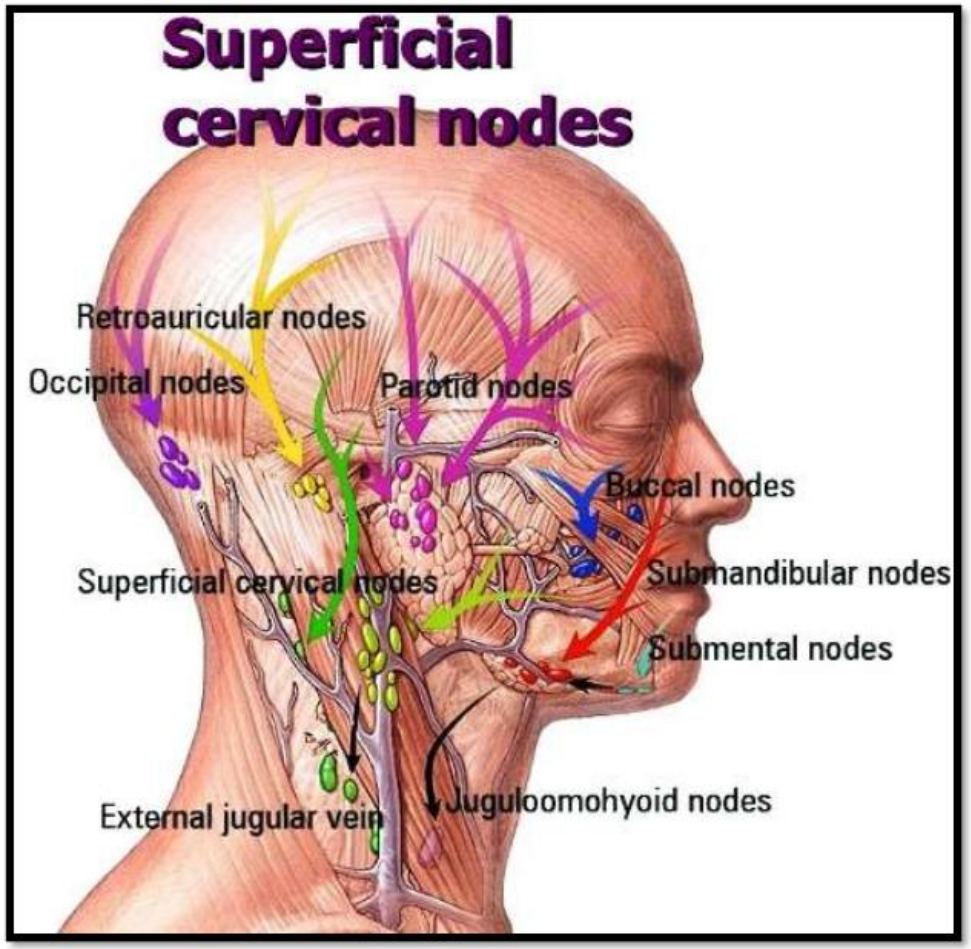
A pesquisa de linfonodo sentinela é indicada a partir de:
Breslow > 1mm ou
Breslow < 0,8mm com ulceração

Realizadas:
- Tomografias de crânio, pescoço, tórax e abdome **sem evidências de doença metastática**

Seguimento clínico



Drenagem linfática da cabeça e pescoço

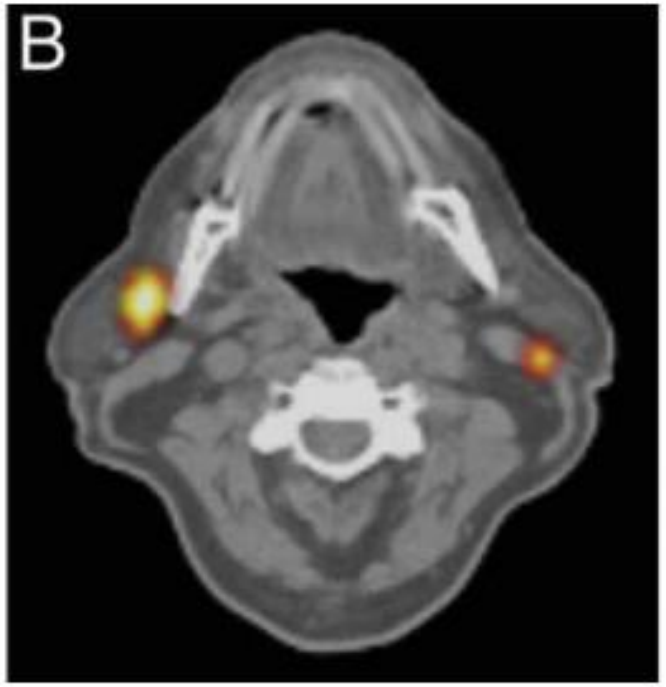


- Falso negativo entre 5,6 e 21%
- Drenagem para mais de uma cadeia em 50% dos casos
- Quando linfonodo sentinela em topografia de parótida - abordagem pode acarretar lesão do nervo facial, ocasionando fístula salivar, Sd de Frey e alterações da mímica facial

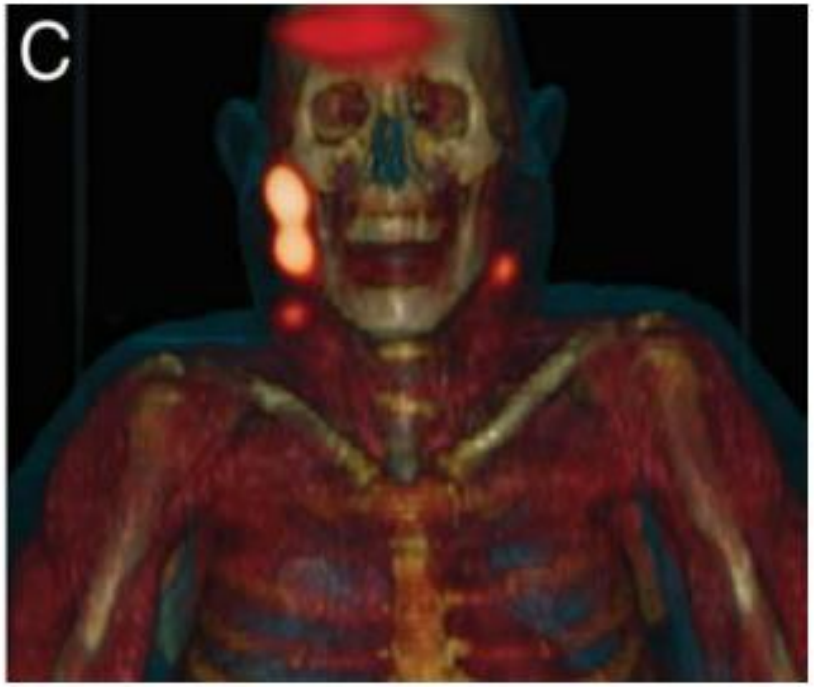
Drenagem linfática da cabeça e pescoço

Linfocintilografia

SPECT/CT



Reconstrução 3D



Homem de 73 anos com melanoma no couro cabeludo. (A) linfocintilografia demonstrando dois linfonodos à direita. (B) Imagens de fusão bidimensionais demonstrando linfonodos sentinela bilaterais

Abordagem linfonodal

The Landmark Series: **MSLT**-1, **MSLT**-2 and DeCOG (Management of Lymph Nodes).

Bello DM, Faries MB.

Ann Surg Oncol. 2020 Jan;27(1):15-21. doi: 10.1245/s10434-019-07830-w. Epub 2019 Sep 18.

PMID: 31535299 Review.

This review focuses on the three landmark, randomized controlled trials evaluating the role of surgery for regional lymph nodes in melanoma: Multicenter Selective Lymphadenectomy Trial I (**MSLT**-I), German Dermatologic Cooperative Oncology Group-Selective Lymphadenectomy Tri ...

Completion Dissection or **Observation** for **Sentinel**-Node Metastasis in Melanoma.

Faries MB, Thompson JF, Cochran AJ, Andtbacka RH, Mozzillo N, Zager JS, Jahkola T, Bowles TL, Testori A,

N Engl J Med. 2017 Jun 8;376(23):2211-2222. doi: 10.1056/NEJMoa1613210.

PMID: 28591523 Free PMC article. Clinical Trial.

The value of **completion** lymph-node **dissection** for patients with **sentinel**-node metastases is not clear. METHODS: In an international trial, we randomly assigned patients with **sentinel**-node metastases detected by means of standard pathological assessment ...

Final trial report of sentinel-node biopsy versus **nodal** observation in melanoma.

Morton DL, Thompson JF, Cochran AJ, Mozzillo N, Nieweg OE, Roses DF, Hoekstra HJ, Karakousis CP, Puleo CA, Coventry BJ, Kashani-Sabet M, Smithers BM, Paul E, Kraybill WG, McKinnon JG, Wang HJ, Elashoff R, Faries MB; MSLT Group.

N Engl J Med. 2014 Feb 13;370(7):599-609. doi: 10.1056/NEJMoa1310460.

PMID: 24521106 Free PMC article. Clinical Trial.

Linfadenectomia auxilia no controle locorregional da doença, porém, sem alterar sobrevida global ou sobrevida melanoma específica

Eventos adversos da linfadenectomia e biópsia de linfonodo sentinela incluem linforragia, infecção, linfedema

Imunoterapia e EM

Exacerbation of Multiple Sclerosis by BRAF/MEK Treatment for Malignant Melanoma: The Central Vein Sign to Distinguish Demyelinating Lesions From Metastases

Christopher C. Hemond, MD,[1,2] Rohit Bakshi, MD, MA,[1] Shahamat Tauhid, MD,[1] Rosila Sarrosa,[3] Madison Ryan,[3] Vineetha Kamath,[3] James Thomas, MD,[4] and Keith R. Edwards, MD[3]

Treatment of metastasized melanoma with combined checkpoint inhibition in a patient with highly active multiple sclerosis

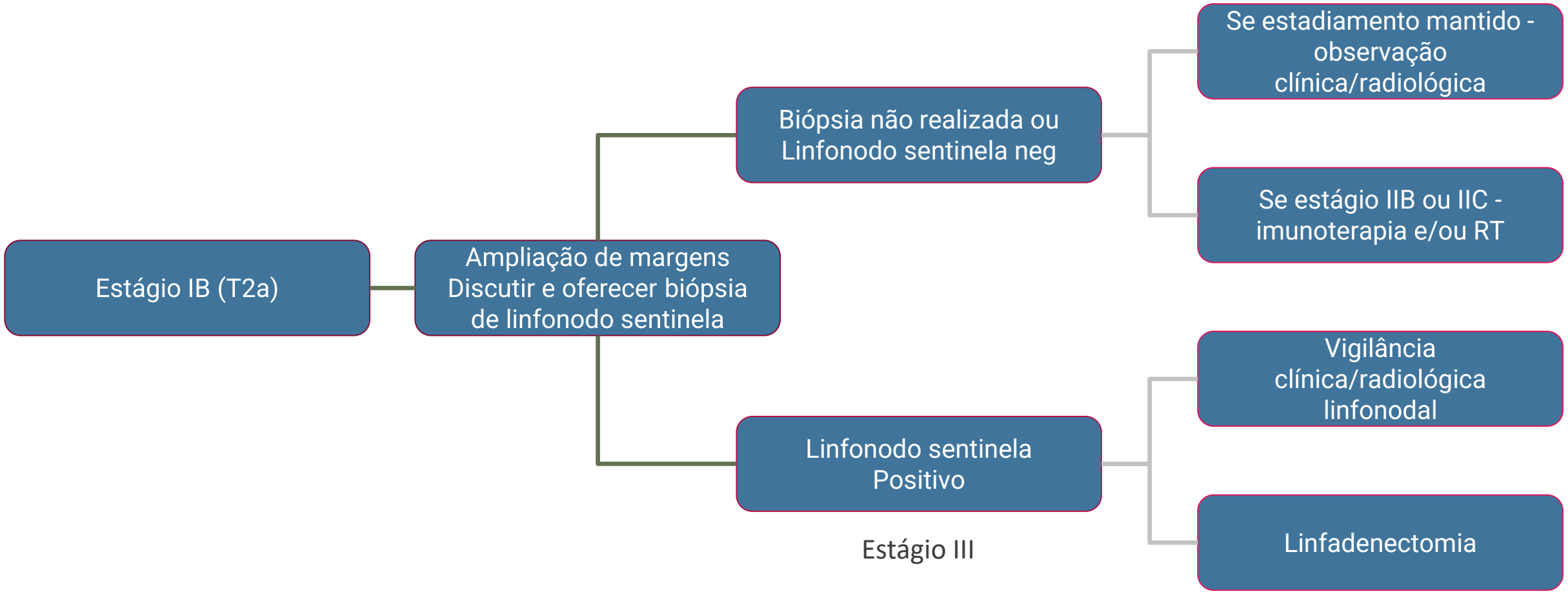
Friederike Hoffmann [1], Anne Fröhlich [1], Niklas Schäfer [2], Vera C Keil [3], Jennifer Landsberg [1], Ulrich Herrlinger [2], Judith Sirokay [1]

Multiple Sclerosis Outcomes after Cancer Immunotherapy

Catherine R. Garcia, MD, Rani Jayswal, MPH, Val Adams, Pharm D, Lowell B Anthony, MD, and John L. Villano, MD, PhD

Relatos evidenciando exacerbação da Esclerose Múltipla em uso de imunoterapia (Nivolumabe, Pembrolizumabe, Ipilimumabe Dabrafenib/Trametinib)

Tratamento


Estágio IB (T2a)
Ampliação de margens
Discutir e oferecer biópsia de linfonodo sentinela
Biópsia não realizada ou Linfonodo sentinela neg
Se estadiamento mantido - observação clínica/radiológica
Se estágio IIB ou IIC - imunoterapia e/ou RT
Linfonodo sentinela Positivo
Vigilância clínica/radiológica linfonodal
Linfadenectomia
Estágio III

Motivos da apresentação:

- Discutir o desafio do estadiamento do melanoma de couro cabeludo e a importância da interdisciplinaridade na decisão de pesquisa de acometimento linfonodal
- Demonstrar alternativas à pesquisa de linfonodo sentinela no melanoma de cabeça e pescoço
- Individualizar o estadiamento e tratamento do melanoma em pacientes com comorbidades prévias

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D.L. Morton et al Final Trial Report of Sentinel-Node Biopsy versus Nodal Observation in Melanoma. The New England Journal of Medicine. Feb 2014, Vol 370

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