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**=Abstract=****Subungual Malignant Melanoma of Hand (Case Report)**

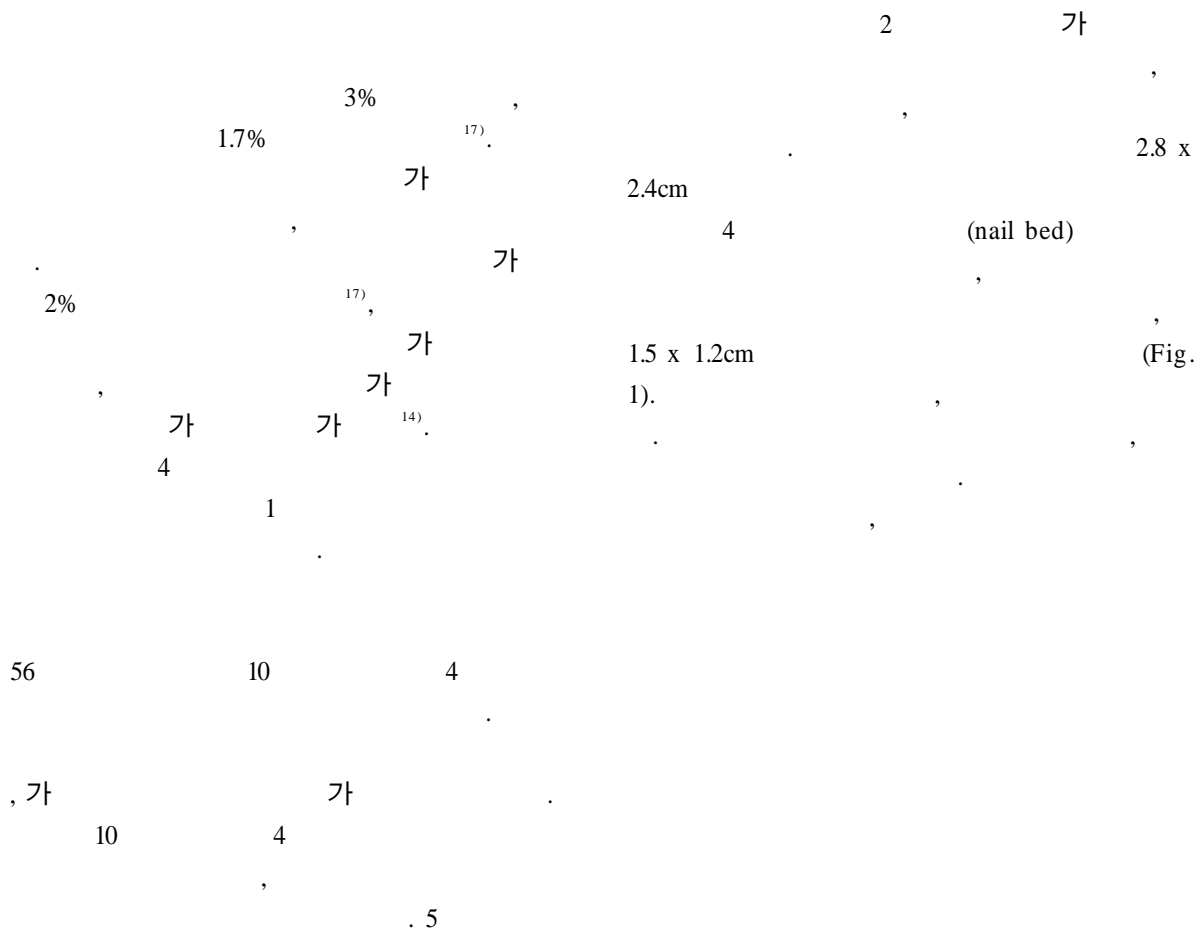
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Of all cutaneous melanoma, approximately 2% occur on the hand and subungual melanoma is a rare form. The pathologic type of tumor and depth of invasion are determinants of overall prognosis. The subungual malignant melanoma has gained for itself a certain notoriety of being misdiagnosis and, therefore, treated later than other melanomas with a resulting poorer prognosis. The most common clinicopathologic type of subungual melanoma is acral lentiginous melanoma : however, other variants may occur. The amputation at the neck of the proximal phalanx of the thumb and at the level of the proximal interphalangeal joint in a finger is recommended for management of subungual melanoma. The most common site for recurrence of subungual melanoma is in the regional lymph node field, as with other cutaneous melanomas. But the role of prophylactic lymph node dissection for melanomas remains controversial. There is marked variation in reported overall 5-year survival rates ranging from 16% to 72%. But the survival rate for patients with subungual melanoma, stage for stage and thickness for thickness, is well below that for other cutaneous melanomas. The authors report one case of subungual malignant melanoma of hand which had been misdiagnosed for ten years and treated later.

**Key Words :** Hand, subungual melanoma, acral lentiginous melanoma

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**Fig. 1.** A pigmented lesion with irregular margin showing central ulceration on the nail and tip of finger.

**Fig. 2.** A. Scattered single lesional cells, located near the dermo-epidermal junction, especially at the periphery of the lesion(HE stain x 100). B. Melanoma cells showing marked atypism in shape and size(HE stain x 400).



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<sup>15)</sup>, Sydney Melanoma Unit(SMU)

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<sup>10)</sup>.

lympho- scintigraphy

sentinel node lymphatic mapping

<sup>16)</sup>.

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1cm

5-6mm

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5 16% 72%

<sup>12)</sup>, Heaton <sup>7)</sup>

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(aneuploid cells) , ,

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