J.M. Ródenas

Sección de Dermatología, Hospital General Universitario Morales Meseguer, Murcia, Spain

E-mail address: jose.m.rodenas@gmail.com

1578-2190/

Sentinel Lymph Node Biopsy☆

Biopsia selectiva del ganglio centinela

Sentinel lymph node (SLN) biopsy is currently considered the gold standard for nodal staging in cutaneous melanoma.

The technique, however, has been surrounded by controversy since it was first described by Morton et al.[1] in 1992. In the initial years, when it was theorized that melanoma spread according to a stepwise pattern, SLN biopsy was used to reduce the performance of unnecessary lymph node dissections.

SLN biopsy provides information on lymphatic drainage basins, enabling more accurate patient follow-up. It can also be used to identify subclinical disease in patients who could benefit from early adjuvant treatments that are showing very promising results.

The discovery, however, that SLN biopsy does not improve overall survival and can only offer prognostic information, combined with the emergence of new models explaining melanoma spread (e.g., the simultaneous and differential spread models),[2] called for increasing caution regarding its use.

This article presents a retrospective review of complications and sequelae in 124 patients with primary melanoma who underwent SLN biopsy. The authors found a high rate of complications (37.9%) compared with previous studies, but this could be because they also considered complications in patients who underwent subsequent lymph node dissection.The authors argue that clinicians must not only carefully analyze the already controversial use of SLN biopsy, but also weigh up potential benefits and risks.

Risk of surgical complications must always be assessed on a case-by-case basis before indicating SLN biopsy.

Reference

1. Morton DL, Wen DR, Wong JH, Economou JS, Cagle LA, Storm FK. Technical details of intraoperative lymphatic mapping for early stage melanoma. Arch Surg. 1992;127:392–9.
2. Pizarro Á. Linfadenectomía tras una biopsia positiva del ganglio centinela en el melanoma: un cambio de paradigma. Actas Dermosifiliogr. 2018;109:293–384.

S. Martínez García

Servicio de Dermatología, Hospital Regional Universitario Carlos Haya, Málaga, España

E-mail address: silvestremg@eresmas.net

1578-2190/

☆ Please cite this article as: Martínez García S. Biopsia selectiva del ganglio centinela. Actas Dermosifiliogr. 2019;110:425.