

Excision of subungual melanoma in situ followed by reconstruction of finger soft-tissue defect using homodigital dorsal adipofascial reverse flap

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INTRODUCTION Subungual melanoma is a rare malignant neoplasm of melanocytes that arises from the nail matrix. In the early phase, it presents as darkened longitudinal band under nail plate (melanonychia), and can be misdiagnosed as benign nail pigmentation disorders such as nail matrix nevi or subungual lentigo. It is usually more advanced than other melanomas at the time of diagnosis and has therefore relatively poor prognosis. Wide excision with phalanx amputation was once considered the first-line therapy, but in recent years there is a trend toward a more conservative approach.

CASE REPORT We present a case of a 43 y/o woman who came to our department because of subungual melanoma on her 4th finger of the left hand. A month before, her diagnosis was confirmed by a biopsy which showed acral-lentiginous subtype of melanoma in situ. Wide excision of the entire nail unit with a 5mm safety margin without bone resection was performed; followed by reconstruction of finger soft-tissue defect using homodigital dorsal adipofascial reverse flap.

CONCLUSION This type of melanoma should be diagnosed and treated as soon as possible to prevent further spread to regional lymph nodes and distant organs. Conservative treatment with nonamputative wide excision of the nail unit is an important advancement from the radical surgery with amputation. The goal of this surgery is to ensure full clearance of the lesion with satisfactory preservation of hand function. Our patient was discharged home 4 days after surgery with no complications. There are no signs of recurrence or regional spread at 2-year follow-up.