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COVID-19 and melanoma surgery in a dermo-oncology centre in Italy

doi: 10.1111/ced.14675

Dear Editor,

We have read with great interest the scientific literature regarding the diagnosis and treatment of skin cancer during the COVID-19 pandemic.[1–5] The resulting cancellation of routine dermatological visits could lead to the risk of neglecting cutaneous melanoma (CM), with potential consequences in terms of morbidity and mortality,[1,2] even though the specific impact of the pandemic on CM has yet to be estimated.

Several authors have proposed multidisciplinary protocols and guidelines for management, surgical decision-making, prioritization for systemic anticancer therapy and radiotherapy, and follow-up of patients with melanoma during the pandemic. However, there is still no unanimous consensus on the possibility of delaying therapeutic procedures, with guidelines differing, for example, between American and European associations.

In Italy, there was an immediate exponential increase in the number of COVID-19 infections from the end of January 2020, even though it was hypothesized that the 'dermatological Italian patient zero' may have been infected in November 2019.[3] The most stringent lockdown period, from 22 February to 3 May 2020, caused a dramatic reduction in the number of elective medical and surgical activities.[2]

We retrospectively analysed the number of histopathologically proven CMs at our Skin Cancer Unit in Bologna University, from January 2020 to December 2020. We considered only new cases of primary CM diagnosed by our Dermatopathology Laboratory and detected during routine clinical activity, excluding any radical surgeries on CMs that had been diagnosed elsewhere and also any metastatic cases. We compared the results with those from 2019.

In our hospital we were able to continue dermo-oncological surgery throughout the whole lockdown period. Our analysis showed that a total of 284 primary CMs were detected during the whole of 2020. This rate was similar to that of 2019, in which 278 primary CMs (using the same search criteria) had been diagnosed, and there was no significant difference in rates between the 2 years.

Conversely, other Italian authors reported a significant reduction in detection of CM during the COVID-19 pandemic, both in Northern[2] and Southern[4] Italy. In particular, at a third-level centre in Northern Italy, a 30% relative decrease in surgical activity and a significant 60% reduction in new diagnoses of CM were reported during the lockdown period.[2] In another dermo-oncology centre in a high-risk pandemic area of Northern Italy,[5] the global reduction in surgery performed for all skin cancers (including melanomas) ranged from 26% to 36% from 1 March to 30 April 2020, compared with the same period in the previous year, mostly because of patient cancellation.

Another interesting finding was that no complications arising from performing surgery were observed in the pandemic setting, as no new cases of COVID-19 infections were detected at our hospital in the 14 days after surgery. Our experience suggests that surgical activity could be continued in patients with CM, as similarly suggested by other authors.[5] We believe that the potential risk of neglecting CM should always be taken into account by clinicians, and we hope that our experience will reassure hospitals that such surgery can be performed safely.

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Conflict of interest: the authors declare that they have no conflicts of interest.
Accepted for publication 7 April 2021

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