Lentigo maligna successfully treated with imiquimod

To the Editor: Lentigo maligna (malignant melanoma in situ) typically occurs on sun-exposed skin of older patients. Treatment should be excision with at least a 5 mm border of tumour-free skin. However, two therapeutic challenges can arise. Firstly, on some areas of the face appropriate surgery may be technically challenging. Secondly, in spite of adequate surgical borders, lentigo maligna may recur, and may continue to do so after repeated adequate surgery.

Imiquimod (Aldara; 3M) is a topical cream modifying the local immune response. It is currently registered for treatment of mucosal genital warts and certain basal cell carcinomas. Successful treatment of lentigo maligna using imiquimod has been reported.1 On the basis of this and subsequently published reports, imiquimod was used in the following case.

A 70-year-old man presented with a biopsy-proven lentigo maligna on the forehead. The lesion was treated surgically by a specialist surgeon. Histological examination suggested that it had been completely removed. Ten months later the lesion recurred. Complete surgical removal was performed again, this time by a reconstructive surgeon. Histology confirmed a completely removed multicentric lentigo maligna. Two years later a small, lightly pigmented macule developed in the same area and was treated by a dermatologist with cryotherapy. Treatment was repeated when a new macule appeared a few months later. Two years later the patient presented with two pigmented lesions on the forehead, and two skin biopsies confirmed a multicentric recurrence of lentigo maligna.

Because of failure of surgery and cryotherapy to clear the lesion, imiquimod therapy was initiated. The area was treated once a day, 5 days a week for 6 weeks. The lentigo maligna was clinically completely cleared following this treatment course, and has remained clear for 3 years since then.

What makes this case notable is the fact that the tumour recurred after apparently adequate surgical efforts to eradicate it, while one treatment course of topical imiquimod succeeded in clearing it, with no recurrence 3 years later. Secondly, in most of the published reports treatment was given for 12 weeks or longer. In the case reported here only 6 weeks of treatment, once a day for 5 days a week, was successful, suggesting that very long treatment periods may be unnecessary.

Imiquimod treatment for lentigo maligna should not be seen as a replacement for surgery, but rather as a viable alternative in situations where surgery has failed to eradicate the tumour, or where the potential morbidity of surgery, due to location or size of the tumour, prompts one to consider alternatives.

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REFERENCE