## The "Red Face" - A Warning Sign of Malignant Melanoma?

Sir.

The incidence of cutaneous malignant melanoma continues to rise (1,2), and despite improvements in diagnosis and therapy, the mortality figures also continue to escalate (2). In the absence of curative therapy for advanced melanoma, early detection, recognition, diagnosis and excision remain the only key to surviving this malignant tumor (3).

The rarity of melanoma makes the preventive screening examinations and changing lifestyle programs conducted in breast and lung cancer both impractical and expensive. Efforts have been directed towards identifying high risk patients in order to aim lifestyle changes at the appropriate target population and place them on a surveillance program that includes exclusions of suspected lesions. One result of those efforts is a "personal risk factor chart" that estimates the relative risk of cutaneous melanoma from the four highest risk factors identited by conditional logistic regression (4). These factors are: total number of benigh pigmented nevi over 2 mm diameter; freckling tendency; number of clinically atypical nevi (over 5 mm diameter and having an irregular edge, irregular pigmentation, or inflammation); and a history of severe sunburn at any time in life.

We would like to add a possible warning sign, which is based on preliminary clinical observations of a small number of melanoma patients. In the last 2 years, we have encountered 6 patients with cutaneous malignant melanoma who had a particular reddish facial appearance, reminiscent of the description of the faces of polycythemia patients but with normal blood counts. The melanoma thickness was 1.9 mm in one patient, and less than 1 mm in the other 5 cases. The facial redness was definitely not due to photosensitivity and did not disappear after strict avoidance of the sun. In that period 90 patients with melanoma were registered in our hospital.

"Red face" is quite unusual in the general population, and its incidence among melanoma patients remains to be assessed. However, the fact that it was found in 6 patients over a 2-year period indicates that there may be a connection between these two phenomena. Since our patients were seen when the melanoma had a diameter of over 0.7 mm, a paraneoplastic phenomenon resulting from some unknown factors secreted by the tumor cannot be excluded. Although many cutaneous paraneoplastic syndromes are proliferative skin disorders, probably due to some growth factors (5), some syndromes are not, e.g. necrolytic migratory erythema and erythema gyratum repens. It is possible that the "red face" here described is another paraneoplastic syndrome involving the cutaneous vasculature like other erythemas. If so, "red face" may have prognostic value rather than serve as an early warning of a melanoma.

Clarification and confirmation of our preliminary clinical observations require statistical analysis of larger samples. In the meantime, we invite comments from our colleagues on this phenomenon.

## REFERENCES

- Mackie RM, Smyth FJ, Souter DS, et al. Malignant melanoma in Scotland 1979–1983. Lancet 1985; 2: 859–862.
- Rigwi DS, Kopf AW, Friedman RJ. The rate of malignant melanoma in the United States: are we making an impact? J Am Acad Dermatol 1987; 17: 1050–1053.
- Kopf AW, Maize JC. Cutaneous malignant melanoma (Periodic synopsis). J Am Acad Dermatol 1987; 16: 610–613.
- Mackie RM, Freudenberger T, Aitchinson TC. Personal risk-factor chart for cutaneous melanoma. Lancet 1989; 2: 487–490.
- Ellis DL, Kafka SP, Chow TC et al. Melanoma, growth factors, acanthosis nigricans, the sign of leser-trelat, and multiple acrochordons. A possible role for alpha-transforming growth factor in cutaneous paraneoplastic syndromes. N Engl J Med 1987; 317: 1582– 1587

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