

Biomechanical evaluation of skin and melanocytic naevi



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Clinical background & motivations

Malignant melanoma is a highly aggressive skin tumor causing the 75% of skin • Confocal laser scanning microscopy (CLSM) Biopsy & histological analyses Dermoscopy cancer-related deaths [1]. The 5-years survival rate ranges from 15% if lately mandatory for final diagnosis detected to 99% if early detected [2] Normal skin Metastatic Melanom modification of the mechanical properties of biological tissues during the development of cancers such carcinoma [3], [4] or as melanoma [5]-[7] assessed in 100 literature **Biomechanical** characterization of the Radial growth phase (RGP): melanocytic neoplastic cells spread across the properties of the skin and epidermis and the DEJ and infiltrate only the superficial dermis (C); vertical growth melanocytic naevi visualization of the upper phase (VGP): cells invade the dermis and aggregate in intradermal cell nests (D) ✓ visual diagnosis based layers of the skin with a combining experimental and the metastatic melanoma reaching the lymphatic and blood's circulations and on the ABCDE rule cellular resolution metastasizing to other organs (E) and computational analyses **Materials & Methods** Experimental • Computational





Conclusions

The combined approach here proposed allowed to obtain the experimental transverse displacement in the skin and skin lesions of healthy volunteers. The multiscale model provided important information on the modification of the mechanical properties in the skin lesion with respect to the normal skin. Such methodology represents an interesting and suitable tool to be applied in the investigation of the melanoma to obtain further understanding of such pathology as well as indications to support clinical diagnosis

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1.12 52.00 Skin layers

Corneum

Epidermis DEJ

DEJ naev

Dermis

Hypodermi

Muscle

8

Stiffness [kPa]

100.0 2.5

2.0

10.0

1.5

1.0

80.0

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