

DERMATOSKOPIYADAN TERI MELANOMASINI TASHXISLASH USULI SIFATIDA FOYDALANISH TAJRIBAMIZ

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ANNOTATSIYA

Dolzarliligi: Ko'p turdagi terining xafvsiz o'smalari klinik ko'rinishidan melanoma va boshqa xavfli teri o'smalariga o'xshashi mumkin. Teri xavfli o'smalari asosan bosh va bo'yin sohalarida (81,4% gacha) kuzatiladi. Bundan tashqari tanada 3,8%, oyoqlarda taxminan 9,8% va qo'llarda esa taxminan 5% kuzatilishi mumkin. Ularning xavflilik darajasi tez-tez qaytalanishi, gematogen metastazlarning erta paydo bo'lishi bilan tavsiflanadi. Maxsus qurilma - dermatoskop yordamida shifokor har qanday teri o'zgarishlarini bir necha marta kattalashtirish imkoniga ega, uning tuzilishini, o'sish shaklini, patologik jarayonning xavfliligini yoki xafvsizligini bilib olishi mumkin. Dermatoskopiya, ayniqsa, melanotsitar va melanotsitar bo'lmagan xavfli o'sma shakllanishini erta tashxislash uchun dolzarb masaladir.

Tadqiqot maqsadi: Pigmentli teri o'smalarini differensial diagnostika qilish uchun dermatoskopiya foydalanish.

Materiallar va uslublar: 2022 yilda O'zbekiston Respublikasi Respublika ixtisoslashtirilgan onkologiya va radiologiya ilmiy amaliy tibbiyot markazi klinikasida teri o'smalari bilan ko'rikdan o'tgan bemorlarning klinik ma'lumotlari tahlili o'tkazildi. Barcha bemorlar yuqori sifatli DELTA 30 (HEINE Optotechnik, Germaniya) dermatoskopi yordamida teri pigmentli o'zgarishlarini dermoskopik tekshirishdan o'tkazildi. Qabul chog'ida raqamli foto hujjatlashtirish ishlari olib borildi.

Natijalar: 35 nafar bemor maslahat uchun kelgan, ulardan 28 nafari ayol va 7 nafari erkak. Bemorlarning aksariyati (n=23) 60 yoshgacha bo'lgan mehnatga layoqatli aholi, o'rtacha yoshi 47 yoshni tashkil etdi. Teri melanomasi tashxisi 5 (14%) bemorda qo'yilgan, qolgan bemorlar teri saratoni tashxisiz dinamik kuzatuvga (xar 6 oyda bir marta tekshiruvdan o'tish) uchun yuborilgan.

Kalit so'zlar: dermatoskopiya, pigmentli teri hosilalari, nevus, melanoma.

Iqtibos keltirish uchun:

Polatova D.Sh., Ibragimova D.A., Savkin A.V., Tagaev J.A., Sabirova M.B. Dermatoskopiya teri melanomasini tashxislash usuli sifatida foydalanish tajribamiz. *Интегративная стоматология и челюстно-лицевая хирургия*. 2023;2(3):53–58. <https://doi.org/10.57231/j.idmfs.2023.2.3.007>

OUR EXPERIENCE USING DERMATOSCOPY AS A DIAGNOSTIC METHOD FOR SKIN MELANOMA

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ABSTRACT

Complications: Many types of benign skin tumors can clinically resemble melanoma and other malignant skin tumors. Skin malignant tumors are observed mainly in the head and neck area (up to 81.4%). In addition, 3.8% can be observed on the body, about 9.8% on the legs, and about 5% on the hands. Their level of danger is characterized by frequent recurrence, early emergence of hematogenous metastases. With the help of a special device - a dermatoscope, the doctor has the opportunity to magnify any skin changes several times, to find out its structure, growth pattern, the danger or safety of the pathological process. Dermatoscopy is especially relevant for early diagnosis of melanocytic and non-melanocytic malignant tumor formation.

Purpose of the study: Use of dermatoscopy for differential diagnosis of pigmented skin tumors.

Materials and methods: in 2022, an analysis of clinical data of patients with skin tumors was conducted at the clinic of the Republic of Uzbekistan, the center of specialized oncology and radiology. All patients underwent dermoscopic examination of skin pigment changes using a high-quality DELTA 30 (HEINE Optotechnik, Germany) dermatoscope. During the reception, digital photo documentation was carried out.

Results: 35 patients came for consultation, 28 of them were women and 7 were men. Most of the patients (n=23) were able-bodied people under 60 years of age, the average age was 47 years. Melanoma of the skin was diagnosed in 5 (14%) patients, and the remaining patients without a diagnosis of skin cancer were sent for dynamic monitoring (examination every 6 months).

Key words: dermatoscopy, pigmented skin formations, nevus, melanoma.

For citation:

Polatova D.Sh., Ibragimova D.A., Savkin A.V., Tagaev J.A., Sabirova M.B. Our experience using dermatoscopy as a diagnostic method for skin melanoma. *Integrative dentistry and maxillofacial surgery*. 2023;2(3):53–58.

<https://doi.org/10.57231/j.idmfs.2023.2.3.007>

KIRISH

Nevuslar va terining xavfsiz o'smalari (TXO) jadal rivojlanayotgan o'zgarishlarni ifodalaydi, ularning faqat kichik bir qismi melanomaga aylanadi. Nevuslar sonining ko'payishi yoshga to'g'ridan-to'g'ri proportsionaldir. Teri xavfli o'smalari asosan bosh va bo'yin sohalarida (81,4% gacha) kuzatiladi. Bundan tashqari tanada 3,8%, oyoqlarda taxminan 9,8% va qo'llarda esa taxminan 5% kuzatilishi mumkin. Ularning xavflilik darajasi tez-tez qaytalanishi, gematogen metastazlarning erta paydo bo'lishi bilan tavsiflanadi. Yangi pigmentli hosilalarning paydo bo'lishi ularning melanomalar bilan differentsial tashxisini talab qiladi [1,2]. Terining pigmentli o'zgarishlarining differentsial diagnostikasi juda ko'p diagnostik usullari bo'lishiga qaramay dolzarb muammo hisoblanadi, chunki ularning hech biri 100% sezgirlik va spetsifiklikka javob qila olmaydi. Ob'ektiv, tejamkor va foydalanish mumkin bo'lgan yangi zamonaviy diagnostika usullarini, shu jumladan skrining usullarini izlash dermatoskopiya usulini ishlab chiqishga olib keldi. Dermatoskopiyaning noinvazivligi, xavfsizligi, og'riqsizligi, hech qanday qarshi ko'rsatmaga ega emasligi, o'sma shikastlanishining yo'qligi va juda oddiy muolaja ekanligi teri xavfli o'smalarining zamonaviy diagnostikasining ajralmas bir qismi bo'lishiga olib keldi. [3,4,5]. Melanomaning klinik diagnostikasi uchun ABCD qoidasi qo'llaniladi: A

- asymmetry - assimetriya, B -border – chegara, C - color - rang, D - differentsial tuzilmalar. Agar o'sma ABCD mezonlariga javob bersa, katta ehtimol bilan bu melanoma bo'lishi mumkin [6,7]. An'anaviy dermatoskop Yevropa mamlakatlarida terining pigmentli hosilalarini kuzatish va davolash uchun keng qo'llaniladi. Hozirgi vaqtda raqamli kameralar tasvirlash uchun muhimroq bo'lib bormoqda [8]. Dermatoskopiya aks ettirilgan yorug'lik yordamida nevus va qo'shni terining sirt tuzilmalarini, rangi, pigment taqsimoti va melanotsitik bo'lmagan tuzilmalarni baholashga imkon beradi va jarrohlik yo'li yordamida davolash uchun ko'rsatmalarni aniqlaydi [9,10].

MATERIALLAR VA USLUBLAR

Ushbu tadqiqotda 2022 yilda O'zbekiston Respublikasi Respublika ixtisoslashtirilgan onkologiya va radiologiya ilmiy amaliy tibbiyot markazida teri o'smalari bilan ko'rikdan o'tgan bemorlarning klinik ma'lumotlari tahlili o'tkazildi. Bunda foydalanish uchun qulay bo'lgan otoskopga o'xshash qurilma bo'lgan Delta 30 dermatoskopi (Heine Optotechnik GmbH & Co., KG, Germaniya) ishlatilgan. Ushbu qurilma immersion moy yoki boshqa yopishqoq suyuqlik (ultratovush geli, zaytun moyi, suv, spirt va glitserin) bilan ishlov berilgan qatlam yuzasini tezda tekshirish imkonini beradi. Tekshiruv ob'ekti

yorug'lik tushish burchagi 20° bo'lgan galogen chiroq bilan yoritiladi va tekshiruv maydoni 10 marta kattalashtirilib, terining turli sirt qatlamlarining tabiiy ranglari va tuzilmalarining gorizontall rasmini yaratadi.

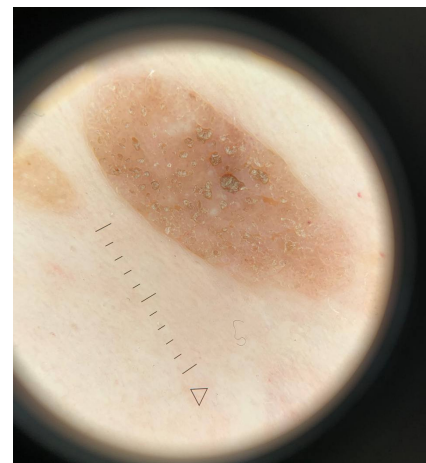
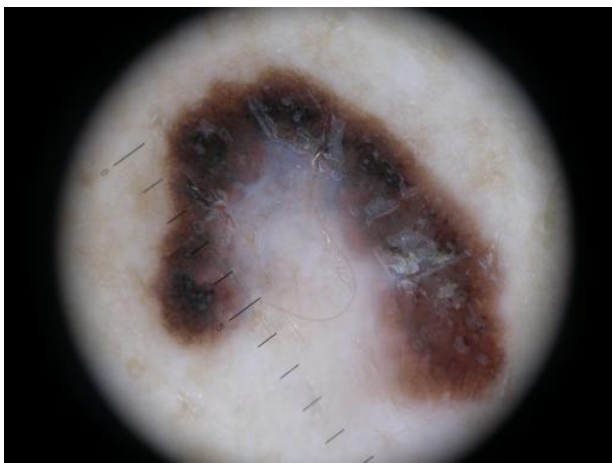
NATIJALAR

Dermatoskopiya bilan 6 ta rangni aniqlash mumkin, ulardan 4 ta rang melanin mavjudligi bilan izohlanadi, oq rang o'smadagi regressiv o'zgarishlarga bog'liq, qizil yallig'lanish yoki neovaskulyarizatsiya (angiogenez) tufayli yuzaga keladi. Oddiy epidermis sariq, akantozli epidermis noaniq sariq-jigarrangdan kulrang-jigarrang rangga ega bo'lib ko'rinadi va keratinotsitlarda pigmentatsiyaning ko'payishi bilan ta'sirlanadi. Terining turli qatlamlarida melaninning tarqalishiga qarab, rang o'zgaradi. Melanin bazal qatlamda cho'kish jigarrang rang beradi, shoxsimon qatlamda u qora rangga ega. Melanin

terining papillyar qatlamida bo'lsa, u kulrang-ko'k, terining retikulyar qatlamida po'lat-ko'k rangda ko'rinadi. Melanoma, Setton nevusi va boshqa o'smalarda dermatoskopiya paytida oq hudud sifatida kuzatilgan zonalar eng sezilarli bo'ladi. Odatda yon atrofidagi teridan ochroq bo'lgan teri sohasi, oq deb hisoblanadi.

1-rasmda teri melanotsitar o'smalarini dermatoskopda 10 marta kattalashtirilgandagi ko'rinishi tasvirlangan. Regressiya zonasi(oq hudud), oq-ko'k vual, chegalari noaniq va har xil rangga ega hosila melanomaga xarakterli (a); milliumsimon kistalar, komedonsimon yoriqchalar, miyasimon strukturalar(b) seboreyali keratozga. Birinchi bemorda xirurgik eksiziyadan keyin gistologik tekshiruvda melanoma, 2 darajadagi invaziya chuqurligi (3 mm) tasdiqlandi.

Dermatoskopiya tartibsiz to'r, oqish-ko'kimtir vual, tartibsiz nuqtalar, globulalar, tartibsiz bir nechta ranglar, tartibsiz tarmoqlar



1-rasm. Teri melanotsitar o'smalarini dermatoskopdagi ko'rinishi: melanoma (a); seboreyali keratoz (b).

(geterogen, sektorlarda joylashgan), soxta oyoqchalar, negativ to'r, kalta oq chiziqchalar, tartibsiz dog', periferiya bo'ylab jigarrang strukturasiz zonalar, oqish qizil parda va tartibsiz qon tomirlar naqshlari kabi tarkibiy qismlarni aniqlash mumkin [8].

O'smani olib tashlash maqsadga muvofiqmi yoki yo'qligini aniqlash uchun biz quyidagi formula bo'yicha hisoblangan umumiy dermatoskopik balldan (UDB) foydalandik: $A \times 1,3 + B \times 0,1 + C \times 0,5 + D \times 0,5$.

Belgilarning gradatsiyasi quyidagi mezonlarga muvofiq amalga oshirildi: A - asimmetriya. Shakllanishning asimmetriyasini aniqlash uchun u ikkita o'zaro perpendikulyar chiziq bilan

bo'linadi. Agar bir chiziq bo'ylab asimmetriya aniqlansa, u holda bir ball, ikki chiziq bo'ylab asimmetriya aniqlansa ikki ball belgilanadi.

B - chegara. Chegarani baholash o'smaning periferiyasida pigmentatsiya naqshida keskin yoki bosqichma-bosqich o'zgarish mavjudligiga asoslanadi, bunda o'sma sakkiz qismga bo'linadi. Shunday qilib, maksimal mumkin bo'lgan chegara ball - 8, minimal - 0 (3-rasm).

C - rang. O'smada siz 6 ta rangni (oq, qizil, och jigarrang, to'q jigarrang, ko'kimtir-kulrang, qora) aniqlik bilan farqlashingiz mumkin, har bir rangning mavjudligi 1 ball beradi (4-rasm).

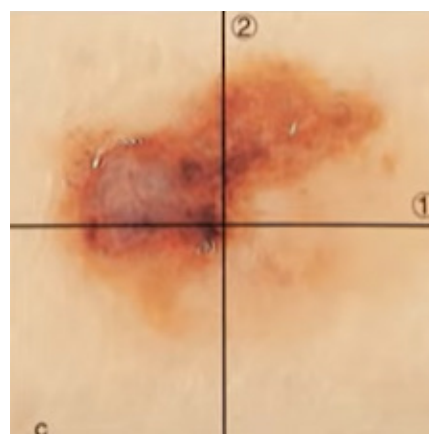
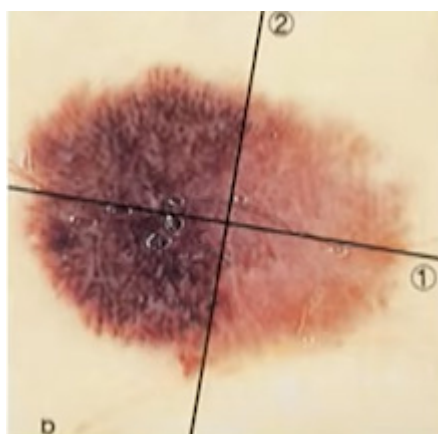
D - differensial tuzilmalar. tartibsiz to'r mavjudligi, strukturasiz sohalar, tomchilar,

1-jadval

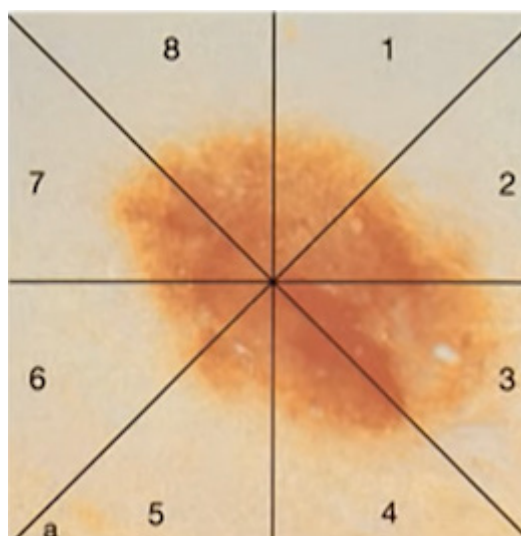
Teri o'smalarining dermatoskopik suratining xususiyatlari

Tashxis	Belgilar				UDB*
	A	B	C	D	
Melanoma (n=5)	$1,8 \pm 0,2$	$4,0 \pm 0,3$	$4,8 \pm 0,4$	$2,6 \pm 0,5$	$6,4 \pm 0,2$
TXO' (n=30)	$1,1 \pm 0,1$	$1,8 \pm 0,1$	$2,7 \pm 0,2$	$1,9 \pm 0,1$	$3,9 \pm 0,1$

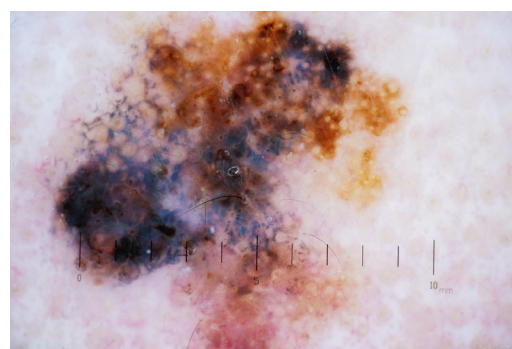
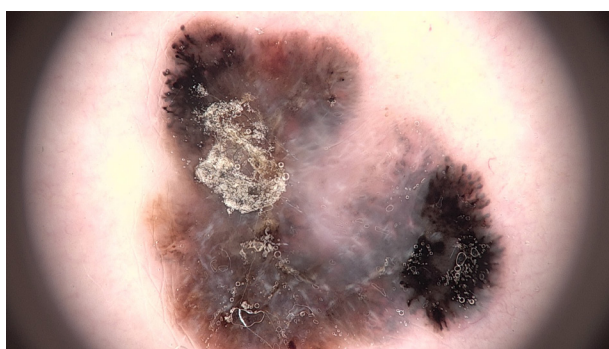
*umumiy dermatoskopik ball



2-rasm. Asimmetriya: bir chiziq bo'ylab asimmetriya (a); ikki chiziq bo'ylab asimmetriya (b).



3-rasm. Chegarani baholash



4-rasm. O'sma rangini baholash

nuqtalar, globulalar va chiziqlar mavjudligi ham har biri 1 ball beradi.

Agar UDB 1,0-4,75 ball oralig'ida bo'lsa, bu xavfsiz melanotsitar nevus, 4,75-5,45 ball oralig'ida bo'lsa melanomaga shubhani bildiradi. Agar UDB 5,45 balldan katta bo'lsa, katta ehtimollik bilan melanoma hisoblanadi. Umumiy dermatoskopik ball ABCD qoidasi (jadval) yordamida 25 yoshdan 65 yoshgacha bo'lgan 35 bemorda (erkaklar - 7, ayollar - 28) baholandi.

MUNOZARA

Dermatoskopiyada 5 nafar bemorda melanoma belgilari aniqlandi. Asimmetriya mezon (A) $1,8 \pm 0,2$ ball ($p < 0,05$), chegaralari mezon (B) $4,0 \pm 0,3$ ball ($p < 0,05$), rangni baholash mezon (C) $4,8 \pm 0,4$ ball ($p < 0,05$). Differensial tuzilmalar (D) mezoniga ko'ra, farqlar ahamiyatli emas edi. Melanomaga shubha qilingan odamlarda umumiy dermoskopik ball sezilarli darajada yuqori edi $6,2 \pm 0,4$, xavfsiz teri o'smalariga qaraganda $3,9 \pm 0,1$ ($p < 0,05$). Melanomaga shubha qilingan barcha bemorlar operatsiya qilindi va bu tashxisning morfologik tasdiqlanishi olindi (1-jadval).

Dermatioskopiya afzalligi mutlaqo xavfsiz va terining shikastlanishiga olib kelmaydigan zamonaviy tadqiqot usuli. Bu boshqa tadqiqot usullariga nisbatan bir qator afzalliklarni beradi, ular orasida: Noinvazivlik - tadqiqot davomida bemorning hujayralari va to'qimalariga zarar yetkazilmaydi, terining yaxlitligi buzilmaydi. Og'riqsizlik - dermatioskopiya mutlaqo og'riqsiz protsedura bo'lib, bemor hech qanday noqulaylik his qilmaydi. Xavfsizlik - bu diagnostika tekshiruvi paytida teri bilan aloqa yo'q, unga hech qanday zarar yoki travma yo'q, bu infeksiya xavfini yoki invaziv diagnostika usullariga xos bo'lgan boshqa asoratlarni yo'q qiladi. O'simta shikastlanishining yo'qligi dermatoskopiyaning asosiy afzalliklaridan biridir, chunki teri o'smalari jarayoni sohasidagi hujayralarga ozgina mexanik shikastlanish ham hujayra bo'linish intensivligining keskin oshishiga va metastatik hujayralar rivojlanishiga olib kelishi mumkin. Yuqori diagnostika aniqligi - nevusning kengaytirilgan tekshiruvi bilan shifokor xosilaning holatini ob'ektiv baholash va onkologik jarayonning dastlabki bosqichiga xos bo'lgan uning degeneratsiyasining dastlabki belgilarini aniqlash imkonini beradigan bir qator mezonlarni baxolaydi. Melanomani erta

tashxislash - bu terining xavfli o'smalarini oldini olish va samarali davolash imkonini beradigan ushbu turdagi tekshiruvning afzalligi. Nevusning shakli, sirt holati, rangi va qirralari uchun ma'lum mezonlarga asoslanib, dermatioskopiya yomon sifatli nevusning pigment hujayralaridagi displastik jarayonlardan farqlash uchun ishlatiladi.

XULOSA

Shunday qilib, pigmentli teri hosilalari bo'lgan bemorlarni kompleks tekshirishda dermatioskopiya melanomalar, pigmentli teri o'smalarining differensial diagnostikasi, operatsiyadan oldingi diagnostikaning yuqori samarali usuli bo'lib, keng klinik amaliyot uchun tavsiya etilishi mumkin. Ammo yanada aniqroq va ishonchliroq hulosalarga ega bo'lish uchun ko'p sonli bemorlardan iborat kengroq va uzoq muddatli tadqiqot o'tkazilishi zarur.

MANFAATLAR TO'QNASHUVI

Mualliflar ushbu tadqiqot ishi, uning mavzusi, predmeti va mazmuni raqobatdosh manfaatlarga ta'sir qilmasligini ma'lum qiladi.

MOLIYALASHTIRISH MANBALARI

Mualliflar tadqiqot olib borish davomida moliyalashtirish mavjud bo'lmaganligini ma'lum qiladilar.

MA'LUMOTLAR VA MATERIALLARNING OCHIQLIGI

Ushbu tadqiqot davomida olingan yoki tahlil qilingan barcha ma'lumotlar ushbu nashr etilgan maqolaga kiritilgan.

MUALLIFLARNING TADQIQOTDAGI HISSALARI

Barcha mualliflar tadqiqotni tayyorlash va uning natijalarini sharhlash, shuningdek, nashrga tayyorlashga hissa qo'shgan. Barcha mualliflar qo'lyozmaning yakuniy versiyasini o'qib chiqishgan va tasdiqlashgan.

ETIK JIHATDAN MA'QULLASH VA ISHTIROK ETISH UCHUN ROZILIK

Tadqiqot olib borish bo'yicha barcha xalqaro, milliy va/yoki institutsional ko'rsatmalarga rioya qilingan.

NASHRIYOTNING ESLATMASI

"Integrativ stomatologiya va yuz-jag' jarrohligi" jurnali chop etilgan xaritalar va institutsional mansublik ko'rsatkichlari bo'yicha

yurisdiksiya da'volariga nisbatan neytral bo'lib qoladi.

Maqola kelib tushgan sana: 31.09.2023 y.
Nashrga qabul qilingan sana: 29.10.2023 y.

ETHICAL STATEMENT AND CONSENT TO PARTICIPATION

The study was conducted in accordance with the local ethical committee.

CONFLICT OF INTERESTS

The authors declare the absence of obvious and potential conflicts of interest related to the publication of this article.

SOURCES OF FUNDING

The authors state that there is no external funding for the study.

AVAILABILITY OF DATA AND MATERIALS

All data generated or analysed during this study are included in this published article.

AUTHORS' CONTRIBUTIONS

All authors contributed to the design and interpretation of the study and to further drafts. All authors read and approved the final manuscript.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

All applicable international, national and/or institutional ethical guidelines have been followed.

CONSENT FOR PUBLICATION

Not applicable.

PUBLISHER'S NOTE

Journal of *"Integrative dentistry and maxillofacial surgery"* remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Article received on 31.09.2023

Accepted for publication on 29.10.2023

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