Enhancing Melanoma Diagnosis Integrating new imaging technologies and RNA tape stripping with dermoscopy

Terese von Knorring,¹, Paul Blanche², Ida Heerfordt¹, Jeppe D. Andersen³, Lisbet Rosenkrantz Hølmich⁴, Nina Løth Mårtensson⁵, Charlène Reichl⁶, Peter A. Philipsen¹ Katrine Karmisholt¹, Mette Mogensen^{1,7}

Department of Dermatology, Bispebjerg Hospital, Copenhagen, ²Section of Biostatistics, University of Copenhagen, ³Section of Forensic Genetics, University of Copenhagen, ⁴Department of Plastic Surgery, Herlev Hospital, Copenhagen, ⁵Department of Pathology, Rigshospitalet, Copenhagen, ⁶iThera Medical GmbH, Munich, Germany ⁷Department of Clinical Medicine, University of Copenhagen

Contact:

Terese von Knorring, MD, PhD student terese.erika.von.knorring@regionh.dk

INTRODUCTION

Accurate melanoma diagnosis is crucial, but current methods often lack precision, leading to unnecessary excisions. This study explores photoacoustic imaging (PAI), which detects and quantifies skin chromophores like melanin, hemoglobin, lipids, and collagen. We assess whether combining PAI with reflectance confocal microscopy (RCM), RNA tape stripping, and dermoscopy can improve diagnostic accuracy.



Figur 1. Imaging technologies
Patients with suspicious pigmented skin lesions were imaged with dermoscopy, RCM, and PAI before excision.

Figur 2. Tape stripping
The lesion was marked, and adhesive tape applied to collect skin cells for RNA analysis of malignancy-related gene expression.

MATERIALS AND METHODS

75 patients with a suspected diagnosis of melanoma were examined using dermoscopy, RCM, and PAI. RNA samples were collected by tape-stripping before excision. Diagnostic features from the imaging were analyzed, and new hypotheses combining RCM, PAI, and dermoscopy were tested. The expression of 11 RNA molecules was investigated.

RESULTS

PAI revealed significantly higher melanin, hemoglobin, lipids, and collagen concentrations in malignant lesions, with an intermingled network of melanin and blood vessels being a key malignancy indicator. Adding PAI increased sensitivity by up to 20% over RCM and dermoscopy alone. The combined RNA and dermoscopy test achieved 100% sensitivity for malignancy, with 35% specificity.

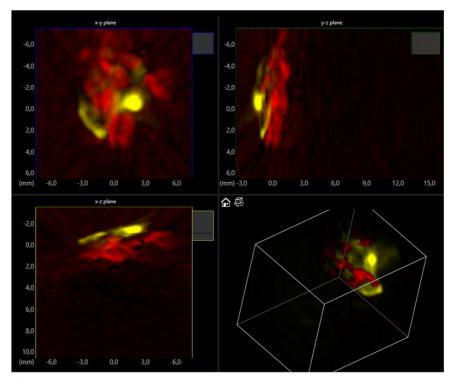


Figure 2. Malignant melanoma visualized by PAI
PAI showing a melanoma lesion on different imaging planes, with melanin
(yellow) and arteries(red) in an intermingled network, a characteristic feature
found in most malignant lesions.

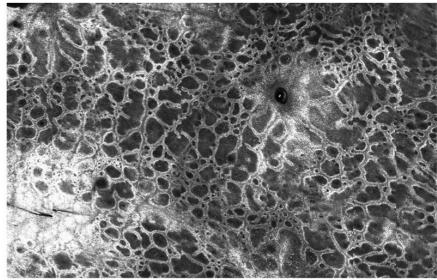


Figure 3. RCM image of malignant melanoma
RCM image showing atypical cells, dermal epidermal junction disarray, nucleated cells in dermal papillae and non-edged papillae, all strongly associated with malignancy.

CONCLUSIONS

PAI holds significant potential for improving melanoma diagnosis. Integrating PAI, RCM, RNA tape stripping, with dermoscopy enhances melanoma diagnosis with detailed chromophore data, real-time cellular imaging, and molecular insights.