

the total number of body moles. The relationship of histology and Breslow thickness of melanoma to site, sex, age and number of naevi will also be presented.

Our results show that a very high-risk group for melanoma can now be identified and these patients should be advised about avoiding excessive sun exposure and the early recognition of cutaneous melanoma.

Reasons for delay in primary treatment of British patients with malignant melanoma

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Patients with 'thin' malignant melanoma (1 mm thick) have excellent prospects for survival while those with tumours thicker than 3 mm have 5-year survival figures of under 40%. It is logical to assume that the first group receive treatment more rapidly than the latter. Delay in therapy may be due to the patient, the family doctor or the specialist.

Of 1300 primary melanomas studied in Scotland from 1979 to 1983, 390 (30%) were < 1.5 mm in thickness. This contrasts with Australia where at present 80% of melanomas are in this thin, good prognosis group.

We have conducted a detailed study of 115 Glasgow patients to establish the reason for the low percentage of good prognosis tumours. Records were studied and patients interviewed to establish the reasons for delay. One hundred patients (87%) had delayed for 3 months or longer in seeking treatment for a new or changing pigmented lesion and 38 (33%) had delayed for over a year. In only three patients (2.6%) was there family doctor delay, and there was no hospital delay. Patient delay was virtually always due to lack of knowledge rather than fear.

Following this study, the West of Scotland Pigmented Lesion Education Project has been organized and will be described, as will the methods of measuring its impact.

Early warning skin signs in AIDS and persistent generalized lymphadenopathy (PGLS)

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Cutaneous manifestations of AIDS include Kaposi's sarcoma, chronic genital herpes simplex, herpes zoster, mucocutaneous candidiasis, fungal infection, pyoderma and seborrhoeic dermatitis. We have consistently seen distinctive patterns of skin disease in male homosexuals with AIDS, PGLS and in a high-risk group who initially had neither condition. The prevalence of skin disease was assessed in nine patients with AIDS, 15 with PGLS, four in the high-risk group and in 40 male homosexual patients acting as controls.

Three unusual patterns of skin disease were seen in patients with AIDS, PGLS and high-risk patients that were not seen in the control groups. A florid neck and beard impetigo was present in seven patients; a chronic acneiform folliculitis in ten and extensive fungus infection in nine.