

# Futility of imaging to stage melanoma patients with a positive sentinel lymph node

Lodewijka H.J. Holtkamp<sup>a,f</sup>, Rebecca L. Read<sup>a</sup>, Louise Emmett<sup>b,c</sup>,  
John F. Thompson<sup>a,d,e</sup> and Omgo E. Nieweg<sup>a,d,e</sup>

The use of staging imaging in melanoma patients with a positive sentinel lymph node (SLN) has been reported to be of limited value. Improved accuracy resulting from the development of time-of-flight positron emission tomography (PET) and ongoing image quality improvement of computed tomography (CT) may challenge this

Two other primary malignancies were found. Twenty-one (15%) patients were subjected to 37 additional investigations, referrals or procedures. Routine staging imaging with CT or PET/CT in SLN-positive patients is not useful. The yield is low and the results are often false positive, leading to unnecessary additional tests, most of which are costly and some potentially