Case Study	Malignant melanoma reversal and normalization	
Background	Patient recommended for surgery and to receive follow up chemotherapy.	
Case presentation	Slides 1-3, 44yo male.	
Investigations	Biopsy: Histopathology, immunohistochemistry, January 2012, slides 2-3.	
Differential diagnosis	Lentigo maligna melanoma invasive Clark Level II, histopathology, January 2021, reported in slides 2-3.	
Treatment	Lesion staged for surgery at major cancer disease treatment hospital Melbourne. Surgery not performed, patient declined surgery and all conventional oncological treatments for alternative treatments. Home self-treatment with topical herbal medicine to destroy the lesion, leaving some scarring, seen in slide 1, November 2019 image. Begin ECRL investigations and treatment, August 2013, continuing intermittently to 2019.	
Outcome and follow-up	Near complete reversal and disappearance of lesion, visibly evident normalization of neoplastic tissue, photo sequence, 2013-2019, slide 1, occurring in 'stages' corresponding with intermittent treatment periods at ECRL. Patient alive without recurrence, 2021.	



Major reversal and normalization of lentigo maligna melanoma (skin cancer) invasive Clark Level II; no surgery, radiotherapy nor chemotherapy.

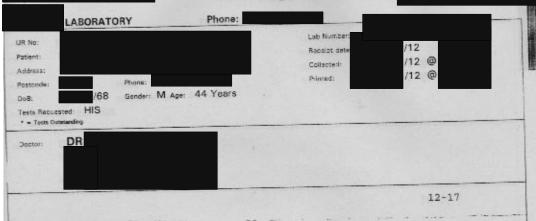


August 2013 March 2014 July 2014 February 2019



November 2019

Pathology Report



HISTOPATHOLOGY REPORT

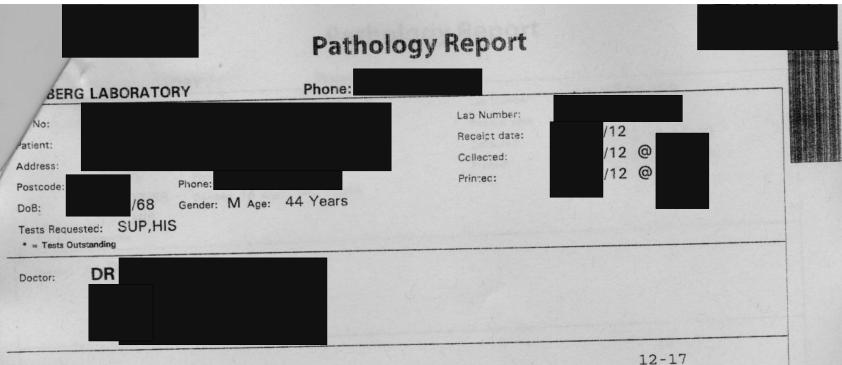
CLINICAL NOTES:

Lentigo maligna on forehead shave biopsy.

Forehead - site as indicated on request slip: A skin shave 5x4x1mm with a mottled brown surface. Processed whole. (PA/sas/eb)

The multiple sections of the shave reveal a mostly confluent proliferation of mildly and moderately atypical both singularly orientated and nested melanocytes within mildly hyperplastic and acanthotic epidermis with the single cells in particular showing considerable disarray in the lower two thirds of the epidermis indicating in-situ melanoma with the pattern in keeping with lentigo maligna. Within the superficial dermis there is a considerable accumulation of pigment within histiocytes. In addition, however, there are both spindle and epithelioid cells some of which display cytoplasmic pigment with mildly atypical nuclei that strongly suggest Level II invasion; this is accompanied by a partly developed lichenoid reaction with superficial dermal fibrosis suggesting that there may be a desmoplastic element to the invasive process. Immunohistochemistry will be performed to confirm these changes. The lesion invades to Clark Level II to a depth of 0.25mm. There is an accompanying moderate lymphohisticcytic and plasmacytic infiltrate in the superficial dermis. In the superficial biopsy there is patchy solar damage evident and no indication of vascular perineural or lymphatic invasion.

Forehead, shave: Features of lentigo maligna melanoma invasive Clark Level II reaching a depth of 0.25; supplementary report of immunohistochemistry to follow.



SUPPLEMENTARY HISTOPATHOLOGY REPORT

_Staining for S100 and Melan A confirms the presence of positive S100 and Melan A cells within the superficial dermis indicating level II invasion to a depth as previously indicated of, in the shave, 0.25mm.

SUPPLEMENTARY DIAGNOSIS:

Shave biopsy from skin of forehead, immunohistochemical stains: Features confirming level II invasion in lentigo maligna melanoma.



Reported by Professor