Case Report on a Rare Malignancy: Anorectal Melanoma

Phillip Leff, DO[1]; Carlos Zapata, MD[2]; David Tessler, DO[2]
[1]Creighton University School of Medicine, [2]Central Arizona Medical Associates

Introduction

- Melanoma of the rectum is an extremely rare disease, and has a very poor prognosis, with a median survival rate of 2-5 years.[1]
- Melanoma of the rectum can be quite difficult to diagnose as 80% of lesions do not have pigmentation.[2]
- Anorectal melanoma is most common in women in their 50s and 60s.[1] The common presentation is rectal bleeding, anal pain/pruritis, tenesmus, or changes in bowel habits.[3,4]
- Current treatment for this aggressive cancer is resection if possible and consider adjuvant or neoadjuvant radiotherapy.[5]
- Immunotherapy should be utilized in advanced/unresectable disease. More research needs to be conducted on the use of immunotherapy as neoadjuvant and adjuvant therapy with surgery.[4]
- Given the rapid spread of disease due to its submucosal growth and metastasis pattern, there is low success rates with treatments.[6]

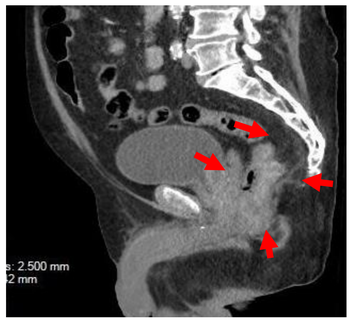

Figure 1: Sagittal CT Imaging showing rectal wall thickening

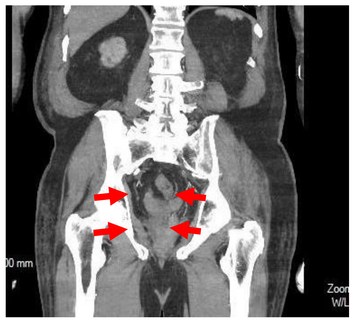

Figure 2: Coronal CT Imaging showing rectal wall thickening

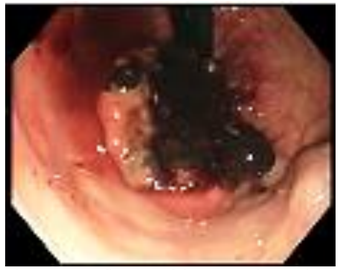

Figure 3: Retroflex view of the rectum showing large pigmented mass at the level of the dentate line

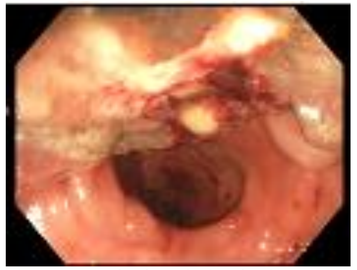

Figure 4: Forward Endoscopic View showing Ulcerated Mass of the Rectum

Case

An 84-year-old male presented to the emergency department with an acute COVID-19 infection. The patient was found to have gram-negative septicemia on blood cultures. A CT abdomen/pelvis was performed (Figures 1, 2) and it showed rectal wall thickening. A flexible sigmoidoscopy was planned for a future outpatient visit to investigate further.

The patient developed an acute onset of dyspnea and had a high probability V/Q scan, so it was decided to start anticoagulation. Shortly after starting anticoagulation therapy the patient developed rectal bleeding. Due to the new onset of rectal bleeding it was decided to expedite the sigmoidoscopy.

Sigmoidoscopy showed an ulcerated partially black pigmente, non-obstructing medium-sized mass that was partially circumferential involving one-third of the lumen (figures 3, 4). A biopsy of the lesion was taken using cold-forceps. Pathology results showed malignant melanoma with immunohistochemical staining positive for S100.

The patient was referred to oncology for discussion of treatment options. The patient was deemed not to be a surgical candidate secondary to age and active COVID-19 infection. The patient is initiating radiation therapy and immunotherapy.

Discussion

- Anorectal melanoma is extremely rare with an incidence rate of 2.7 per 10 million in the U.S.[4]
- The symptoms of anorectal melanoma can be subtle and in this case report completely asymptomatic. Symptoms to be aware of are rectal bleeding and tenesmus.[3,4]
- Diagnosing melanoma on sigmoidoscopy also has its challenges as 80% of tumors are not pigmented.[2] Biopsies should be taken and sent for immunohistochemical staining for S100. A PET scan should be performed given the rapid rate of growth and metastasis. Tumors are usually found in the later stage and have already metastasized.
- Treatment choices for the tumor are based on staging.
- Previously abdomino-perineal resection was the treatment of choice, but more studies have been conducted showing that in a resectable tumor, sphincter-saving local excision with radiotherapy to the tumor and the pericolic/inguinal lymphatics results in less loss of function and similar control of tumor spread.[5]
- For unresectable tumors or tumors with distant metastasis, immunotherapy is an emerging treatment choice.[4]
- PD-1 inhibitors have shown an overall response rate of 20% in mucosal melanoma, and response rates in patients with PD-L1 overexpression >5% were 53% for patients taking nivolumab and 60% with combination therapy (nivolumab and ipilimumab).[7]

Contact

Phillip Leff
Creighton University
Email: Phillipleff@creighton.edu
Phone: 480-458-8429

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