A Rare Case of Metastatic Primary Rectal Melanoma in a Geriatric Patient

Onyinye Ugonabo MD[1], Mujtaba Mohamed MD[1], Ebubechukwu Ezeh MD[1], Pramod Pantangi MD[1], Shima Ghavimi MD[1]

[1] Marshall University Joan C Edwards School of Medicine, Huntington, West Virginia.

Introduction

- Primary rectal melanoma (PRM) is a very rare and aggressive malignancy whose etiology remains unknown.
- It constitutes about 0.5-4% of all anorectal malignancies and less than 1% of all melanomas [1].
- It is more common in women and usually presents in the fifth or sixth decade of life.
- The common presenting symptom is rectal bleeding.
- Prognosis is poor with a median survival of 24 months and 5-year survival of 10% [2].

Case description

A 72-year old male, presented with bleeding per rectum, anal mass and diarrhea for 11 months, associated with anal pruritus.

Examination findings: soft, painful, friable mass protruding through the anus. The skin exam was negative for any abnormal skin pigmentation.

Work up and Laboratory findings:

Hb of 9.8gm/dl (14-18)

CT abdomen and pelvis showed numerous hepatic lesions, largest measuring 2.4cm and large soft tissue at the ano-rectal junction with bilateral inguinal lymphadenopathy. Patient had a colonoscopy which showed a friable mass at the anus, measuring 3cm, fig A. Biopsy done showed pigment-containing atypical pleomorphic cells positive for S100 and Sox 10, confirming diagnosis of malignant rectal melanoma, Fig B.

Treatment and follow up

Patient opted for hospice care.

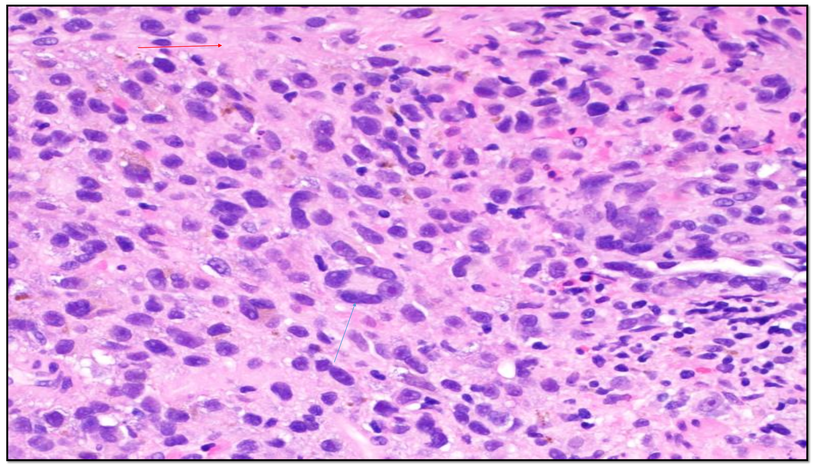

Fig B: H and E stain showing atypical melanocytes with prominent macronuclei (blue arrow), cytoplasmic pigment (red arrow).

Discussion

- PRM is defined as melanoma arising from the melanocytes in the rectal mucosa, more than 4cm from the anal verge.
- About 20% of recently diagnosed PRM patients have positive inguinal lymph node.
- Biopsy through colonoscopy or proctoscopy is the gold standard to establish diagnosis.
- CT and MRI aid characterization, extent of the tumor and staging.
- Useful markers commonly used include S100 protein, HMB 45, melanin A and Sox 10.
- There is no consensus at this moment on which surgical approach preferred in the treatment of malignant melanoma of the rectum. Traditionally, abdominoperineal resection (APR) was recommended due to its ability to control lymphatic spread predominantly to mesenteric nodes [3]. Most recent studies however suggest a less aggressive wide local excision (WLE).
- The rarity of PRM and the limited number of patients presenting in early stage have prevented definitive trials examining the optimal treatment..

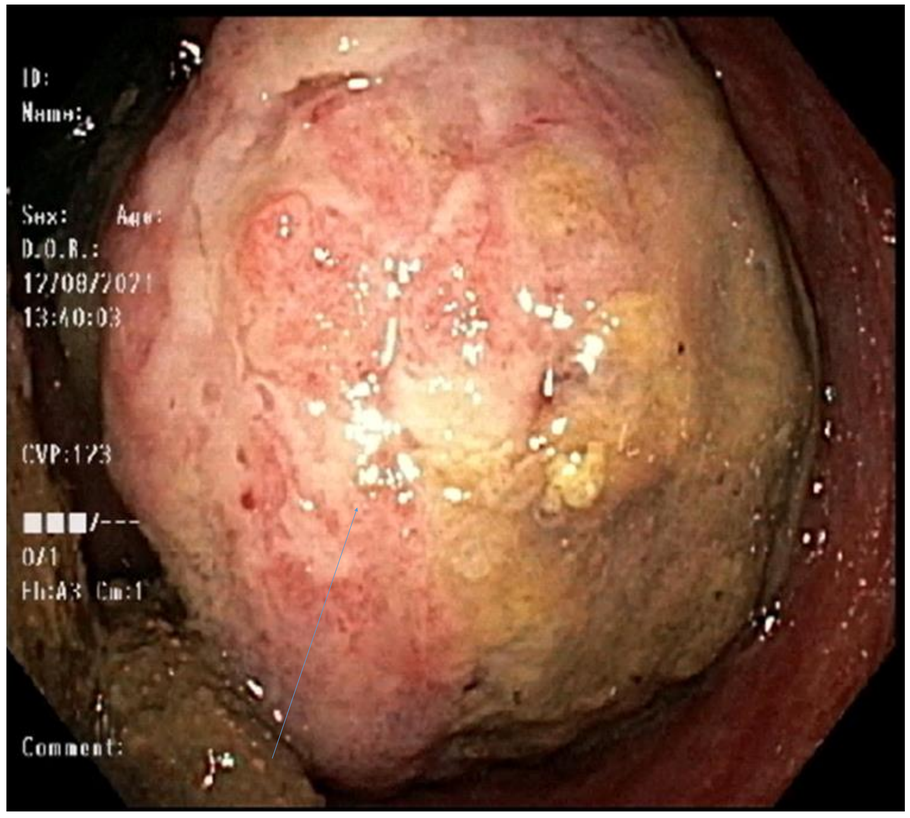

Fig A: Colonoscope retroflexion revealing friable rectal mass (blue arrow)

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