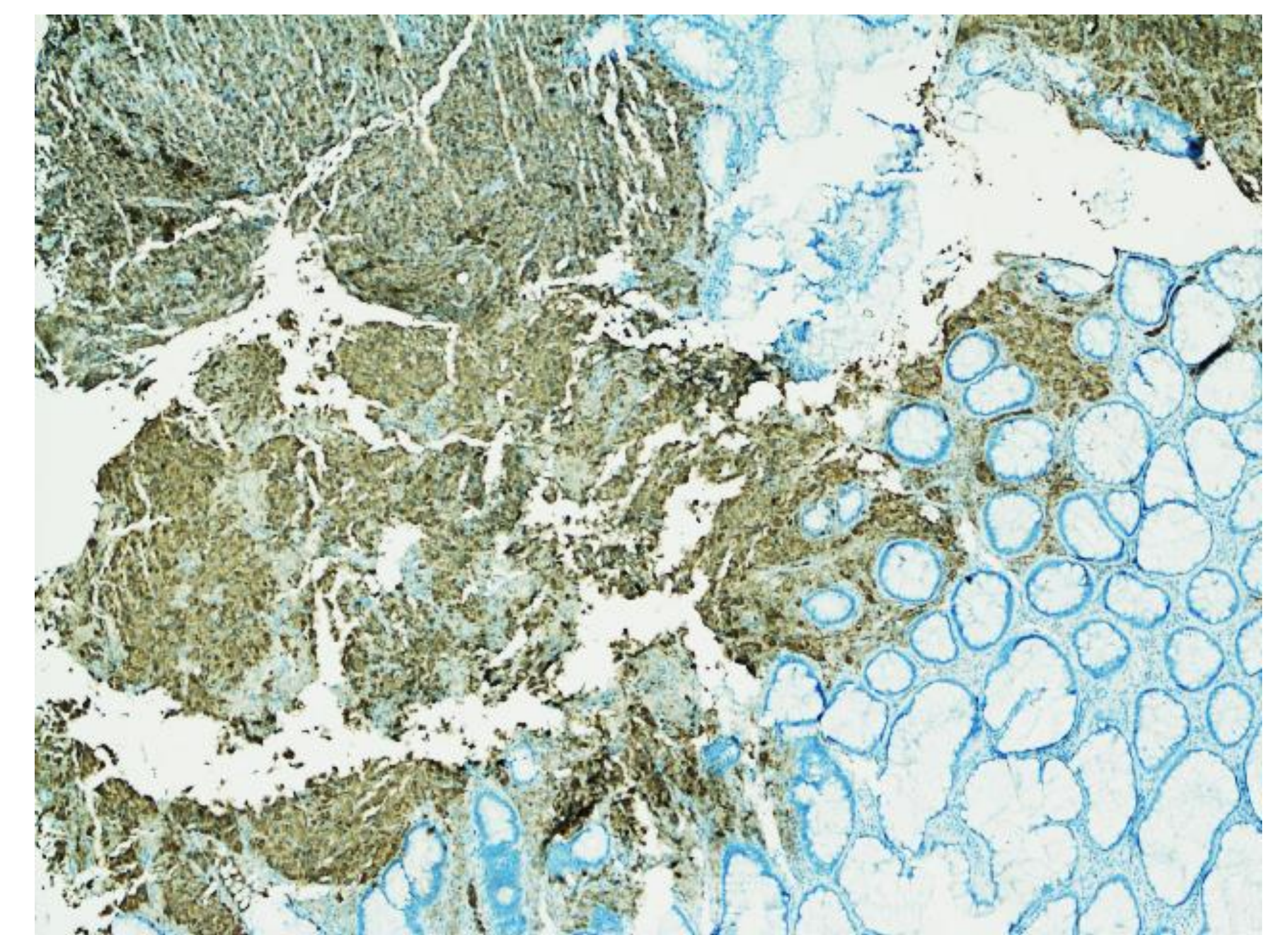
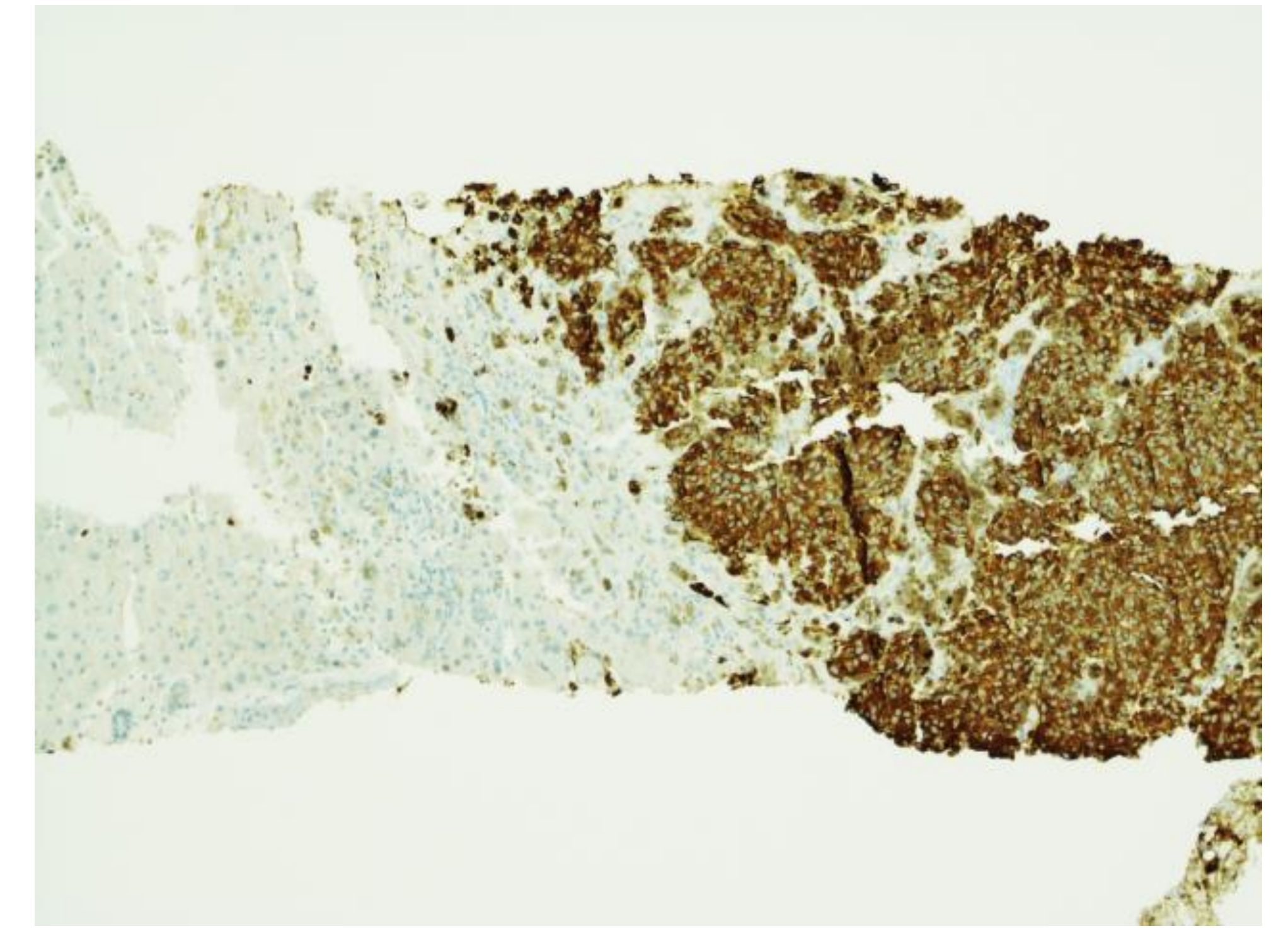


## Introduction

- Anorectal melanoma is a rare and aggressive GI malignancy accounting for 0.5% of all colorectal cancers
- Misdiagnosis of anorectal melanoma is common, not only due to its scarcity, but also because it can present with nonspecific symptoms
- Consequently, prognosis is poor as there is oftentimes metastasis by the time of diagnosis
- Here we present a case of metastatic anorectal melanoma as a rare cause of hematochezia



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## Case Description

- A 65-year-old HIV-negative male with history of basal cell carcinoma of the cheek as well as tobacco use presented with 10 days of hematochezia associated with dyschezia
- A 10-pound weight loss was noted since a positive FIT 5 months prior
- No history of colonoscopy, but a prior sigmoidoscopy done 4 years prior for similar complaints was negative for tumors or polyps, but diagnostic of segmental colitis associated with diverticulosis (SCAD); symptoms had temporarily resolved after a course of mesalamine and antibiotics
- Family history positive for esophageal cancer
- CT imaging showed sigmoid wall thickening, pelvic lymphadenopathy, and multiple liver lesions
- Colonoscopy revealed a 0.8x0.5x0.1cm anal mass
- Pathology from colonoscopy biopsies and ultrasound-guided liver biopsy all stained positive for HMB45 and negative for p40 and p63, consistent with malignant melanoma

## Discussion

- Hematochezia can arise from various anatomical, vascular, inflammatory, and neoplastic etiologies
- Although neoplastic causes are the least common, anorectal melanoma represents an especially rare and dismal diagnosis from this category
- Risk factors for anorectal melanoma are unknown, although HIV has been previously suggested. An association between anorectal melanoma and SCAD is unclear
- Management of anorectal melanoma is poorly described given the scarcity of the disease but typically consists of surgical resection, although the method and extent of resection is debated. Additionally, the benefit of adjuvant chemotherapy or radiation is unclear
- Prognosis of anorectal melanoma is poor, with 5-year survival rates estimated to be no more than 20-30%



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## Figures:

- (1): Positive HMB45 immunostain of anal mass biopsy  
(2): Positive HMB45 immunostain of liver mass biopsy  
(3): A 0.8x0.5x0.1cm anal mass was detected on colonoscopy.