CASE REPORTS

DISSEMINATED MALIGNANT MELANOMA

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A 25-year-old man had multiple asymptomatic nodular lesions on the trunk, extremities and the face for 3 months. He also had left facial palsy with severe headache and vomiting. There were no other systemic or constitutional symptoms. Skin biopsy from a nodular lesion showed features of malignant melanoma, confirmed by Fontana Masson and S-100 protein staining. A diagnosis of disseminated malignant melanoma was made and the patient was treated symptomatically. The patient died in 4 months.

Key words :Malignant melanoma, Disseminated

Introduction

Malignant melanoma is an uncommon occurrence in the Asian population.[1] There are four major types of cutaneous malignant melanomas, which vary in their mode of onset, course, prognosis and incidenec. The commonest type in the caucasoids is the superficial spreading melanoma, followed by nodular, acral lentiginous, lentigo maligna and the unclassified melanoma.Multiple malignat melanoma is more commonly seen in association with dysplastic nevus syndrome.[2] We report a patient having disseminated malignant melanoma, a rather rare occurrence in the Indian population.

Case Report

A 25-year-old man presented with asymptomatic skin - coloured to erythematous nodular lesions on the face, trunk and extremities for 3 months. He also had facial asymmetry with difficulty in deglutition for 2 weeks. There were episodes of severe headaches associated with projectile vomiting for 6 days. There was no fever, weight loss or other systemic symptoms.

Cutaneous examination revealed multiple skin-coloured to erythematous, non-tender, firm to hard nodular lesions 2-5 cm in diameter on the trunk, extremities and the face. He had generalised firm, non-tender, mobile lymphadenopathy involving both axillae, groins and the cervical areas. Examination of the nervous system revealed left facial nerve palsy of the lower motor neuron type. Fundoscopy showed papillocdema. Examination of the other systems was unremarkable.

Routine haematological, renal and liver function tests, blood chemistry, urine, stool and X-ray chest were within normal limits. Ultrasonographic examination of the abdomen revealed a metastatic lesion in the liver. Contrast enhanced computed tomography showed multiple metastatic lesions in the brain with evidence of cerebral oedema. Estimations of the alphafetoprotein, beta HCG, and prostatic specific antigen in the serum were normal. Biopsy from one of the skin lesions showed features of malignant melanoma, which was substantiated with the help of Fontana Masson and S-100 protein staining.

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A diagnosis of disseminated malignant melanoma was established and the patient was symptomatically treated with intravenous dexamethasone 4 mg every 6 hours to reduce the cerebral oedema. Within 2 days patient started showing symptomatic relief but he got himself discharged against medical advice to try some native medicine. He succumbed to the disease in about 4 weeks.

Discussion

Cutaneous malignant melanoma is a tumour which arises from the melanocytic cells. World over the incidence of malignant melanoma is on the rise, but it is still much lower in the Asians as compared to the white population.[1,3] The mortality is higher in the males, particularly in the young and the middle aged adults.[3,4]

Risk factors for the melanoma include, the white race, familial history, congenital mole, immunosuppression, genetic coding, photosensitivity, increased sun exposure and increased number of nevocytic nevi.[5]

Most of the melanomas have an early radial or a horizontal growth phase during which the melanoma cells remain confined to the epidermis, the dermo-epidermal junction and the papillary dermis. This is called melanoma in-situ. Over a period of time, this is followed by the vertical growth phase or the dermal invasion, where the melanoma cells invade the reticular dermis and ultimately the subcutis. This is represented as a nodule within the expanding lesion. The prognosis becomes less favourable in such cases.[6] A preceding in-situ phase is seen in lentigo maligna, superficial spreading melanoma and the acral lentiginous melanoma, whereas the nodular melanomas arise as such.[7] Any patient having one cutaneous malignant melanoma has the risk of developing additional malignant melanomas. In our patient, the tumour probably originated at multiple sites in the skin and got metastasized to the central nervous system and the liver.

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