

Letters to the Editor

Anal Melanoma with satellite implantations on the lower rectum

Key words: Anal melanoma.

Dear Director:

Melanoma of the canal anal is a rare malignancy and due to the site of the lesion and the lack of early presenting signs and symptoms, the diagnosis is usually delayed (1,2,3). There is a peak incidence during the seventh decade of life and a marked predominance of female patients, being the hemorrhage, anal pain or anal mass the main complaints.

Histologically, it is characterized by a great cellular variability, being able to mimic several other histological types. Thus the immunohistochemical stains, such as S 100 protein and the HMB-45, became a useful instrument in establishing the correct diagnosis.

Although it's a situation that follows with a very low long-term survival, there is no consensus in the best treatment option (3,5,6).

Case report

A 81-year-old female patient presented in our institution with anal pain and tenesmus during the last month. She referred personal history of diabetes mellitus and congestive heart failure. The ano-rectal examination showed a brownish anal mass extruding the anal canal, and the digital examination revealed a circular hard and painful tumor. The fibroscopy showed a pig-

mented ulcero-vegetant lesion in the anal region and several other little pigmented lesions on the lower rectum (satellite lesions?). The histopathological examination of the anal lesion and one of the melanotic lesions on the rectum showed the same pattern of pleomorphic cells with melanic pigment in their cytoplasm and positive expression for S 100 protein and HMB-45, thus confirming the diagnosis of melanoma. The computed tomography showed an increase fat density in peri-rectal area, pelvic adenopathies and several milimetric hepatic nodular formations, suggestive of liver metastasis. The patient had a good control of anal pain with the prescribed analgesia and she was referred to medical oncology. However, the patient died two weeks later after de diagnosis of melanoma, in the context of pneumonia.

Discussion

Malignant melanoma of the anus is a rare and aggressive neoplasia and in the reviewed literature we did not found more than two cases of anal melanoma with satellite lesions in the lower rectum (1). Accordingly with the current AJCC staging system, the presence of satellite lesions on cutaneous melanoma had an adverse prognostic impact and evolves a new stage of disease, but we still don't know their significance in mucosal melanomas. The most important treatment modalities are surgery, irradiation and chemo-immunotherapy. The surgical approach seems to be the best option given is curative-potential in the earlier stages and the ability to achieve complete local excision in-palliative conditions, bringing a positive impact in quality of life (1,2,3,4,5,6,7). Although there aren't still consensues, it's reasonable that surgery in palliative setting is crucial in the treatment of rectal obstruction, incontrollable bleeding or pain. In our case, none of these situations was observed and the patient had a bad clinical status, so we chose a conservative treatment. Chemo-immunotherapy and radiotherapy can be used as adjuvant or palliative intention but they had brought disappointing results (1,3). Despite these results, chemotherapy seemed to be the only option to our patient. In

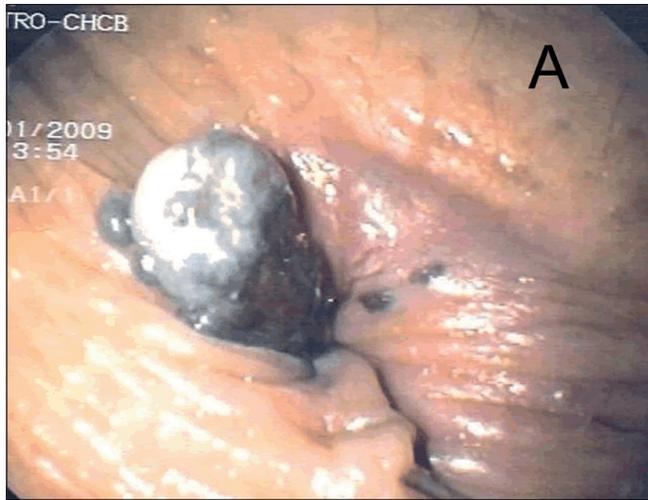


Fig. 1. Anal melanoma. A- Anal inspection.



Fig. 1. Anal melanoma. B- Retroversion endoscopic visualization.

the past few years it has been associated immunotherapeutic agents to the chemotherapy schemes, such as IL-2 and INF, but this option has not been associated with enhanced survival rate.

In view of mucosal melanomas, early detection and more effective local and systemic therapeutic approaches are necessary to improve survival of these patients.

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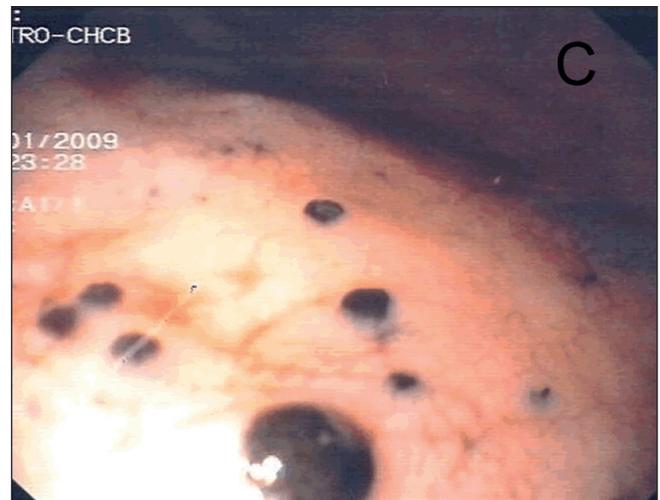


Fig. 1. Anal melanoma. C- satellite melanic implantations in the distal rectum.