Melanoma Anorectal.

8th Brazilian Melanoma Conference

Anorectal Melanoma: Two Case Reports and a Literature Review

Eduardo Miranda Brandão; Joaquim Carvalho; Marcel Pinto; Paulo Brandão; Vanessa da Silva.
Clínica UNIONCO; Faculdade de Ciências Médicas – UPE;Escola Pernambucana de Medicina – FBV/IMIP, Recife

Anorectal melanoma is a tumor with a poor prognosis and average survival of 12 months. It is a rare condition, corresponding to 0.4 to 1.6% of all melanomas.Case 1: AAP, male, 80 years. Patient diagnosed with anorectal melanoma after biopsy for clarification of nodular lesion and local pain. Staging exams revealed no abnormalities. Unsuccessful attempt at lymphatic mapping due to likely individual limitation in lymphatic drainage. Local resection of the tumor performed with preservation of the sphincter. Histopathological analysis: ulcerated nodular lesion reaching the muscle layer; hazel-grayish coloration; free edges. Immunohistochemical analysis: malignant melanoma (positive S-100 and MELAN-A). In the 20th month post-operation, patient complained of pain and rectal bleeding; case under investigation. Case 2: AMVM, female, 53 years. Complaint of bleeding and rectal tumor for one month. Nodular lesion upon exam. Diagnosed melanoma through biopsy. Staging exams with no abnormalities. Local resection and lymphatic mapping. Rectal and adjuvant pelvic radiography. Histopatological analysis: Malignant, ulcerated, nodular melanoma, with affected submucosa; free edges. Inguinal sentinel lymph nodes negative for micro metastases. Patient exhibited intestinal occlusion during radiotherapy and was submitted to laparotomy, which revealed actinic ileitis with stenosis. After 24 months of follow up, patient is asymptomatic, with normal physical exam. Discussion: The main presentation of melanoma of the anal canal is nodular (58%). Ulceration may occur in as many as 41% of cases. Patients may exhibit either the melanocytic or amelanic form (associated to a worse prognosis). Its clinical presentation is confounded with benign anorectal disease, expressed by anal bleeding (91%), anal pain (36%) and anal tumor (36%). The treatment of choice is controversial, but broad local resection appears to offer mean survival rates similar to abdominoperineal resection. The role of adjuvant therapy with radiotherapy, chemotherapy or immunotherapy has not yet been established, but radiotherapy appears to diminish the possibility of local recurrence. **Conclusion:** Anorectal melanoma continues to be a condition with a poor prognosis, high rates of systemic dissemination and low survival rates. The diagnostic confusion with benign diseases postpones the correct diagnosis. Considering current treatment options, a high clinical suspicion and early diagnosis are the main factors related to a better prognosis.

Anal Melanoma – 4 Case Reports

Alberto Wainstein; Rosana Siqueira; Karine Lima; Raquel Cabral; Carlyle Barral
Bio cancer-ONCAD - Belo Horizonte

Anal malignant melanoma is a rare tumor with bad prognosis due to late diagnosis and early metastasis. Confused with hemorrhoids and rectal polyps, many patients progress to advanced stages of disease. The treatment remains controversial. We report 4 cases of anal melanoma and discuss the importance of early diagnosis and application of sentinel lymph node biopsy. Case 1: Male, 54 years, nodule in the perianal region, treated as a hemorrhoid. Progress with bleeding and ulceration. Performed local resection reported as a malignant invasive anal melanoma with IHC positive for S100 protein and negative for the antibody HMB45. A resection of the sentinel lymph node was performed with the result of metastasis of malignant melanoma followed by left inguinal lymphadenectomy. Patient just returned 2 years later, at terminal stage, complaining painful nodules

in the perianal region and 3 nodules on the scalp. Melanoma developed from stage III to IV patients leading to death. Case 2: Male, 81 years, diagnosed with advanced anal melanoma undergone abdominoperineal amputation. Chemotherapy and radiotherapy was performed for 15 days, with complete regression of lymphadenomegaly. The patient died at palliative care. Case 3: Female, 47 years, has perianal nodule for 2 years with bleeding. Removed with enlargement margin. Submitted to left radical lymph node dissection to treat inguinal node. She received 6 doses of polypeptide vaccine. ¨6 Months later a Doppler revealing a node below inguinal scar was benign. Follow up with Doppler US with no sign of disease. Case 4: Female, 40 years, has pigmented perianal nodule. Diagnosis of malignant melanoma Breslow 1.8 mm. Sentinel lymph node biopsy was uptake in the left inguinal region. All 4 sentinel nodes were negative for metastatic melanoma. Patient in follow up free of tumor. **Conclusion:** Early diagnosis associated with the sentinel lymph node biopsy may improve the staging and therapy.