

Primary Mucosal Malignant Melanoma of Sinonasal tract: A Case Report

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Abstract:

We report the case of primary mucosal malignant melanoma of sinonasal tract in an 45 year old adult male complaining of nasal obstruction and epistaxis, which is very uncommon, presenting with localized disease but with high recurrence rate. We also discuss the principles of management and its outcome.

Key Words: Malignant mucosal melanoma, Sinonasal tract.

Introduction:

Mucosal melanoma of Head and Neck account for 1.3% of malignant melanomas of this site¹ and of these 0.5% are located in sinonasal tract.² Malignant melanoma of nose was first described by Lucke in 1869.³ Invasive tumors containing abnormal melanocytes are termed malignant melanomas. Most mucosal melanoma patients present with localized disease, with only 18.7% having regional spread at the time of diagnosis, 50% have local recurrence within 9 to 12 months of radical surgery. Rich submucosal vasculature and lymphatics account for their aggressive behavior.⁴

Case report:

A 45 year old adult male presented with right sided painful nasal mass with intermittent epistaxis since 6 months in the department of Otorhinolaryngology, S.M.S Medical College and Hospital, Jaipur, Rajasthan, India. He did not have any other significant ear, nose and throat problem. On local examination, a soft friable blackish mass completely obstructing the right nasal cavity was seen which bled on touch. There was no palpable lymphadenopathy. Endoscopic examination revealed the mass obstructing the right nasal choana. Preoperative biopsy of the mass was suggestive of malignant melanoma. CT Scan findings showed that the tumor was completely filling the right nasal cavity, choana, maxillary and ethmoid sinuses. Routine investigations of blood, urine, X-ray chest and ECG were normal. Patient was treated with wide local excision by lateral rhinotomy approach. Tumor was found attached to the nasal septum and after that patient was sent for postoperative radiotherapy.

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Immunohistochemical study showed it to be positive for HMB 45, Melan A and S-100 protein.



Fig. 1: Malignant melanoma of sinonasal tract during surgery.

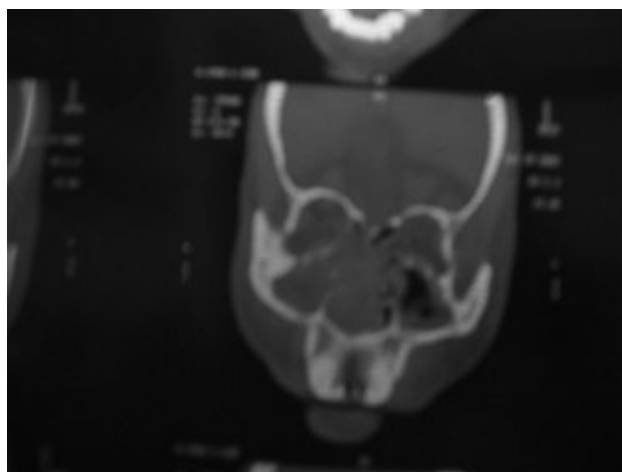


Fig. 2: CT Scan showing tumor completely filling right nasal cavity, choana, Maxillary and ethmoid sinuses.

Discussion:

Mucosal melanomas constitute 1.3% of all Head and Neck melanomas¹, of which 40 to 50% are found within nasal cavity. Most common sites affected being anterior nasal septum followed by inferior and middle turbinates⁵. The majority of nasal cavity primaries present with nasal obstruction and epistaxis⁴. Proptosis, diplopia, pain and facial deformity are less

common and are indicative of advanced disease. The peak age for mucosal melanoma is during 6th and 7th decade. Our patient was of younger age group. A slight male preponderance and ethnic differences have been observed with 8.8% afflicting blacks and Hispanics⁶. The five year survival rate range from 10% to 38%.⁷ The specific staging system of cutaneous melanomas does not apply to mucosal melanomas as survival does not appear to be strongly related to depth of invasion. Histology reveals various cell types i.e epitheloid, splindle, undifferentiated, frequently arranged in peritheliomatous distribution⁸. Treatment is aggressive local control with surgery followed by radiotherapy. Local recurrence is about 50%. Dietary restriction of tyrosine substrates may reduce the size of tumour. Role of melanoma vaccine needs further studies.

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