Anal melanoma: Anatypical case.

ABSTRACT.

Whentalkingabout "Melanoma" itiseasytothinkthatitis a malignant tumor producedbythealterationofmelanocytes, butweleave aside thatthere can also be melanomas in themucousmembrane, itiscertainlyanatypicalpresentationbutnotimpossible. Now, a melanoma in the anal mucosa isstillanatypical and unusualpresentation, addingthatitssymptoms are variable, and can be confusedwithanyotherpathology, whichmakesits diagnosis difficult and impoverishesits prognosis as thereis no earlytreatment.

Wepresentthe case of a woman in hersixthdecadeoflife, with non-specificsymptoms in the anal región. Being a rare case, itisrighttoemphasizeitsclinicopathologicalimportance.

KEY WORDS: MELANOMA; ANAL; PEDICULATED; PROLAPSE; RECTAL; MUCOUS MEMBRANE.

INTRODUCTION

A melanoma is a tumor araisedfromproducedbythemalignanttransformationofmelanocytes. Melanocytesmayarise in other places where neural crestcellsmigrate, such as the gastrointestinal tract and the brain1.

Anorectal melanoma is a veryrare and highlymalignancy tumor with a pool survivalwitha lessthan 5 yearsofsurvillencein 10% ofpatients. Typicalsymptomssuch as anal itchingorrectal pain can mimichemorrhoidsor rectal polyps. Itisthelimitedknowledgeabouttheetiology, pathogenesis and geneticsmakescorrect and timely diagnosis difficult. Itrepresentsonly 1.3% ofall melanomas and 16.5% ofmucosal melanomas. Theprevalenceis 1.6 to 2.3 times higher in womenthan in men. Lesions can affect anal canal, rectum, orboth, butthemajorityoftumors are locatedwithin 6 cm proximal tothe anal verge. 20 to 30% are amelanotic, and resemble polypoidlesionsendoscopically, nonspecificsymptomsmaycontributeto misdiagnosis.[2].

The diagnosis isalwaysmadebybiopsy and immunohistochemistry. Colonoscopycombinedwithbiopsy and pathologicalexaminationallowprecision in the diagnosis. Histology and immunohistochemistry are thegold standard diagnosticmethod. Histologicalexaminationcharacterizesthelesionsaccordingtotheircelltype, degreeofmelaninpigmentation, and mitoticindex. Mucosal melanomas show a highdegreeof nuclear pleomorphism, and may be epitheloidorfusiform and frequentlypresentmelanin granules. Immunohistochemical diagnosis ispossiblethankstotheantibodiesprotein S-100, HMB-45, Melan A/Mart-1[2].

CASE PRESENTATION.

A femalefarmerwith 51-year-old,whopresentedtoconsultationduefor rectal prolapseof 1 monthofevolution and progressiveincreaseofpain. Thepatientonlyreported a sensationof a

foreignbody in the anal region. Physicalexaminationrevealedindurated neoplasia in the posterior anal margin; and a significantweightlossof more than 10 kilograms in 4 monthsand badgeneral condition, duetotheclinicalfindings ,itwasdecidedsurgicalresectionwithwidesurgicalmargins.

After thesurgicalresectionofthelesion, thepatient no longerwenttothe hospital forunknown causes

In thepathologydepartment, wasreceived a polypoidspecimen,thatmeasured 6x4x3 centimeters, with a pedicle 1.5 centimetersoflong, semi-firmconsistency, surface gray-brown (Figure 1A), atcutsurfaceissolid, homogeneousbrownwithhemorrhagicareas (Figure 1B).

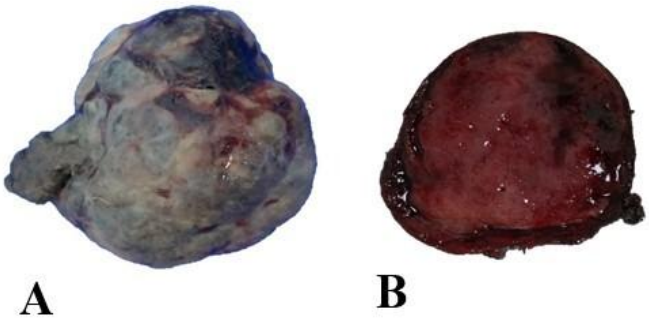

Figure 1: A) Hemisphericaltissuewithan irregular surface, gray-brown in color, slightlylobed, measuring 6x4x3 centimeters and a pedicleof 1.5 centimeters. B) Atcut, homogeneous, solid, reddish-brownsurface..

Histologyreportedcellswithovoidtopolyhedralcytoplasm, ovoidnuclei,withprominent and reddishnucleoli, accompaniedbybrownpigmentwithdiffuselyinfiltratingofthe submucosa and formnodulesdividedbyconnectivetissuesepta (Figure 2A-2C).

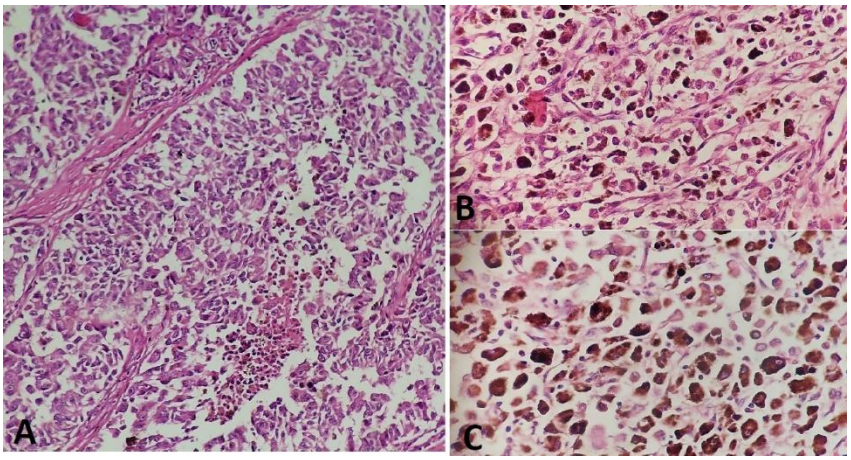

Figure 2: A) (4x): Cells in the papillary and deep dermis, which diffuse infiltrating and form nodules and it is divided by connective tissue septa. B-C) (40x) Cells with ovoid to polyhedral cytoplasm with ovoid nuclei, with a prominent and reddish nucleolus, accompanied by brown pigment.

Immunolabelingis done toconfirmthe diagnosis (Figure 3A-3C)..

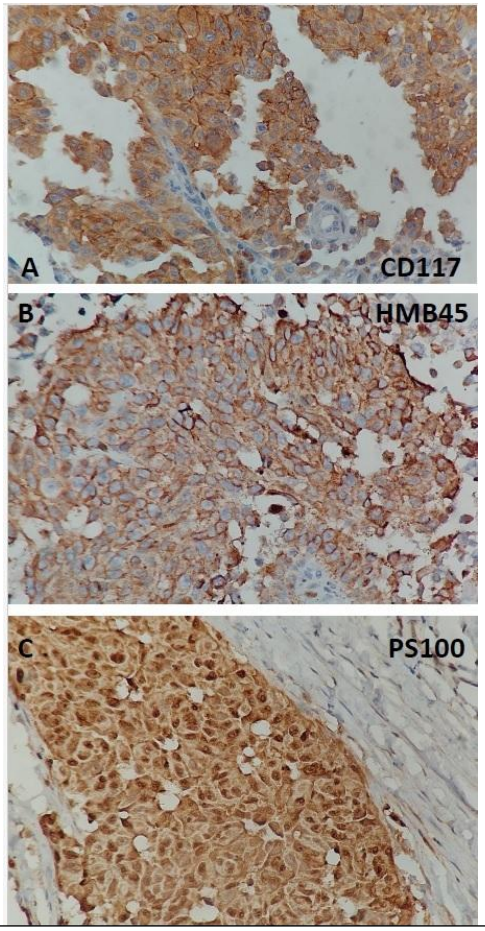

Figure 3: Photomicrographsofhistologicalsectionsofimmunohistochemistry. A) (40x) CD117 stainingpattern in cytoplasmofintensely positive melanoma cells. B) (40x) HMB45 positive stainingpattern in cytoplasmofneoplasticcells. C) (40x) PS100 cytoplasmicstainingpattern in positive melanoma cells.

DISCUSSION.

Melanoma isdefined as a malignant tumor originatingfrommelanocytes, consequentlyitsextension can be wide, throughouttheentire neural crest, thereforeit can be foundnotonlyonthe skin and also in themucousmembranes. In the case ofcutaneous melanoma, itis a well-recognizedneoplasm. However, itslocation in the anal mucosa isuncommon and difficulttodiagnose. Regardingthis case, a mucosal melanoma covers 1% ofall melanomas, whichconsidersthis case rare. Mucosallocationsmakeearly diagnosis difficult, mainlyfortheirambiguousclinicalmanifestations, forboththepatient and the doctor. Knowledgeregardingmucosal melanoma isscarce; Strictlyplacingourselves in theanorectalregion, thispathologyaccountsfor 0.1-4.6% of anal tumors and between 16.5% ofmucosal melanomas.[3]

Itusuallypresentswithanagerangebetweenthefourth and seventhdecadeoflife, so itsagerangeis quite wide. It shows a higherincidence in womenthan in men, however, specificriskfactorshavenotyetbeenidentified. Unlike skin melanoma, which has beendirectlylinkedtoexposuretoultravioletrays, tobacco use, or human papillomavirusinfection; Foritspart, in the case of melanoma ofthe anal mucosa, there are no well-established causal factors; however, related cases havebeendescribed in patientswithinfectionbythe human immunodeficiency virus, whereintensity and durationofimmunodeficiency in theimmunesystemplayanimportant role[4].

As itis so rare and has a poor prognosis, itisimportanttogenerateliteraturetodevelopadequateclinicalmanagement in thesepatients and

in the future tocarryoutadequatetherapeuticmanagement. To date, thereis no establishedtherapeutic guideline.[5].

Itisworthemphasizingthemultidisciplinarytreatmentthatshould be imperative in themanagementofthesepatients, sinceaggressivetreatmentwill lead to a decline in qualityoflife, duetocomplicationsthatmayarise after treatment[6].

Conclusión: melanoma in theanorectal mucosa is a rare tumor with quite aggressivebehavior and a poor prognosis forlife. Theclinical, biological and molecular characteristicsmakemucosal melanoma discordantwithhiscutaneouscounterpart. Surgicaltreatmentwithwidemargins in localized cases continues to be themethodofchoice, howeverthereis no optimaltreatment. Target therapy in cases ofmetastasisisstill in theresearchprocess so it can offeranimportantinfluenceonthe prognosis in thelongterm.

ETHICAL CONSIDERATIONS.

Theauthors declare that no experimentshavebeencarriedouton human beingsforthisresearch. We use protocolstoobtainpatientdatabasesfromourworkplace, preservingtheanonymityofthepatient (so we do notrequestinformedconsent). Thisstudycomplieswithcurrentbioethicalresearchregulations.

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