

# METASTATIC ACRAL MELANOMA WITH VITILIGO IN A MIDDLE AGE INDIAN MALE.

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## Abstract

A case of metastatic acral melanoma with vitiligo in a middle aged Indian male. The metastasis to regional lymph nodes was diagnosed by fine needle aspiration technique. This is the first report of such a case from Saudi Arabia.

## CASE REPORT

40 year old Indian male presented with asymptomatic ulcerated lesion over the left heel of one and a half year duration. Clinical examination revealed 2x 2cm dark verrucous ulcerated lesion over the left heel [fig.1].

The left inguinal lymph nodes were enlarged, matted and hard in consistency with no tenderness. There was vitiliginous patch over the glans penis of one-year duration [fig.2]. fine needle aspiration smear, which was stained with Diff-Quik, revealed discohesive population of pleomorphic cells with irregular nuclear contours, coarse chromatin and prominent nucleoli [fig.3].

Microscopic examination of the skin wedge biopsy showed tumor cells with pleomorphic spindled nuclei, proliferating haphazardly in the dermis, focally however, interlacing fascicles were formed. The tumor cells diffusely contained brownish pigment; which on Masson Fontana staining was confirmed to be melanin. Few melanophages were also associated with the tumor cells. The tumor cells had focally prominent nucleoli and mitotic activity. Epidermis was ulcerated in large area of biopsy specimen, and the residual epidermis showed presence of tumor cells at the epidermodermal junction. Few tumor cells were also present in the upper epidermal layers focally extending into stratum corneum [fig4]

The case was diagnosed as Acral Lentiginous malignant melanoma with metastasis.

## DISCUSSION

Melanoma results from the malignant transformation of melanocytes [1]. The incidence of melanoma has been steadily increasing in the past several decades [2,3]. Cutaneous melanoma is the leading fatal illness arising in the skin [4]. Currently, Cutaneous melanoma accounts for approximately 1 percent of all cancer deaths [5]. It is a poten-

tially tumor with the ability to metastasize widely. The overall frequency of regional involvement of the diseases is extremely high in patients with metastatic diseases. As in most cancers, early detection and proper treatment may prolong disease-free survival and mortality rates in a select group of patients [6]. There are four recognized clinico-histologic types of melanoma. They are as follows:

- (1) Lentigo maligna (Melanoma in situ, noninvasive melanoma),
- (2) Superficially spreading melanoma,
- (3) Acral- lentiginous melanoma,
- (4) Nodular melanoma [7,8].

Acral lentiginous melanoma (ALM) is relatively infrequent in light-skinned whites (only 2 to 8 percent of melanoma) but represents the most common form in darker-complected individuals (constitutes 60 to 72 percent in blacks, and 29 to 46 percent in Asians) [9]. ALM occurs on the hairless skin of the palms and soles and in the ungual and periungual regions, the soles being the most common site [10]. The lesion usually begins as a flat, irregularly shaped, pigmented macule and extends by apparent centrifugal spread over months to years. Most lesions on the soles (as the presentation in our case) are greater than 7mm in largest dimension before diagnosis [11].

The median age is 50 years, with equal sex distribution [12]. The lesion clinically is characterized by a tan, brown to black flat lesion with variegations in color and with irregular borders. ALM can be misdiagnosed as a benign lesion such as a clavus, verruca or pyogenic granuloma [1].

Vitiligo-like leukoderma occurs in about 1% of melanoma patients [12]. In those with previously diagnosed melanoma, it suggests metastatic disease. Paradoxically, however, as the reaction indicates an autoimmune response against melanocytes, patients who develop it have a better prognosis than patients without leukoderma [12].

The characteristic histopathology includes atypical melanocytic hyperplasia within the epidermis with the hyperplastic melanocyte disposed principally along the dermoepidermal junction both singly and in nests [13]. In most of the lesions, both spindle-shaped and rounded, pagetoid tumor cells are observed, and in many cases, pigmented dendritic cells are prominent. Pigmentation is often pronounced, resulting in the presence of melanophages in the upper dermis and of large aggregates of melanin in the broad stratum corneum [14].

Fine needle aspiration is a rapid, accurate tool and minimally invasive procedure that is useful in the diagnosis of metastatic melanoma. In the case presented here, the diagnosis was obtained within minutes after the aspiration is collected. Thus rapid awareness of this condition may help in early diagnosis and management. There was no further follow up after the patient left for his home country for management in Oncology Center upon his request.

**Conclusion:**

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Whenever a melanoma case is suspected a thorough clinical examination should be done looking for associated vitiligo. Fine needle aspiration is a fast procedure that is useful in the diagnosis of metastatic melanoma.



Figure 1



Figure 2

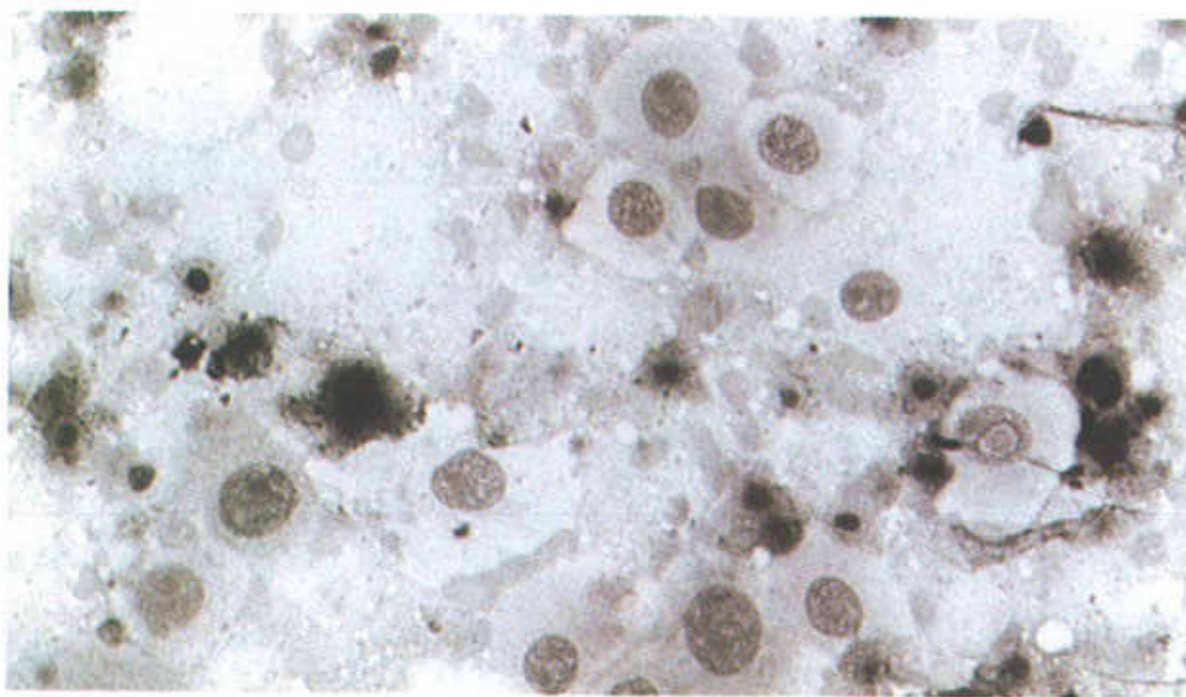


Figure 3

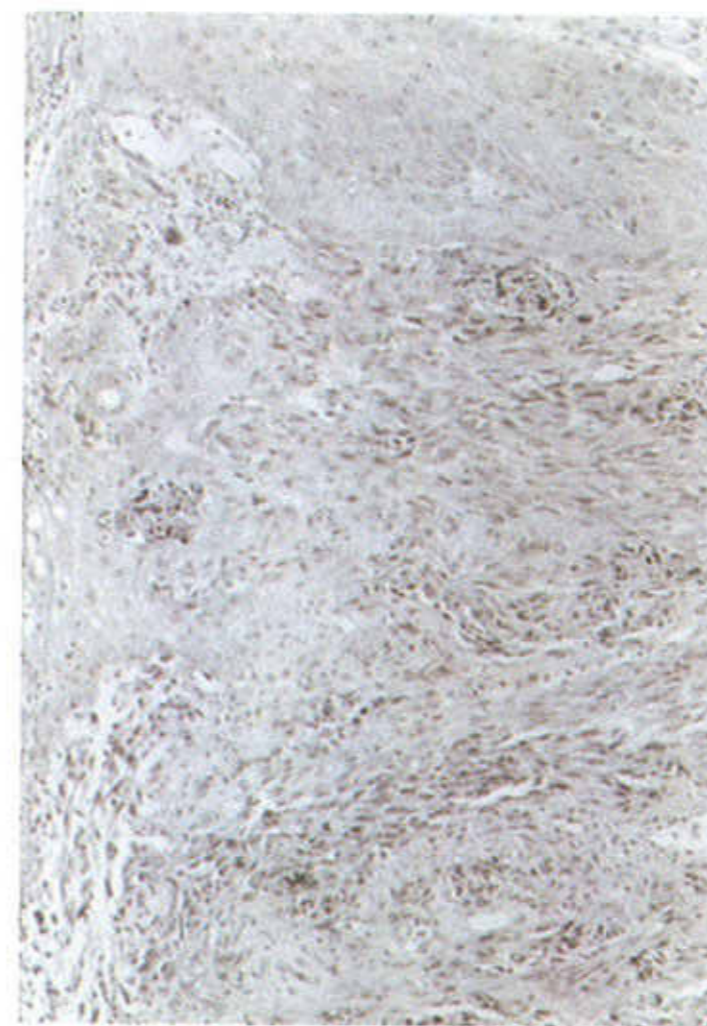


Figure 4

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