

PRIMARY MALIGNANT MELANOMA OF ESOPHAGUS: A CASE REPORT

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ABSTRACT

Primary malignant melanoma of the esophagus is an extremely rare neoplasm representing 0.1% of all primary esophageal cancer with a mean survival of 2.2% at 5 years and a median survival of about 10 months. We present a case of a 54 year old man presented with a 2 month history of progressive dysphagia initially for solids and gradually progressed to semisolids along with history of change in voice. The patient had minimal weight loss and no family history of cancer. A pigmented polypoidal mass in the lower third of esophagus was diagnosed on upper GI scopy and confirmed as a malignant melanoma on biopsy.

Keywords: Melanoma, Esophagus, Dysphagia

INTRODUCTION

Primary esophageal melanoma is an extremely rare non-epithelial neoplasm, accounting for less than 0.1% of all primary esophageal neoplasm's with less than 250 cases reported worldwide¹.

CASE REPORT

We present the case of a 54-year-old men represented with a 2-month history of progressive dysphagia for initially solids and gradually progressed to semisolid along with history of change in voice. He had minimal weight loss and no family history of cancer. Appendectomy was done 25 year back. There was no prior history of cutaneous or ocular melanoma.

Examination: General and systemic examination were normal.

Investigations: Complete hemogram and blood biochemistry reports were within normal limits. Chest radiograph was normal. Upper GI scopy showed pigmented, vascular polypoidal growth at 25 cm and 35 cm from incisor (Fig 1).

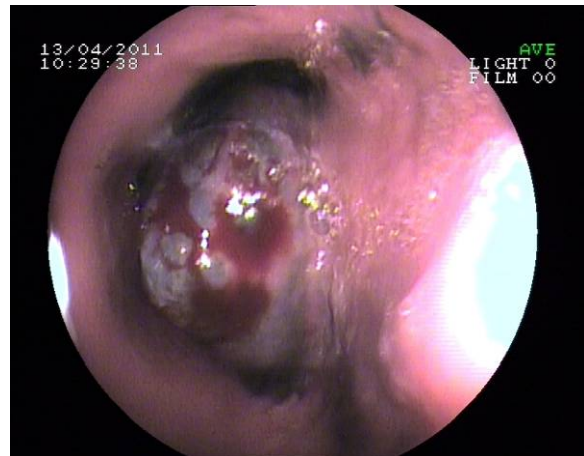


Figure 1: Endoscopic shows pigmented polypoidal lesion in esophagus.



Figure 2: CECT

CECT scan of chest and upper abdomen showed moderate to significantly enhancing smoothly marginated lesions involving mid and lower thoracic esophagus (Fig 2). These lesions could represent sub mucosal leiomyomas / polyps

HISTOPATHOLOGICAL EXAMINATION

Histopathological examination revealed proliferation of neoplastic melanocytes in the submucosa arranged in nests and sheets. The melanocytes have nuclear atypia with prominent nucleoli. The cytoplasm is abundant and eosinophilic. Abundant melanin pigmentation is also noted (Fig 3, H & E, 40x). Junctional activity is also seen.

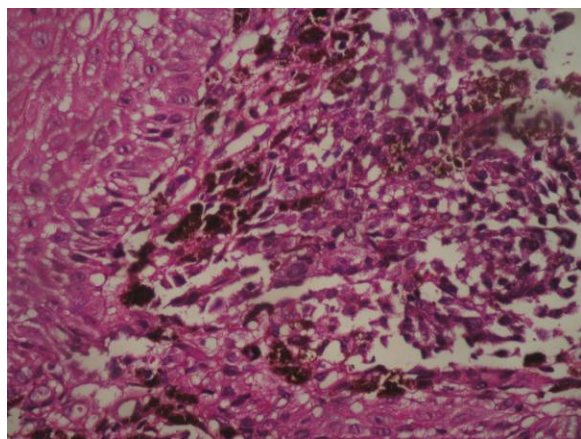


Figure 3: Photomicrograph showing proliferation of neoplastic melanocytes in submucosa.

DISCUSSION

Primary malignant melanoma, which accounts for only about 0.1% of esophageal malignancies, is noted principally in men over the age of 50 years. ^{3,4} 90 % of cases occur in the middle or distal third of the esophagus, usually as a solitary tumour, but multiple lesions have been reported in 12% of cases ².

Grossly, the tumour is usually non pigmented, large and polypoid in appearance ⁶. Microscopically, epithelioid, spindle-cell and pleomorphic areas may be seen singly or in combination. The amount of melanin produced is highly variable. immunohistochemically shows S-100 protein and HMB-45 positivity. ^{7,8}.

Immunohistochemistry or electron microscopy can be helpful in diagnostically difficult cases. The search for a lateral intraepidermal component (junctional activity) should be made in order to confirm the primary nature of the tumour; in their absence the possibility of metastatic melanoma should be kept in mind.

Mean survival rate of 2.2% at 5 years and a median survival rate of 10 months ².

The treatment preferred for primary malignant melanoma of the esophagus is surgical resection. Currently, radiotherapy, chemotherapy, and immunotherapy have not proved beneficial.

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