

Clinical Images

Zosteriform type in-transit metastasis of melanoma



Figure. A typical zosteriform distribution along the dermatomes as in-transit melanoma metastasis (arrows).

A 69 yr old male with a history of melanoma with painless papulonodular lesions on the left side of trunk presented to the Institute of Oncology, University of Istanbul, Turkey, for further management in November 2014. Three months earlier, he had a melanoma located on the superior-medial part of his back excised, treated with wide-surgical excision plus sentinel lymph node biopsy, followed by radical dissection of left axillary lymph nodes. A PET/CT also showed bone metastasis. After one cycle of single-agent temozolomide chemotherapy, multiple papulonodular lesions developed extending from the adjacent to the site of melanoma excision to homolateral sternal

region, with a typical zosteriform distribution along the dermatomes (Figure). Serology and PCR investigations for varicella-zoster virus (VZV) were negative and no history of previous VZV infection was known. The BRAF (V600E) positive patient was treated with vemurafenib, an oral selective BRAF inhibitor. A significant clinical response was obtained within a few weeks.

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