



Abject health concern in elderly: Cutaneous metastasis of malignant melanoma of anal canal

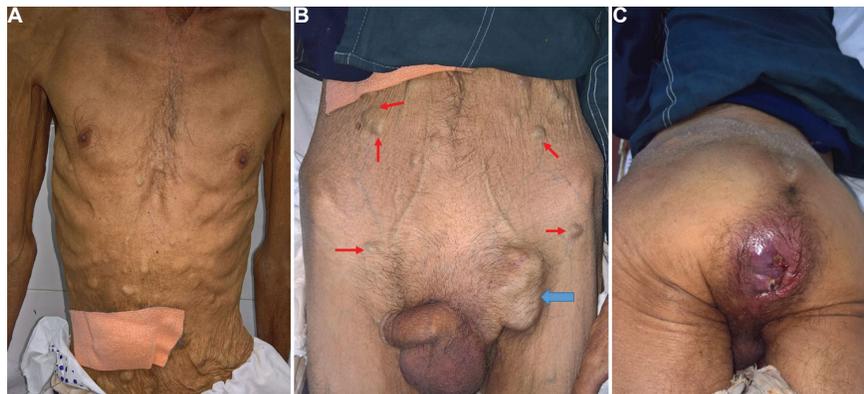


Fig. 1. (A) Multiple bluish cutaneous nodules over anterior abdominal wall (red arrows). (B) enlarged left inguinal lymph nodes (blue arrows) and (C) ulcerated anal mass.

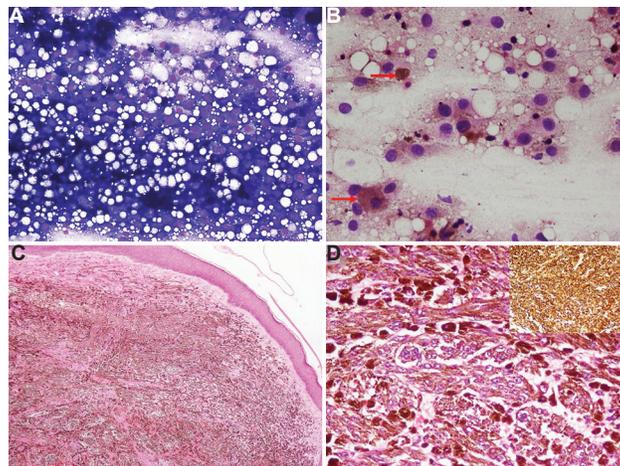


Fig. 2. (A and B) FNA smears from cutaneous nodules showing sheets of pleomorphic cells with intracytoplasmic melanin pigment (red arrows) (May Grunwald Giemsa, $\times 200$ and $\times 400$ respectively). (C) Histopathology of skin nodule showing metastatic malignant melanoma with flattening of epidermis (H and E, $\times 100$) and (D) Histopathology of anal lesion (H and E, $\times 400$), (inset) Immunostain for HMB-45 ($\times 400$).

A 76 yr old emaciated male[†] presented to department of Surgery, University College of Medical Sciences and Guru Teg Bahadur Hospital, Delhi, India,

in December 2016, with multiple distinctly bluish to blackish, non-pulsatile, firm-to-hard nodules ranging in size from 0.4 to 1.2 cm over anterior abdominal

[†]Patient's consent obtained to publish clinical information and images.

wall and back and left inguinal lymphadenopathy for past six months (Fig. 1A and B). Angiosarcoma of the skin and cutaneous metastasis was suspected clinically. Fine-needle aspiration cytology of cutaneous lesions and lymph node demonstrated highly pigmented pleomorphic cells suspicious of malignant melanoma (Fig. 2A and B). On probing the patient embarrassingly admitted to having large foul-smelling anal ulcerated mass lesion (Fig. 1C) for the past three years. Histologic findings of the biopsy of cutaneous lesions and anal mass showed strong immunopositivity for human melanoma black (HMB)-45, confirming diagnosis of malignant melanoma with cutaneous metastasis (Fig. 2C and D and inset). The advanced tumour stage precluded surgical intervention, so the family opted for no treatment in view of grim prognosis.

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Conflicts of Interest: None

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