Cutaneous metastasis from sino-nasal malignant melanoma – a rare case report

Vedula Padmini Saha · Abhishek Srivastava · Somnath Saha · Anirban Ghosh · Debdulal Chakraborty

Abstract

To report a case of disseminated cutaneous metastasis from malignant melanoma of sino-nasal region. A 53-year-old man from rural parts of West Bengal presented with progressive nasal obstruction. CT scanning was done to know the extent of the mass and punch biopsy from the mass was performed. Malignant melanoma of sino-nasal region was diagnosed and chemotherapy was started. The patient developed cutaneous deposits after two cycles of chemotherapy. The patient developed cutaneous deposits during the course of chemotherapy. Excision biopsy from cutaneous deposits revealed malignant melanoma. A rare case of diffuse cutaneous metastasis of malignant melanoma is presented here along with review of literature.

Keywords Malignant melanoma · Cutaneous metastasis · Chemotherapy

Introduction

Carcinomas of the nasal cavity and paranasal sinuses account for 1% of all human malignancies and 3% of malignant lesions that involve the upper aero-digestive tract [1]. Malignant melanomas comprise only 1% of nasal & paranasal sinus cancers and 5% of all head & neck tumours. Sino-nasal malignant melanoma behaves quite differently than their cutaneous counterpart and is more aggressive in nature. Because of the aggressive nature and progressive decline in survival with time, Harwood had suggested that mucosal melanoma is not being considered a curable disease. Advanced local disease is a frequent occurrence and frequency of regional lymphatic metastasis varies from 18 to 37.8% [2]. Distant metastasis are less frequent and tend to involve the lung, liver, kidney or bone [3]. Very rare sites of metastasis are heart, liver, lung, kidney, skin, brain and adrenal glands [4–5].

Case report

Mr. SK, a 53-year-old male patient presented with right-sided progressive nasal obstruction for 2-year duration. In the last one year, he developed external nasal deformity and right-sided facial swelling (Fig. 1). Intranasal examination revealed right-sided nasal mass, which pushed and destroyed the nasal septum completely to occupy the left nasal cavity. Probe test showed the mass bleeds on touch. CT scan of para nasal air sinuses revealed a huge lobulated expansile heterogeneously enhancing soft tissue mass in nasal cavity. The mass destroyed the alveolar margin in the midline. Extension was noted in right maxillary antrum, right frontal and ethmoidal sinuses (Fig. 2). Punch biopsy revealed malignant melanoma (Fig. 3). Patient was subjected to Chemotherapy consisting of Dacarbazine and immunoglobulin. But during second course of chemotherapy, he developed multiple subcutaneous nodules through out the body (Fig. 4). Biopsy from the subcutaneous nodule revealed similar histological feature of malignant melanoma.
Discussion

Cutaneous metastases from carcinoma are relatively uncommon in clinical practice, but they are very important to recognize. Cutaneous metastasis may herald the diagnosis of internal malignancy. The recognition of cutaneous metastases often dramatically alters therapeutic plans, especially when metastases signify persistence of cancer originally thought to be cured. The frequency of cutaneous metastasis from internal malignancies varies from 0.7% to 9% of all cancer patients [6]. Cutaneous metastasis from head and neck malignancy is a rare event and common sites of distant metastases in head and neck cancers are lung (70–75%), liver (17–38%) and bone (23–44%) [7].

Cutaneous metastasis usually occurs in adult malignancy and rarely found in children. Rhabdomyosarcoma, leukemia, and neuroblastoma are the most frequent causes of skin metastases in children. In men older than 40 years, the most common sources of cutaneous metastases (in decreasing order of frequency) are lung cancer, colon cancer, squamous cell carcinoma in the oral cavity, and melanoma.

In most instances, skin metastasis usually develops after the initial presentation of primary malignancy. Simultaneous or prior presentations of skin metastases are rare and occasionally found in cases of bronchogenic carcinoma or renal cell carcinoma. In the present case, skin metastasis developed during the therapy.

Most cutaneous metastases occur in a body region near the primary tumour. Most common sites of skin metastasis from head and neck malignancy are neck, scalp and over the chest wall that is near to primary site [9]. In our case there was disseminated metastasis throughout the chest wall, abdominal wall, back, pelvic region.

The most common presentation of cutaneous metastases is nodules. The nodules are often painless, round or