ORIGINAL RESEARCH PAPER

General Surgery

PRIMARY AMELANOTIC MELANOMA OF THE RECTUM- A RARE CASE PRESENTATION.

KEY WORDS:

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ABSTRACT

Melanomas are primarily a disease of the skin as melanocytes are present abundantly in the skin. Melanocytes are also present in the eyes, nasal Cavity, oropharynx, vagina, urinary tract, rectum, and anus. Though rare , malignancies from melanocytes can arise from any of these areas. Mucosal melanomas account for approximately 1.2% of all melanomas, and anorectal melanomas account for fewer than 25% of all mucosal melanomas. Amelanotic melanoma of the anorectum is a very rare entity. Only few cases have been identified and documented. Because of very low documented cases, treatment strategies have not been developed, which makes managing these cases a tough task. This is a 60 year male with no co morbidities, presenting with difficulty in defecation, later diagnosed to have primary ano - rectal amelanotic melanoma.

CASE STUDY :

Mr.x, 60 yr old gentleman presented with complaints of difficulty in defecation since 6 months. Associated with **pain** since 3 months . **No history of bleeding per rectum/ mass descending per rectum.** History of **mucus discharge** from the rectum present* 3 months. History of loss of weight and loss of appetite present. Patient had no co-morbid illness and no previous surgeries.

- **Digital rectal examination :** circumferential proliferative growth felt 4 cm from the anal verge with narrowing the lumen. Hard in consistency .no fecal staining. Prostate not felt.
- So, a provisional diagnosis of **carcinoma rectum was made and proceeded with routine investigations.**
- **Cect abdomen and pelvis :** asymmetrical wall thickening noted in the rectum for a length of 5 – 6 cm. posterior wall measures 4.1 cm .peri rectal nodes noted. no ascites. Solid organs normal.

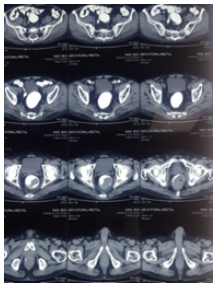

FIG 1 :cect abdomen with rectal mass

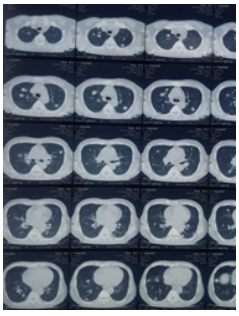

FIG 2: ct chest with lung mets

- **Colonoscopy** showed an ulceroproliferative growth involving the lower part of the rectum with lower border about 4 cm from the anal verge. There was no pigmentation of the tumor.
- **Punch biopsy taken from the growth revealed** section shows rectal glands composed of polygonal cells with **abundant eosinophilic cytoplasm, vesicular nuclei, prominent nucleoli. increased mitotic activity noted**.
- Features suggestive of **poorly differentiated malignant neoplsm.**
- **Ihc markers :**
- Ck 20 ,p 63, synaptophysin - negative
- **Hmb – 45** and **s - 100 were positive**
- It indicates **poorly differentiated amelanotic melanoma.**
- Metastatic workup revealed **secondaries in the lung** .
- Hence palliative treatment given to the patient with **diversion colostomy and chemoradiation.**

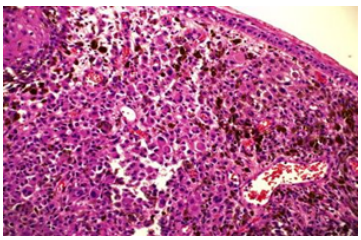

FIG 3: HPE picture with Hmb-45 positivity

CONCLUSION :

- Of all rectal malignancies, **adenocarcinoma** is the most common type accountig for 95-97 %. second most common type is **neuroendocrine** tumors (2 %). remaining 1-3 % is shared by **lymphoma, melanoma and sarcoma**. **Primary anorectal melanoma** is a rare and highly lethal neoplasm with poor prognosis .first reported in 1857 by **moore.**
- **Mucosal melanomas** account for approximately **1.2%** of all melanomas. Most common site is small intestine. Anorectal melanomas are exceedingly rare, accounting for only 0.3% of melanomas and 0.8% of anorectal malignancies. Of the 0.3% , 30% of anorectal melanomas

are amelanotic and can endoscopically and morphologically resemble a benign polypoid lesions to date, approximately 500 cases of anorectal melanoma have been reported in the literature including **fewer than 15 cases of amelanotic melanoma.** Due to its rarity, **amelanotic melanoma treatment is not standardized** and it still remains a highly aggressive tumor.

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