A RARE ACCOUNT OF INCIDENTALLY DISCOVERED ANAL MELANOMA

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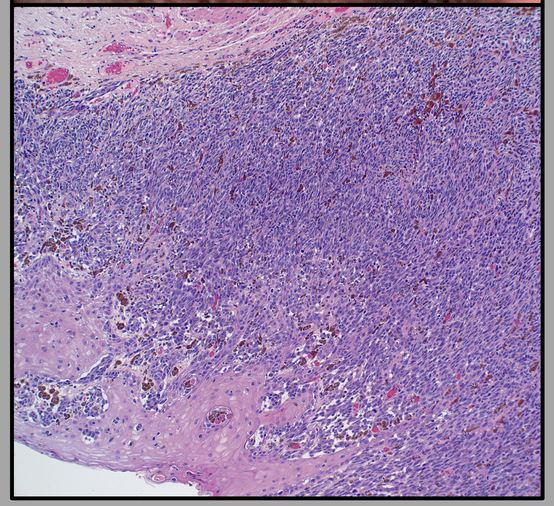
INTRODUCTION

Anal melanoma is a rare and highly aggressive malignancy that carries a poor prognosis. Its incidence ranges from 0.4% - 3.0% of all malignant melanomas and 0.1% - 4.6% of all anorectal malignant tumors[1]. Due to its variable and ambiguous presentation, it is often misdiagnosed as a hemorrhoid, polyp, or an ulcer with a concomitant rectal prolapse. We report a case of a patient incidentally found to have anal melanoma.

CASE REPORT

A 71-year-old female with no family history of malignancies presented with constipation, straining with bowel movements and bright red bleeding per rectum for two months requiring her to wear a pad. She also reports weight loss of an undetermined amount. Her last colonoscopy was in two years prior and was reportedly negative. The physical exam revealed a four-centimeter bilobed, friable, bleeding mass at the posterior midline anal verge. Pre-operative laboratory investigations were within normal levels and no tumor markers were sent. She underwent an anorectal examination under anesthesia confirming the mass at the anal verge with a thrombosed component. It was excised with pathology revealing a T2 malignant melanoma. Post-operative staging with a CT chest, abdomen, and pelvis was negative for metastatic lesions. The patient is scheduled to begin immunotherapy.





DISCUSSION

Anal melanoma arises from the melanocytic cells in the dentate line and spreads along the submucosal planes, draining to the inguinal and inferior mesenteric lymph nodes. It has a very indolent course and is difficult to diagnose due to its varied presentation. The most common presenting symptoms include bleeding, perianal or rectal mass, and pain[2]. Clinicians usually have a low suspicion of anal melanoma due to its rarity and most people present with metastatic disease at the time of diagnosis. Prompt surgical resection with wide local excision vs. abdominoperineal resection remains the mainstay of treatment as the added benefit of adjuvant chemoradiation or immunotherapy has been controversial[3]. The rate of early recurrence with aggressive metastasis is high and the stage at the time of diagnosis is the best predictor of outcome.

CONCLUSION

Anorectal melanoma is a rare malignancy that most often presents with regional or distant metastases at the time of diagnosis. No treatment modality so far has been shown to reliably improve survival benefits. Clinicians need to have a high index of suspicion when seeing patients with anorectal bleeding, pain, or mass to begin treatment in its early stages.

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