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Primary Melanoma of the Uterine Cervix Figo Stage III C

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Abstract

Primary and metastatic malignant melanomas represent a rare diagnosis with a small number of described cases. The aggressive nature of the tumor, non -specific symptoms, difficult diagnosis, and no official protocol about the treatment result in poor disease prognosis. Chemotherapy, immunotherapy or radiotherapy can be employed. A case of a patient with malignant melanoma of the uterine cervix, Stage IIIC, is presented in addition to a clinical and pathological discussion.

Keywords: Immunohistochemical; Neoplasia

Abbreviations: MM: Malignant Melanoma.

Introduction

Malignant melanoma (MM), a common neoplasm of the skin and mucous membranes, constitutes 1% of all cancer cases [1]. In total, 5% of melanocytic malignancies in females occur in the vulva, with rare cases detected in the ovary, uterus or uterine cervix [2]. MM commonly clinically presents at an advanced stage, and the diagnosis is confirmed by histological examination using certain staining techniques and by immunohistochemical analysis [3]. The majority of patients respond poorly to therapy [4]. Certain therapeutic regimens are recommended for cervical melanoma, including radical hysterectomy with pelvic lymph node dissection, and partial vaginectomy followed by radiation and immune or chemotherapy, although even with good therapeutic results, the survival time is short. A case of primary malignant melanoma of the cervix, Stage IIIc, is presented with its diagnosis and treatment.

Case Report

A 56-year-old woman with a 2-month history of vaginal bleeding and pelvic pain, began treatment in mars 2021. On physical examination and exophytic cervical mass was observed, 5 cm in diameter, ulcerated with darkened borders, involving the vaginal fornices and parametrial invasion up to the pelvic wall.

The pelvic ultrasonography showed a uterine cervix of 5.3 x 4.2 cm, having heterogeneous texture. CT scan of the abdomen and pelvis demonstrated a large-sized pelvic tumor and lymph node metastasis. Biopsy of the lesion was performed and the pathological diagnosis was undifferentiated neoplasm. The mitotic count was more than 10 mitoses per 10 high power fields. Cytoplasmic pigment was not observed and immunohistochemical staining was done to distinguish it from other neoplasms, like spindle cell carcinoma and sarcoma. Immunohistochemical stains showed strong reactivity for the S-100 protein and for the melanoma-specific antibody HMB-45, and absence of immunoreactivity for epithelial antigens. A vaginal biopsy showed pigmented malignant neoplasia, surgery was not possible due to locoregional invasion. Decision to start chemotherapy followed by clinical and radiological evaluation.

Discussion

Melanoma of the cervix is a rare and aggressive neoplasia. About 60% of the cases already had clinical evidence of tumor beyond the cervix at the time of diagnosis [2,3] and the

5-year survival rate decreases from 40% for Stage I to 14% for other stages 4 Due to the rarity of the primary melanoma of the cervix, the possibility of metastatic neoplasia coming from a melanoma at a different site, or which may have been treated several years before, must always be investigated. In some cases, it is impossible to locate the primary site of the disease. The case described did not have a history of any other melanoma, the largest tumoral volume being in the uterine cervix and spreading to the vagina. According to the literature, malignant melanoma of the cervix has a poor prognosis and is frequently associated with vagina disease, whether from direct extension of the cervix, lymph node or due to metastasis [3,4]. There is no defined treatment. According to the spreading pattern of the tumor, the patient could be treated with radical hysterectomy, pelvic lymphadenectomy and total colpectomy if the tumor is operable. The despite the low radiation and chemotherapy sensitivity of melanomas, these two therapeutics can be indicated when surgery is not complete or not possible. However, the results are limited, even when associated with immunotherapy or chemotherapy [1,2]. Survival is usually short due to metastasis, independently of the local disease control [1,2,4]. Thus, only by early detection via preventive gynecological examination and periodic cervical smears. Can the disease be detected in its early stages, which may contribute to an increase in survival time. In the present case the patient had the disease in an advanced stage and the proposed chemotherapy in neoadjuvant in order to make the tumor operable.

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