

Malignant melanoma

(2 autopsy cases)

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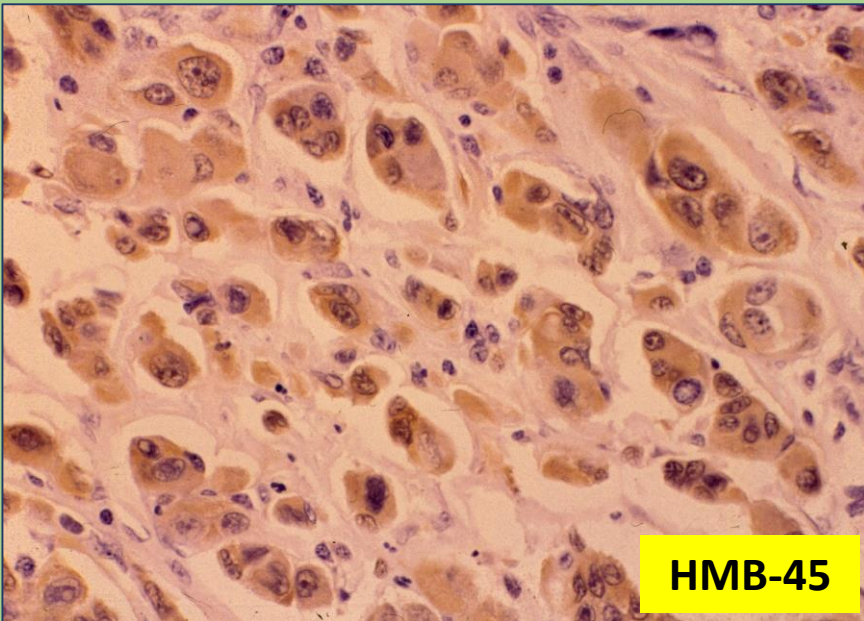
Case 1.

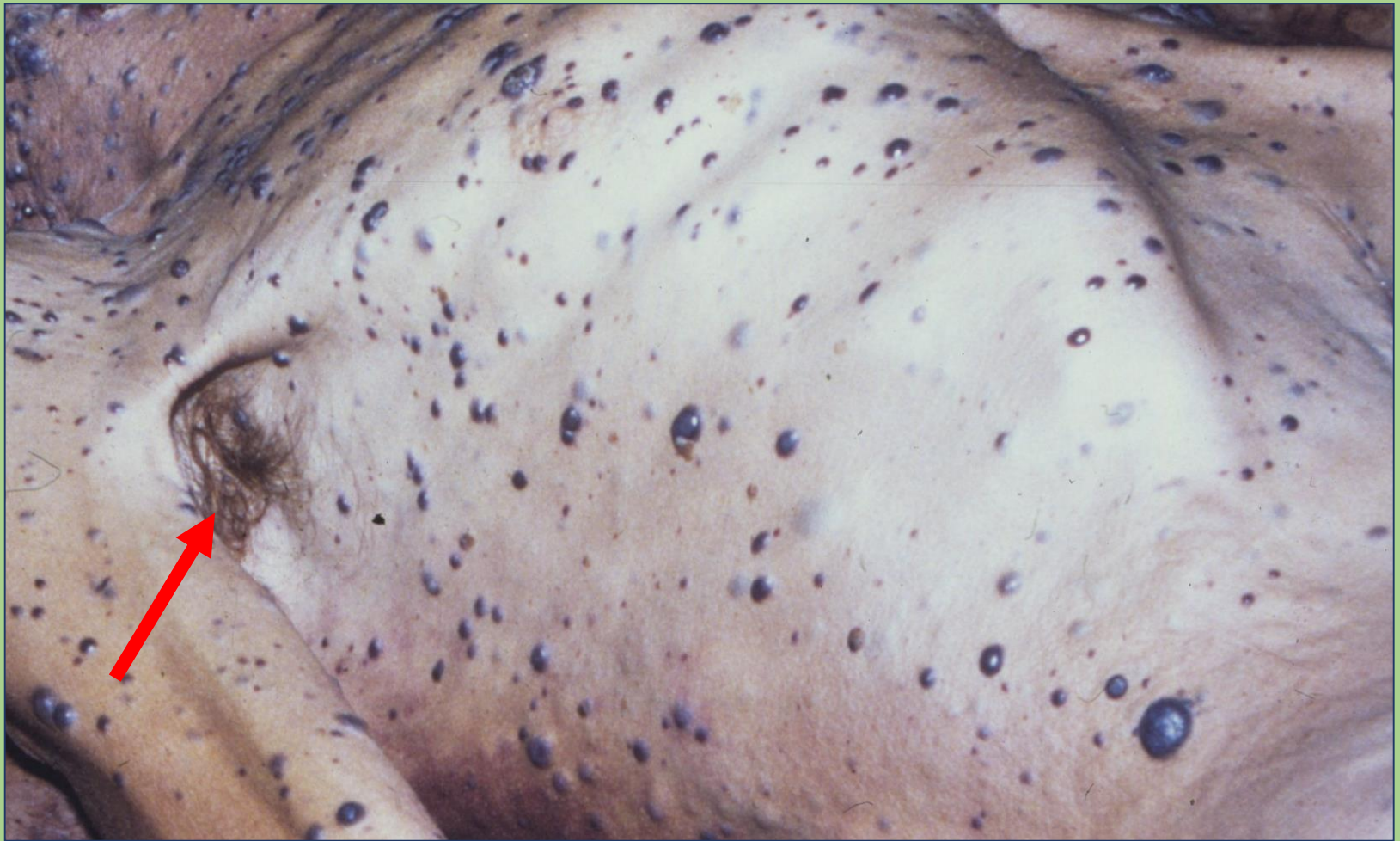
60 - year old male. 15 years before a small malignant melanoma of early stage was removed from his forehead. Postoperative cytostatic treatment was performed, followed by regular check-up. Since that time he have been symptomless.

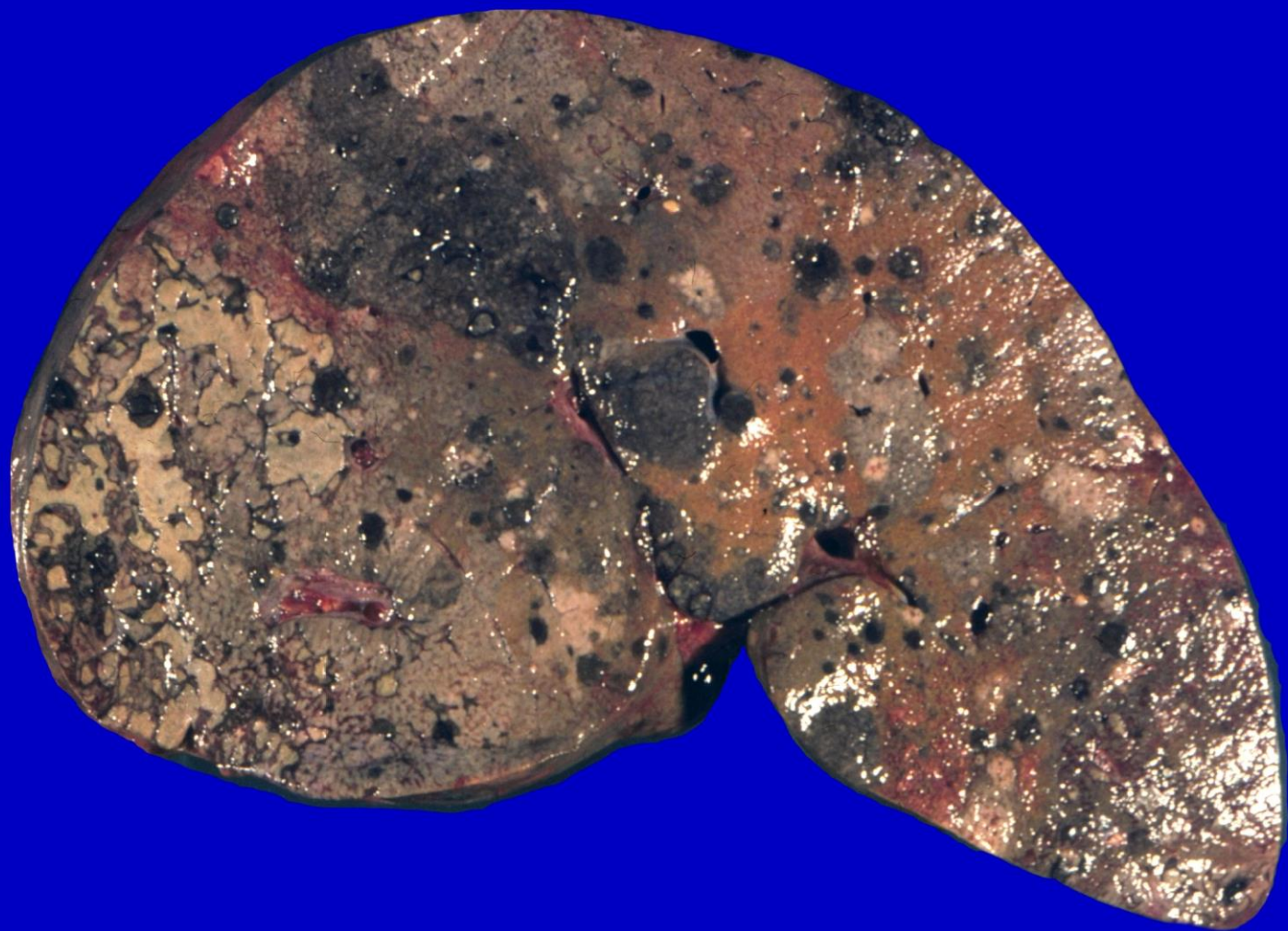
6 month before his pulmonary tuberculosis reactivated, necessitating combined antituberculous treatment

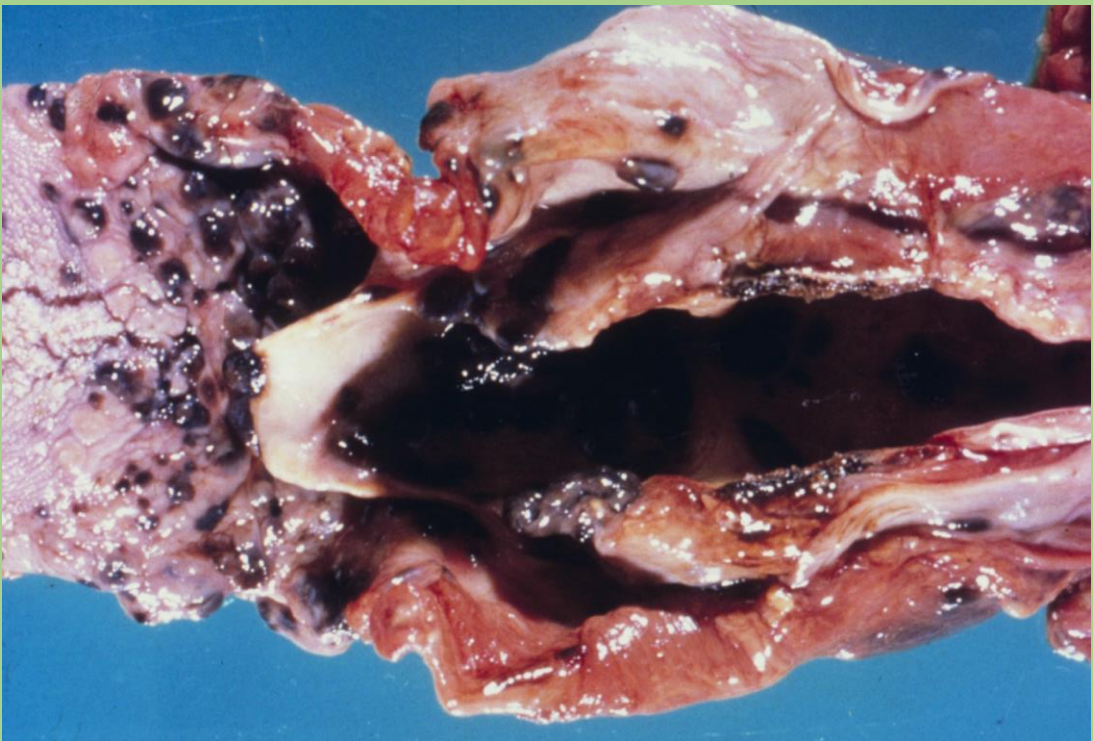
Recently: enlarged axillary lymph node removal. Histology: metastatic melanoma.

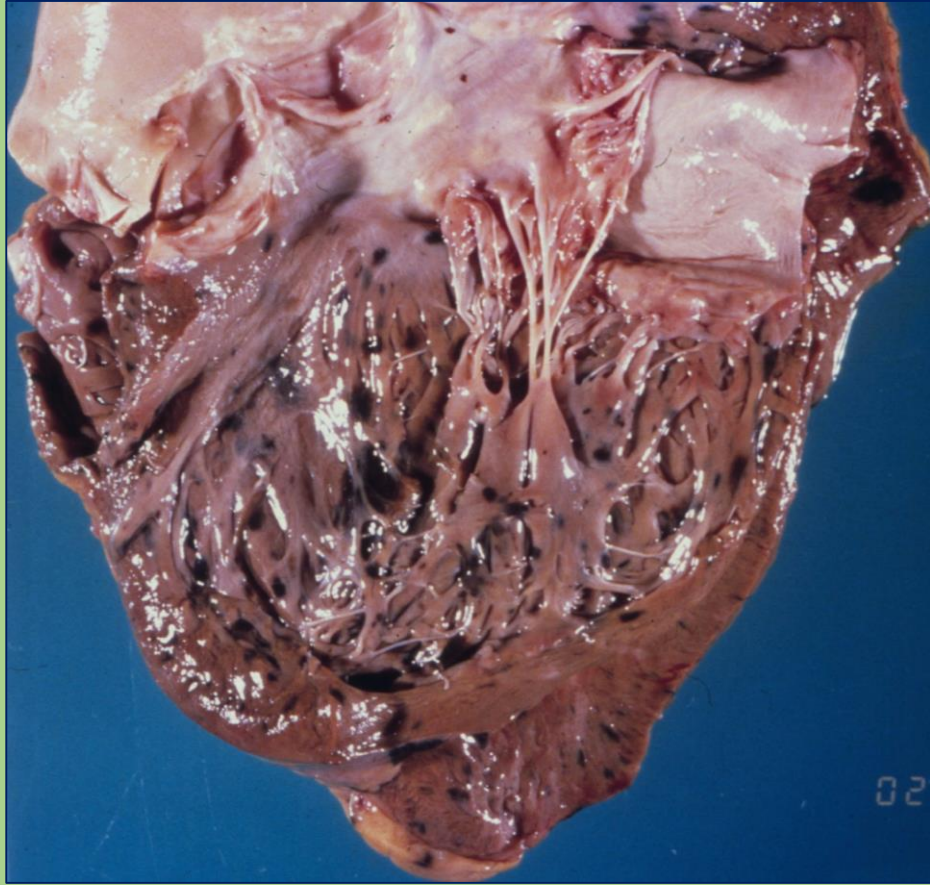
Despite all efforts the patient passed away within a month.

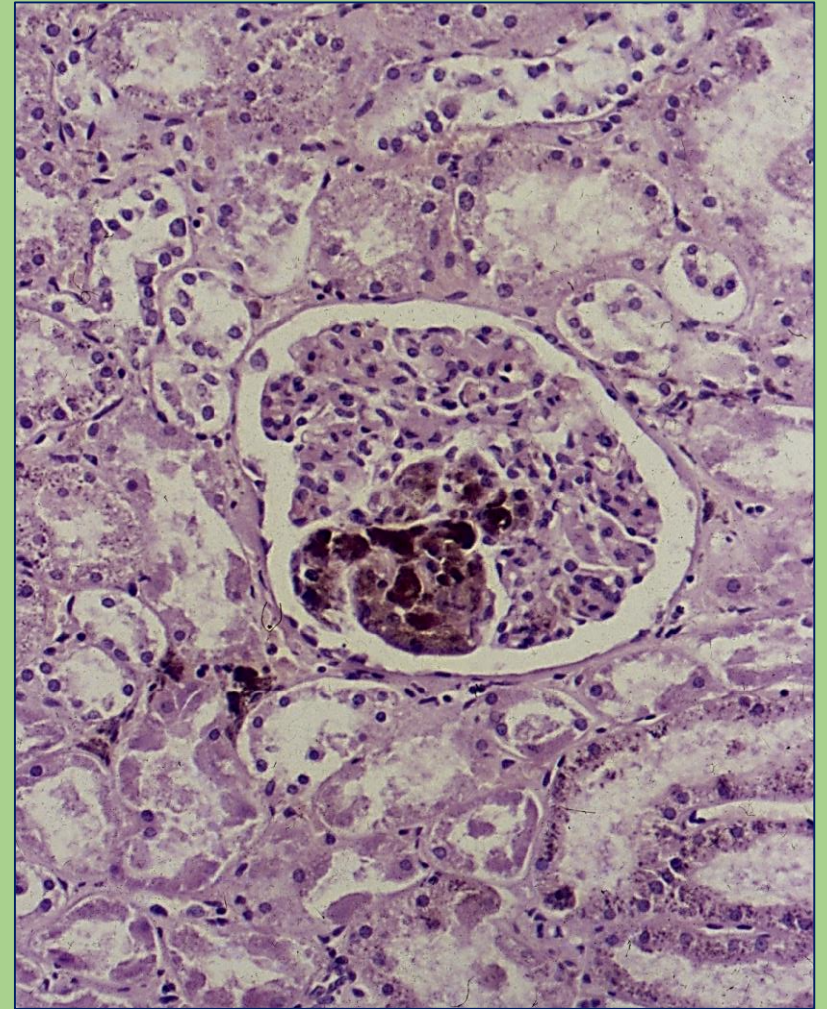














Discussion

1. The malignant melanoma may recur even after decades
 2. The melanoma cells have been present in the body, but in hidden, „dormant” stage
 3. The dormant tumor cells may „wake up” and re-enter the cell cycle when the host immune system is weakened (tbc!)
 4. Such late recurrences usually present as rapidly progressive, disseminated diseases
- + The heterogeneity of the melanoma is also evidenced by various pigment content

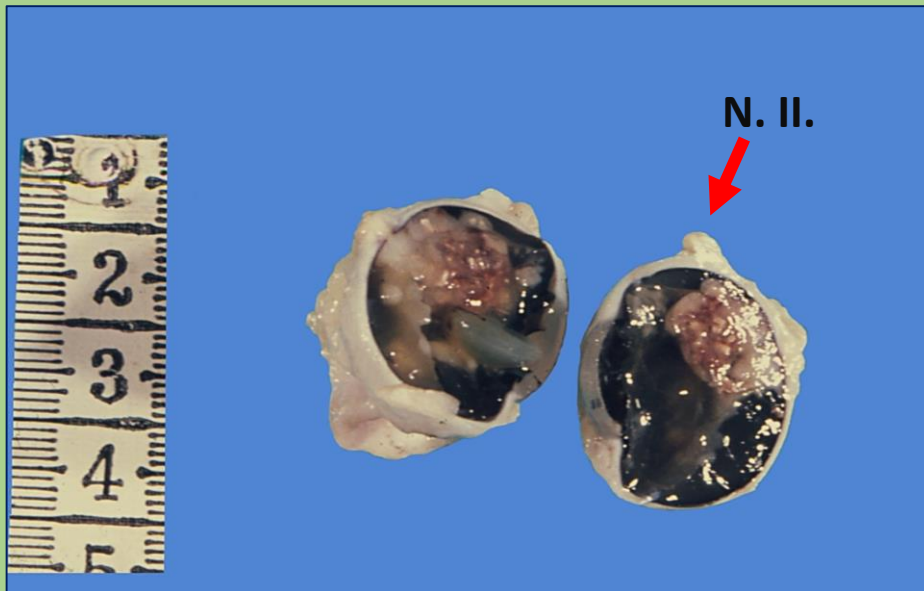
Case 2.

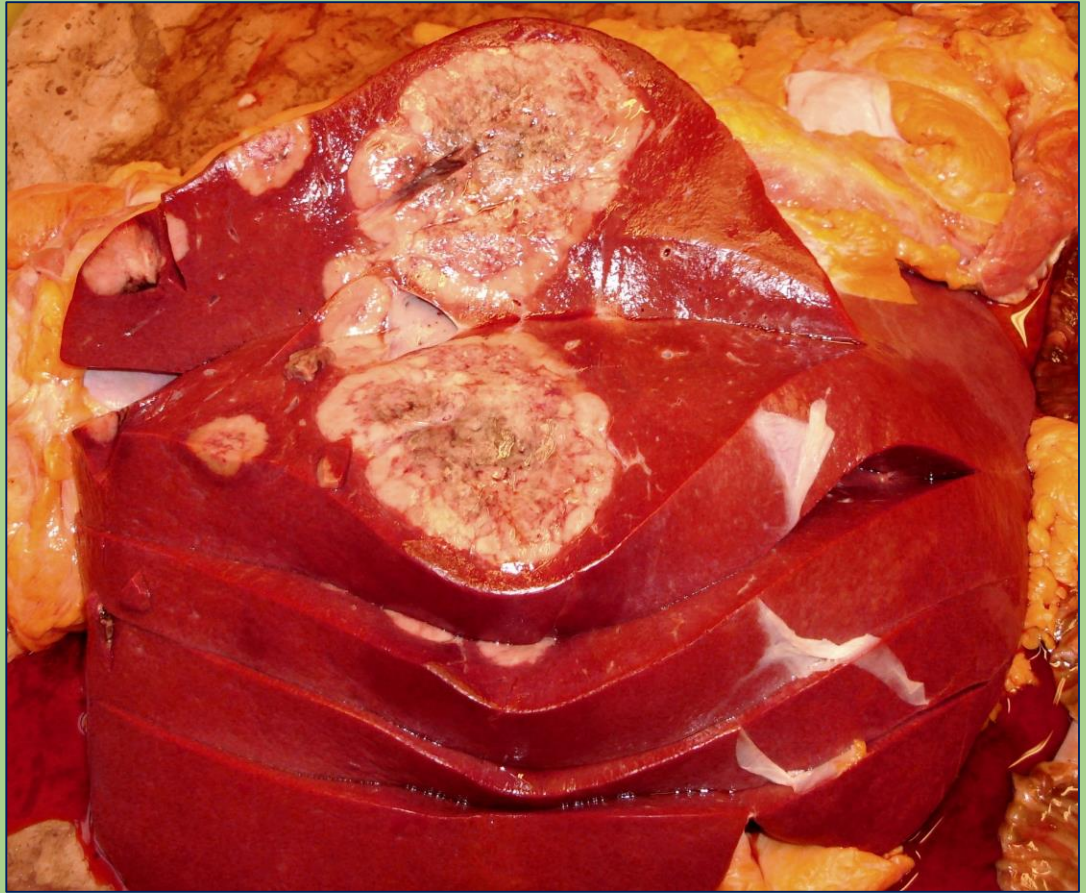
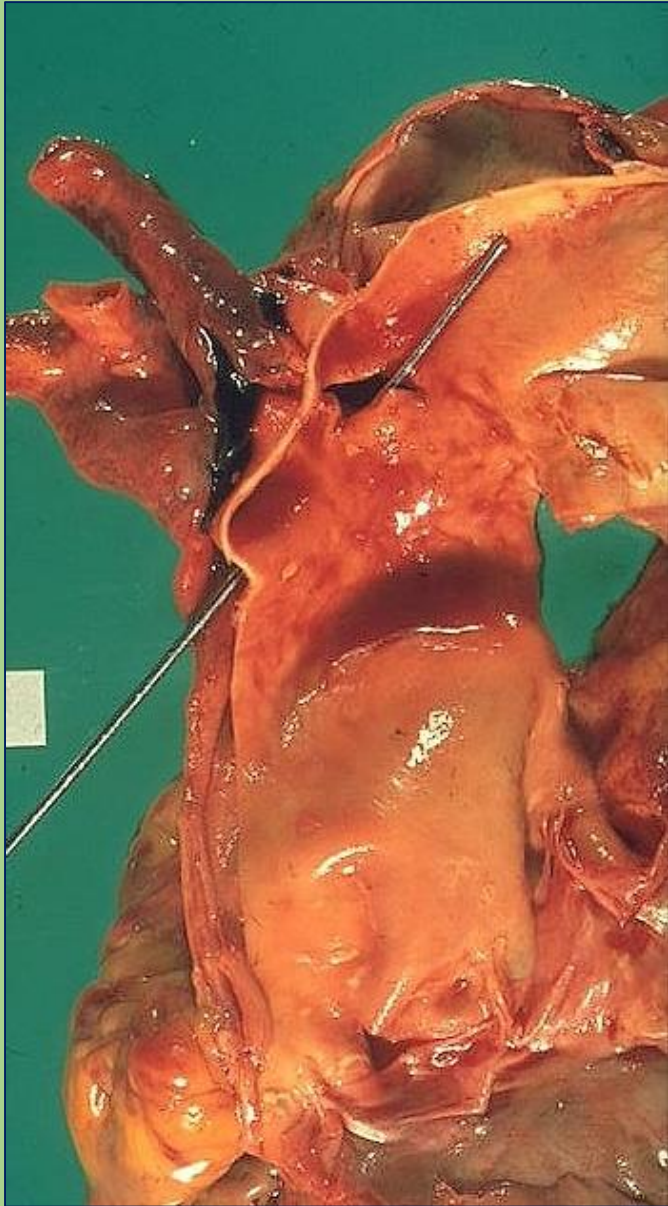
56-year old woman, 8 years before an enucleation was performed because of ocular melanoma (choroidal). Regular check-ups revealed no symptoms

Since some weeks: abdominal complaints. US: multiple solid hepatic foci

FNAB: liver metastasis (amelanotic melanoma)

Shortly thereafter the patient died due to ruptured aortic dissection





Discussion

1. The second most frequent site of primary melanoma is the eye (=uveal melanoma)
2. Uveal melanomas preferentially give metastasis to the liver
3. The biological behavior of the uveal melanomas is unpredictable (hepatic metastases: 6 month - 37 years!)
4. The prognosis of the amelanotic melanomas does not differ from the heavily pigmented forms