Primary Malignant Melanoma of Cervix - A Case Report

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Primary cervical melanoma is a rare neoplasm of female genital tract, less than 50 cases reported in literature.¹ Most of the patients present in advanced stages & respond poorly to therapy.²

We present a case of 70-year-old female patient presenting with foul smelling discharge & history of bleeding per vaginum & abdominal pain of 2-month duration. Speculum examination revealed a cauliflower like necrotic growth involving whole of cervix (Figures 1 and 2).

Search for a melanotic lesion in skin, uveal tract (ophthalmoscopy) & other mucosal sites was negative. An abdominal USG, performed preoperatively, showed normal liver, spleen, kidneys, bowel, & retroperitoneal structures. Due to the absence of a primary site of melanoma, a diagnosis of primary cervical melanoma was made.

Wedge biopsy was taken and sent for HPE. Macroscopic sections showed multiple greyish brown bits of tissue aggregating 1×1×0.8 cm (1 block). Microscopic section showed solid sheets of poorly differentiated neoplastic cells. Tumour cells are large pleomorphic, hyperchromatic & prominent nucleoli. Cytoplasm & interstitium shows dense pigmentation & areas of necrosis. Suggestive possibly of Malignant Melanoma.

Possibility of melanoma was suggested & the patient underwent Wertheim's hysterectomy. A specimen of uterus, cervix and vaginal cuff with bilateral attached adnexae and pelvic lymph node dissection was sent for histopathology. Gross examination showed a cauliflower like necrotic lesion in cervix involving both ecto & endocervical region. Microscopic features were similar to preoperative biopsy. Tumour cells were positive for S-100 and HMB-45, thus confirming the diagnosis. Eighteen out

Figure 1: Clinical picture showing malignant melanoma of cervix.  Figure 2: Lateral view of cauliflower like necrotic mass.
of the 20 pelvic lymph nodes isolated, bilateral parametric & vaginal resected margins were involved by the tumour.

**Points to Ponder**

A) Morris and Taylor criteria for diagnosis of primary melanoma of cervix:
1. Absence of melanoma elsewhere in the body,
2. Demonstration of junctional change in the cervix,
3. Metastasis according to the pattern of cervical carcinoma.

B) Melanoma of the uterine cervix is currently not curable in advanced stage, hence needs to be diagnosed early.

The patient received intra cavitary radiotherapy & remained disease-free for 6 months & patient started on combination chemotherapy with dacarbazine & cisplatin. However, she died after two courses of chemotherapy. Autopsy revealed widespread metastasis involving lungs, liver, & urinary bladder.

**REFERENCES**


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