

Malignant Melanoma of nasal cavity: Rare site

Rare case

¹Shwetima Chaudhary, ²Vinay Sagar, ³Rajendra Kumar

¹junior resident, ²consultant, ³professor

¹Department of radiation oncology,

¹King Georges Medical University, Lucknow, India.

Abstract :

Malignant Melanoma of nasal cavity is an extremely rare tumor and is more aggressive. Primary malignant melanoma of nasal cavity arise from melanocytes located in the mucous membrane. Only 0.5% of malignant melanoma arises in nasal cavity. We report a case of malignant melanoma of the nasal cavity in a 51-year-old male who presented with swelling of nose, nasal block and epistaxis. By brush cytology and CT scan imaging, the preoperative diagnosis of malignant melanoma was made which was later confirmed by histopathology examination along with immunohistochemistry by using S100 and HMB 45. Malignant melanoma of nose is rare tumour, with aggressive behavior and poor prognosis. Rarity of this lesion warrants its mention and emphasizes the importance of radiation as a palliation in a radioresistant tumor for hemostatic purpose and the role of only chemotherapy dacarbazine which has great impact in regression of tumor and improvement in the quality of life.

IndexTerms – melanoma, radiation, hemostatic, dacarbazine.

I. CASE REPORT

A 51 years old male resident of India presented to us with chief complaints of bleeding from left nasal cavity from last 1 year. He consulted in a local hospital in august 2018,[2] CT scan PNS-minimally enhancing low density soft tissue lesion of size 50*19*40 mm is noted in the left nasal cavity. Nasal septum is displaced towards right side and left nasal cavity airway is obliterated. Mild to moderate mucosal thickening is noted in left maxillary, sphenoid and left frontal sinus [1] and biopsy was done from nasal mass s/o malignant melanoma and immunohistochemistry was positive for S100 and HMB45. After confirmation of diagnosis, patient was given hemostatic radiation as 20 Gy in 5# as palliation by conformal technique followed by 6 cycles of chemotherapy (dacarbazine/cisplatin). Response was assessed clinically and radiologically.

II. DISCUSSION

Melanoma is considered a relatively radio resistant tumor, but patients may derive clinical benefit from radiation of symptomatic condition. Radiation therapy is usually used as an adjunct to the use of systemic therapy. **Dacarbazine—An alkylating agent**, dacarbazine (5-[3,3-dimethyl-1-triazenyl]-imidazole-4-carboxamide, or DTIC) is the only chemotherapeutic agent approved by the FDA for treatment of melanoma. Since dacarbazine monotherapy has not been investigated in a placebo-controlled trial, there is insufficient evidence to suggest an overall survival benefit with dacarbazine. Despite its modest efficacy and lack of data for survival benefit, dacarbazine continues to be the “standard treatment” of metastatic melanoma. No other therapy has yet been shown to have a significant survival benefit over dacarbazine.

III. CONCLUSION

As malignant melanoma is a radio resistant tumor and the role of radiation could be assessed if the patient is symptomatic like epistaxis or nasal obstruction. Secondly if the patient is considered inoperable then we can consider the patient for chemo therapy and radiation as palliative purpose and to improve the quality of life.

REFERENCES

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IMAGES-before start of treatment(a) after treatment (b)



a



b

