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Case Report

Malignant Melanoma in Anal Canal : A Case Report

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Abstract

A 60 years old postmenopausal lady was admitted in the surgery department of Islami Bank Medical College Hospital with complaints of a lump in anal region and occasional per rectal bleeding for six months. Examination revealed a small well defined globular mass in anal canal which extended from the anal verge up to lower rectum internally. Internal part was ulcerated from where foul smelling discharge was coming out. She had no history of exposure to any radiation or any surgery over the anal canal. On radiogram of the chest a cannon ball shadow was found. Incisional biopsy of the lesion revealed malignant melanoma. Abdomino-perineal resection of rectum and anal canal was done for the lesion with an uneventful postoperative period. Adjuvant therapy could not be instituted because the patient could not afford it. The patient carried herself well until she died at the ninth month postoperatively.

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Introduction

Primary malignant melanoma of the anal canal is fairly uncommon but highly malignant disease. This disease is often mistaken for benign conditions i.e. hemorrhoid or rectal polyp. The epithelial lining of the anal canal is of adenomatous type in the upper part and is squamous type in the lower part .The middle zone also known as the anal transitional zone(ATZ) is characterized by an epithelium which bears resemblance to that of the anal gland but show little mucus secretion[i]. The melanocyte is demonstrated recently by melanocyte specific antibody (HMB-45) in usually the anal squamous zone and not in the colorectal zone as was thought earlier[ii].But in tumor, there is demonstration of melanocytes in all three zones of anal canal substantially supporting the observation that malignant melanoma of the anal canal may originate not only below but also from above the dentate line[iii].

Case report

A 60-year-old post-menopausal woman was admitted into a local hospital with the complaints of per rectal bleeding and small nodular mass in anal canal for 6 months. She had also history of increasing difficulty of defecation for same duration. She had no history of radiation or surgery over the anal canal. With these complaints; she was admitted into a reputed hospital and treated as hemorrhoids without any improvement. Then she was admitted into the Islami Bank Medical College Hospital for further management. On examination, she was apparently ill looking, mildly anemic. There was a growth in perineal area arising from posterior wall of anal canal about 3.6 cm in size, extend up to lower rectum. This part was ulcerated and bleeds to touch. Large amount of foul smelling discharge was coming out daily. There was also a black spot on anal verge.

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Surrounding skin was normal. No inguinal or intra-abdominal lymphadenopathy was detected. Liver was not enlarged and respiratory system revealed no abnormality.

All necessary investigations including USG were normal except a cannon ball shadow in X-ray chest. The provisional diagnosis was malignant melanoma in anal canal with lung metastasis. Biopsy was done and the diagnosis was confirmed. Patient's attendants were briefed about the condition of the patient, plan of management, postoperative complications and prognosis of the patient. Subsequently abdomino-perineal resection of rectum and anal canal was performed on 9th February 2008. Postoperative period was uneventful. Patient was well for about 9 months and then died.

Discussion

Primary malignant melanoma of anal canal is an unusual pathology that constitutes approximately 1% of all malignant invasive tumors in this region[iv].It is usually maltreated as either hemorrhoid or anal polyp with bleeding. This causes unnecessary delay in proper management of the patient further complicating the clinical scenario delaying exact diagnosis and management. It carries very poor prognosis. Epidemiologic and case control studies suggest that sunlight is the most important environmental factor in the pathogenesis of the malignant melanoma[v].But malignant melanoma from non sun exposed area as in anal canal and genitalia are very uncommon and it's origin is disputed.

Primary malignant melanoma in anal canal represent .4% to 1.6% and is the 3rd most common site of origin following skin and eye[vi].It is usually a disease of old age, mostly from 5th to 7th decade of life . There is no sex predilection. National cancer Institute registry showed a sharp rise in incidence in Sanfrancisco between 1988-1992, suggesting a possible association with HIV infection. Microscopically the majority of these tomour is polypoid and pigmented and areas near the dentate lines in our patient. Microscopically the tumor cells are arranged in nest and individual cells may be epitheloid or spindled. These clusters of tumor cells invade the overlying squamous mucosa in a pagetoid manner and are characterized by immune staining specific for the melanose protein HMB-45-3.

Management of anal canal melanoma is controversial and depends on the clinical stage of the disease. Procedure includes conservative approach of wide local excision and more radical approach APR. For advance cases, segmental resection, Colostomy and chemo-radiotherapy improve the morbidity. However, the rarity of this tumor, advanced stage at presentation and poor prognosis has limited the attempts to clarify optimal surgical intervention. Five year survival rate is less than 20% regardless the operative management. Despite the poor prognosis of melanoma, there are few isolated reports of lengthy survival).In recent years, 20%-60% patient had metastasis at the time of initial diagnosis. Abundant lymph nodes and rich vascular network in this area help the early metastasis. As anorectal melanoma frequently advance at the time of diagnosis, early diagnosis is essential to decrease the mortality rate.

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