Primary Amelanotic Melanoma of Vulva in a Young, Lactating Female

K. Jayaprakash Shetty · H. L. Kishan Prasad ·
Supriya Rai

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Abstract Primary amelanotic melanoma of the vulva is extremely rare and it is a unique variant which is difficult to differentiate from other epithelial and nonepithelial malignancies due to absence of melanin pigmentation. It can be easily mistaken for other malignancies both clinically and pathologically. The difficulties in diagnosis and treatment aggravate the poor prognosis. This case highlights the rare case of vulval amelanotic melanoma occurring in a young lactating female.

Keywords Amelanotic melanoma · Vulva · HMB 45 · Vulvectomy

Vulvar malignant melanomas are rare neoplasm's, representing 9% of all external genital tract malignancies and 9% of all primary vulvar malignancies [1, 2]. Primary vulvar amelanotic melanoma is extremely rare and due to the absence of melanin pigment, can be easily mistaken for other malignancies both clinically and pathologically. We describe a case of primary amelanotic melanoma of the vulva occurring in a young lactating female, which was confirmed by immunohistochemistry.

A 23 year old female, presented with mass in the vulva since 6 months associated with foul smelling discharge.

K. J. Shetty · H. L. K. Prasad (✉)
Department of Pathology,
K S Hegde Medical Academy of Nitte University, Deralakatte,
Mangalore, Karnataka, India
e-mail: dr_kishanpath@yahoo.com

S. Rai
Department of OBG, K S Hegde Medical Academy, Mangalore,
Karnataka, India

Fig. 1 Clinical image showing large friable, grey white growth in the anterior and lateral wall of vagina extending into the vulva

Fig. 2 Microscopy with pleomorphic spindle to epithelioid tumour cells arranged in trabeculae and sheets with areas of necrosis (H&E, X100)

Fig. 3 Microscopy showing pleomorphic spindle to epitheloid tumour cells arranged in sheets (H&E, X100)

Patient was lactating with last child birth 7 months back. Local examination revealed friable, fungating mass measuring 6×5 cm, involving the anterior and lateral wall of vagina extending into the vulva (Fig. 1). Biopsy showed pleomorphic spindle to epitheloid tumour cells arranged in trabeculae and sheets with areas of necrosis. (Figs. 2, 3) The tumor showed immunoreactivity for HMB 45, S 100 and melan A, with negativity for EMA and Cytokeratin (Fig. 4). So, final diagnosis of primary amelanotic melanoma of the vulva was offered. The lesion was inoperable; hence surgery was deferred and was referred to higher center for radiotherapy.

Vulval melanoma's manifest as non pigmented vulval mass associated with bleeding. Delayed diagnosis and advanced stage can increase the difficulty in treatment. Treatment modalities includes (a) wide local excision of the tumor, b) hemivulvectomy, (c) partial vulvectomy, i.e. removal of a large area of the vulva but with retention of as much normal function as possible, especially the clitoris, prepuce, and frenulum, (d) total vulvectomy, removal of the total vulva, and (e) radical vulvectomy, including total vulvectomy but with a wider excision [2]. For resectable

Fig. 4 Tumour cells with strong HMB 45 immunoreactivity

tumours, local excision with free margin ranging from 1 to 2 cm, dependent on breslow depth and proximity of vital structures is recommended [1]. The prognosis of vulvar melanomas in terms of survival rate is poor and advanced stage, ulceration and amelanosis makes it even worse.

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References

1. An J, Li B, Wu L, Lu H, Li N (2009) Primary malignant amelanotic melanoma of the female genital tract: report of two cases and review of literature. *Melanoma Res* 1–4
2. Ragnarsson-Olding BK (2004) Primary malignant melanoma of the vulva. An aggressive tumor for modeling the genesis of non-UV light-associated melanomas. *Acta Oncol* 43(5):421–435