Prolapsed Anorectal Melanoma

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Abstract Anorectal melanoma is a rare malignancy of anorectal region. Often the diagnosis is delayed because of rare entity and confusion with benign disorders like haemorrhoids. There have been only a few cases reported and the optimum management for this condition is still in dilemma, however prompt diagnosis is essential for early curative surgery. We are presenting this case, due to rare presentation of prolapse of anorectal melanoma.

Keywords Anorectal malignancy · Melanoma · Prolapse

Fifty-five year old female presented to emergency department with complaints of irreducible mass prolapsing out of the anus since 1 day, with history of intermittent bleeding and mucoid discharge per rectum since 2 months. Before prolapse of this mass, patient was evaluated at private hospital, for intermittent bleeding and seepage of mucoid discharge per rectum, where rectal melanoma was proved by biopsy. Per abdomen and other systems examination were within normal limits. On perineal examination a large mass, blackish brown in colour, prolapsing from the anal canal is visible (Fig. 1). On per rectal examination two nodular lesions were palpable at anorectal junction adjacent to prolapsed growth and sphincter tone was reduced. Patient was anaemic, haemoglobin was 7.6 g. Her liver function test and renal function test were within normal range. Chest X-ray and abdominal computerised tomography showed no metastatic lesions. Patient optimised with transfusion of packed red blood cells. Abdomino-perineal resection with permanent end colostomy was done keeping in view of

Fig. 1 A large blackish brown mass prolapsing per rectum

large growth, adjacent synchronous lesions, decreased sphincter tone and no metastasis. Cut open section of resected specimen showed multiple melanoma arising from anorectal

Fig. 2 Cut section of the specimen showing multiple melanotic lesions arising from the ano-rectal region and one submucosal melanotic lesion is also seen

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region (Fig. 2). Histopathology report was consistent with anorectal melanoma, immunohistochemistry for S-100 was positive. Patient is doing well in follow up of more than 1 year; she has not received any adjuvant therapy.

Discussion

Anorectal melanoma is a rare malignancy of anorectal region, it comprises only 0.5–5 % of all malignancies at anorectal region. Fewer than 500 cases have been reported in the literature [1]. Patients are frequently female, Caucasian, and in their 60s [2]. Anorectal bleeding is the most common symptom described. However anal pain, change in bowel habits, or tenesmus has also been reported. Index case similarly had bleeding per rectum initially, before presenting in emergency department with prolapsed mass per anum. A mass in the anal canal is the most frequent sign. These tumours arise from the transitional epithelium of the anal canal, anoderm, or the mucocutaneous junction. Although some lesions may seem to arise within the rectal mucosa, it is postulated that this is attributable to heterotopic epithelium or mucosal spread from a primary foci in the anal canal. Approximately two-thirds of the lesions will be grossly pigmented or show histological evidence of melanin [3]. Surgical management of anorectal melanoma provides the only chance for cure. However, the choice of operation continues to be controversial because the prognosis is so poor. Additionally, long-term survival rates,

which range from 0 % to 29 %, do not seem to differ when wide local excision or APR is performed [3–5]. However, some studies have shown fewer loco regional recurrences with a more radical operation, thereby supporting the use of APR for earlier-stage tumours. If the tumour is bulky and negative margins (1–2 cm) cannot be achieved, it involves the sphincter complex, or local resection will result in incontinence, then an APR is the recommended treatment option [3]. Applicability of data of adjuvant therapy for cutaneous melanoma, to anorectal melanoma remains uncertain.

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Conflict of Interest None

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