

A Rare Case of Malignant Melanoma of Cervix

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Fiftyfive Yrs old Mrs. X presented with complaints of white discharge per vaginum of 1 week duration. The discharge was minimal in quantity, not associated with blood staining or itching. Bladder and bowel habits were normal. Patient attained menopause 5 years back and there was no history of post-menopausal bleeding. She was a known hypertensive under treatment.

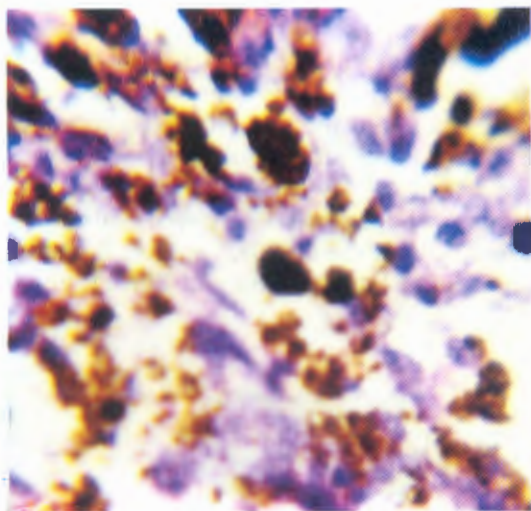


Fig 1: Photograph showing high power view of malignant melanoma of cervix with brownish black intracytoplasmic pigment

On examination the patient was anaemic. There was no significant lymphadenopathy. On local examination the external genitalia were normal. On speculum examination, a blackish polypoidal mass was protruding through the os. On PV the uterus was RV, normal size and fornices were free. A provisional diagnosis of cervical polyp was made. Polypectomy and fractional curettage were done. The HPE report of polyp was malignant melanoma of cervix. Investigations were done to detect primary. Pap smear showed dysplastic cells and polyhedral cells with hyperchromatic nuclei and granular pigmented cytoplasm. On ultrasound examination abdomen was normal. The upper GI endoscopy, barium enema and CT scan were normal. Patient underwent Wertheim's hysterectomy with pelvic lymphadenectomy 3 weeks later. During surgery omentum, small bowel & mesentery were normal. Intraperitoneal black nodule was found free in the peritoneal cavity. Black nodules were present on posterior surface of uterus and appendices epiploicae. Cervix was replaced by black growth extending to all vaginal fornices with 2 satellite nodules in upper 1/3 of vagina. HPE report of cervical tumor was malignant melanoma. The pelvic nodule showed evidence of metastatic deposits. The pelvic nodes were not involved. Post operative period was uneventful. Patient was advised to have post operative chemotherapy with CCNU (Nitrosourea) for a total of 4 courses.