A Rare Case of Primary Vaginal Malignant Melanoma With Cutaneous Metastasis

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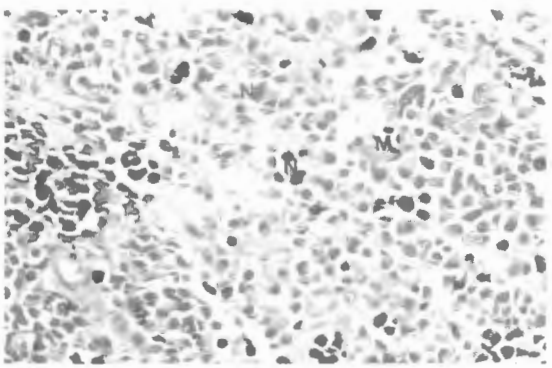
We are reporting a patient with primary vaginal malignant melanoma as primary mucosal malignant melanomas of the genital tract are rare.

A 40 year old multiparous lady reported to us in September, 1999 with a history of mass per vaginum and dirty discharge per vagina since February 1999. She had pain over the pubic bone and inguinal regions since 2 months and pain in the left breast since 2 weeks. She had been married at 18 years of age and was P4, A0, L4, (all normal deliveries) with last child birth and tubectomy 16 years ago. Her menstrual cycles were regular and normal. She gave history of having been treated at another hospital where an FNAC of the vaginal mass had established the diagnosis of malignant melanoma. She had been advised surgery but she reported 2 weeks later for admission, by which time the growth had spread to the pubic ramus. She was then given 2 courses of chemotherapy with Cyclophosphamide and DTIC (decarbazine) but showed no response. Hence a wide local excision was done. Palliative pain relief treatment had been started. A breast lump was noticed 10 days after excision of vaginal mass. FNAC of the same showed malignant melanoma (Photograph 1).



Photograph 1: Malignant melanoma
N=Neoplastic cells with hyperchromatic nuclei
M=malignant cells containing melanin pigment

On examination at admission, patient weighed 60 kgs, height 152 cms, in good general condition. No cervical lymph nodes were palapable. In the left breast, in the lower outer quadrant an irregular mobile superficial firm to hard, nontender, lump was felt, 3x4cms in size. Overlying skin had a bluish discolouration (Photograph 2). There was no nipple discharge and no axillary lymph nodes were palpable. Abdomen was soft, no hepatoslenomegaly. Left inguinal lymph nodes were enlarged, tender, hard and fixed. Per speculum examination showed a sessile growth in the left anterolateral wall of lower one-third of vagina, 2 x 3 cms in size, black in colour (Photograph 3). Similar lesion was seen on the right anterolateral aspect of the cervix measuring 1 x 1 cm. On per vaginal examination lower one-third of anterior wall of the vagina was indurated, with the mass fixed to the left pubic ramus. The cervix was firm, uterus normal size, fornices free. On per rectal examination no abnormality was detected.

Patient was advised pain relief and palliative care in view of the rapidly progressing disease.

Photograph 2: Cutaneous metastasis over left breast

Photograph 3: Malignant melanoma, lower vagina