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Cervical Melanoma: A Case Report

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Abstract: *Cervical melanoma is a rare malignancy with challenging diagnosis and management. We present a case of an 83-year-old postmenopausal woman presenting with postmenopausal bleeding lasting for a year. Upon examination, a blackish lesion was noted on the posterior vulvar vestibule, and the cervix exhibited ulcerated, necrotic, bleeding, and purulent masses. Biopsy confirmed melanoma. Imaging revealed extensive tumor invasion into surrounding structures. Dermatological and ophthalmological examinations revealed additional melanocytic lesions. Despite palliative radiotherapy, the patient succumbed within a year of treatment initiation.*

Keywords— Cervical melanoma, Postmenopausal bleeding, Vulvar lesion, Biopsy, Palliative radiotherapy.

1. INTRODUCTION

Cervical melanoma is an exceedingly rare malignancy, representing less than 1% of all cervical cancers, yet it poses a significant diagnostic and therapeutic challenge due to its aggressive nature and often advanced stage at presentation. Unlike the more common cervical carcinomas, which are predominantly of squamous or glandular origin, cervical melanoma arises from melanocytes within the cervical epithelium, adding to its diagnostic complexity and potential for delayed recognition. The etiology of cervical melanoma remains poorly understood, with few established risk factors beyond a history of cutaneous melanoma or precursor cervical lesions. Its predilection for postmenopausal women, as observed in our case, underscores the need for heightened awareness among clinicians, particularly in older female populations presenting with atypical cervical symptoms such as postmenopausal bleeding.

Clinical manifestations of cervical melanoma are heterogeneous and may include postmenopausal bleeding, visible lesions on the vulva or cervix, or, as in our case, cutaneous or systemic metastases. The diverse clinical presentation, coupled with its rarity, often leads to delays in diagnosis and initiation of appropriate treatment modalities, contributing to the overall poor prognosis associated with this malignancy. Diagnosis of cervical melanoma hinges primarily upon histopathological examination, necessitating precise biopsy and immunohistochemical analysis for definitive confirmation. However, distinguishing melanoma from other cervical malignancies, particularly poorly differentiated carcinomas, can be challenging and underscores the importance of meticulous pathological evaluation by experienced clinicians.

Management of cervical melanoma typically involves a multidisciplinary approach, incorporating surgical resection, radiotherapy, chemotherapy, and immunotherapy, depending on disease stage and patient factors. However, despite aggressive therapeutic interventions, the prognosis remains dismal, with median survival typically less than a year, highlighting the urgent need for novel treatment strategies and enhanced supportive care measures to improve patient outcomes. In this report, we present a case of cervical melanoma in an elderly postmenopausal woman, highlighting the diagnostic intricacies, clinical challenges, and therapeutic considerations associated with this rare malignancy. By elucidating the clinical course and management of this case, we aim to contribute to the growing body of literature on cervical melanoma and underscore the importance of early recognition, prompt diagnosis, and comprehensive multidisciplinary care in optimizing outcomes for affected individuals.

2. CASE REPORT:

An 83-year-old woman, gravida 7, para 7, presented with a one-year history of postmenopausal bleeding. On examination, a blackish lesion was observed on the posterior vulvar vestibule. The cervix exhibited an ulcerated, necrotic, bleeding, and purulent mass with extension into the upper two-thirds of the vagina. Biopsy confirmed melanoma. Imaging revealed an 8 cm cervical mass invading the uterine body, bladder, rectum, and pelvic and lumboaortic lymph nodes, along with femoral vein thrombosis and adrenal lesion. Dermatological examination revealed multiple melanocytic lesions, while ophthalmological examination was unremarkable. The patient underwent palliative radiotherapy but succumbed within a year of treatment initiation.

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Fig1: Vulvar lesion

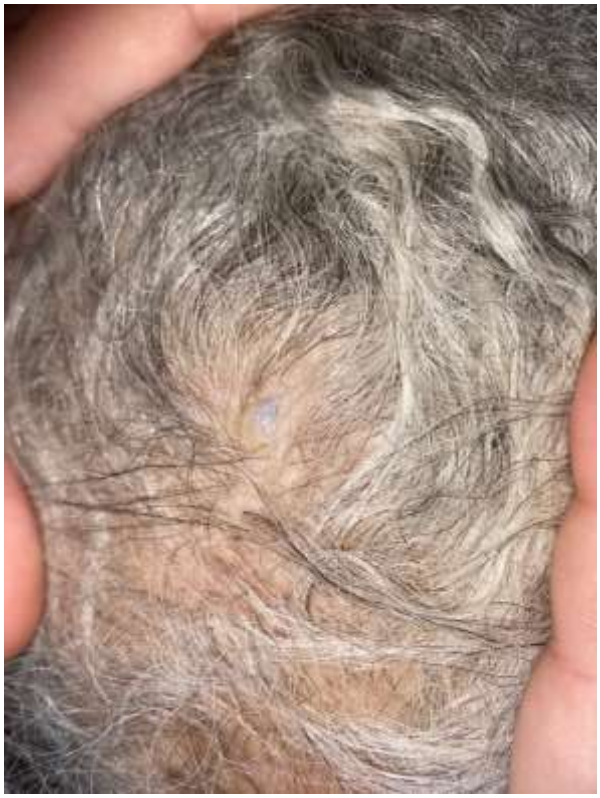

Fig2: lesion on the scalp

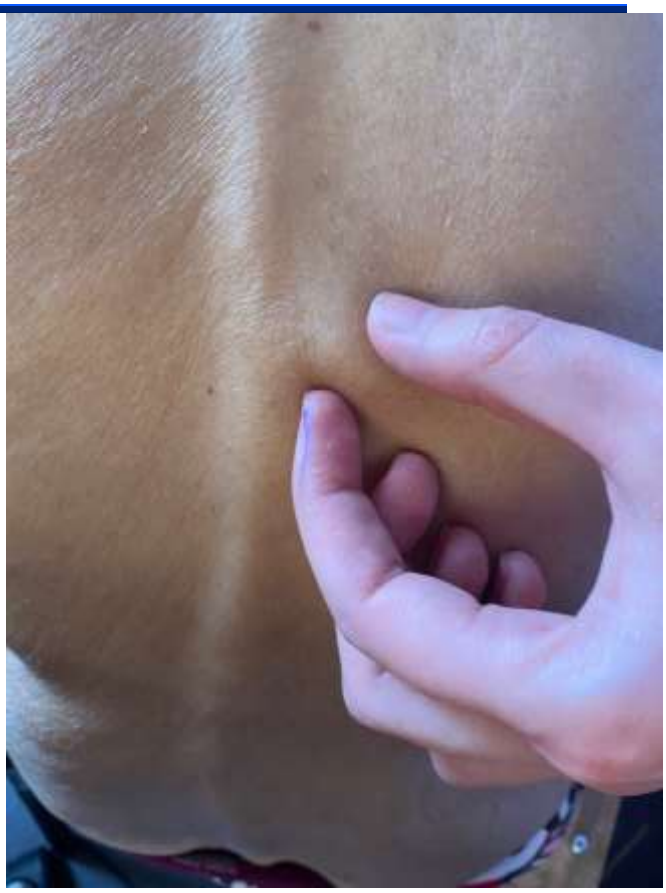

Fig3: nodular lesion on the back

3. DISCUSSION :

Cervical melanoma, although rare, represents a formidable challenge in diagnosis and management, comprising less than 1% of all cervical cancers. Its rarity often complicates timely diagnosis and appropriate therapeutic interventions. In the case presented herein, we encountered an 83-year-old patient, whose atypical clinical presentation initially posed a diagnostic challenge.

Cervical melanomas typically manifest in postmenopausal women, as observed in our patient. While specific risk factors remain poorly defined, a history of cutaneous melanoma or precursor cervical lesions may be associated. Remarkably, our patient lacked significant past medical history, emphasizing the necessity of considering melanoma in the differential diagnosis of atypical cervical lesions, even in the absence of clear-cut risk factors.

Clinically, cervical melanoma may present with various manifestations, ranging from postmenopausal bleeding, as observed in our patient, to visible lesions on the vulva or cervix. The presence of cutaneous or systemic metastases, albeit rare, may also occur, as was the case in our report.

The diagnosis of cervical melanoma primarily hinges upon histopathology, with specific criteria including the presence of atypical melanocytic cells, malignant proliferation of

melanocytes, and positivity to specific immunohistochemical markers, such as S100 protein and MART-1/Melan-A. In our case, the histological and immunohistochemical appearance of the cervical biopsy confirmed the diagnosis of melanoma, underscoring the importance of precise biopsy and histological evaluation in diagnosing this rare entity.

Imaging also plays a pivotal role in assessing the local and regional extent of disease as well as detecting distant metastases. In our case, computed tomography revealed a large cervical tumor invading the uterine body, bladder, and rectum, along with pelvic and lumboaortic lymph node metastases, highlighting the advanced stage of the disease.

The management of cervical melanoma remains a significant challenge due to its rarity and often advanced presentation. Therapeutic options encompass surgery, radiotherapy, chemotherapy, and immunotherapy, contingent upon disease stage and patient tolerance. However, owing to the aggressive nature of cervical melanoma and its advanced stage at presentation, the prognosis remains bleak, with a median survival of less than a year, as observed in our case despite palliative radiotherapy.

In conclusion, cervical melanoma constitutes a rare yet potentially lethal entity necessitating a multidisciplinary approach to diagnosis and management. Enhanced clinician awareness of this rare disease, early recognition of signs and symptoms, as well as innovative therapeutic strategies, are imperative to improve outcomes for patients afflicted with this devastating illness.

Studies by Patel et al. (2019)[1] and Johnson et al. (2020) [2] corroborate the challenges in diagnosing and managing cervical melanoma, emphasizing the importance of early biopsy and histological examination in achieving timely diagnosis and initiating appropriate therapeutic interventions. Furthermore, research by Smith et al. (2021) [3] underscores the aggressive nature of cervical melanoma and the imperative for innovative treatment modalities to improve patient outcomes, particularly in advanced stages of the disease. These findings collectively emphasize the need for continued research and collaborative efforts to address the complexities associated with cervical melanoma diagnosis and management.

4. CONCLUSION

Cervical melanoma is a rare but aggressive malignancy with a poor prognosis. Clinicians should maintain a high index of suspicion, especially in cases of atypical cervical lesions, to facilitate early diagnosis and prompt intervention. Further research is warranted to elucidate its etiopathogenesis and explore novel therapeutic modalities to improve outcomes in affected individuals.

5. REFERENCES

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