

Nasal mucosal melanoma

Nur Wahidah Wahid, Sheneen Meghji, Martyn Barnes

A 42-year-old man presented to Southend University Hospital (Westcliff-on-Sea, UK) in December, 2018, with a 5-month history of right-sided nasal obstruction and recurrent epistaxis. A large polypoidal nasal mass was visualised on nasendoscopy. An urgent excision biopsy showed a highly vascular, friable mass arising from the right inferior turbinate. The lesion was excised and measured 30 mm×10 mm×10 mm. At its attachment, a suspicious area of reticular pigmentation of the inferior turbinate and lateral wall of the nasal cavity was observed (figure). A wide local excision was performed and immunohistochemistry demonstrated positive stains for S-100, Melan-A, and HMB-45, leading to the diagnosis of mucosal melanoma. There was no evidence of *BRAF* mutation on PCR. A PET-CT did not identify any lymphadenopathy or distant spread. Complete excision was done, and involved a mid-facial degloving procedure. He will have long-term follow-up to monitor for signs of local or distant recurrence.

Mucosal melanoma is an aggressive type of neuroectodermal tumour. The incidence of mucosal melanoma varies substantially by ethnicity, accounting for 1% of all melanomas in white people and approximately 25% in Asians. Nasal mucosal melanomas specifically have a reported incidence of 0·3 cases per million people per year. Patients present with unilateral nasal obstruction and epistaxis. Tumours typically appear as a pigmented lesion, but they are a diagnostic challenge because 20% are multifocal and 40% are amelanotic. The rich vascular supply might be associated with its aggressive behaviour. Work-up includes clinical examination, CT or MRI of the primary site, tissue biopsy, and a PET-CT scan to evaluate distant spread. Positive immunohistochemical stains for protein S-100, HMB-45, Melan-A, and Mart-I support the diagnosis. TNM staging starts at stage III, which is indicative of the poor prognosis of these patients. Complete surgical excision remains the main treatment, although immunotherapy might have a role in patients with a *BRAF* or *KIT* gene mutation. Alternatively,

primary radiotherapy can be considered if surgical resection is not feasible. Patients with tumours larger than 3 cm, invasion of bone or adjacent structures, and lymph node metastases have a worse prognosis. 5-year survival rates are approximately 30%. Nasal mucosal melanomas are rare but are an important differential in patients with a nasal mass and pigmentation. Early diagnosis and prompt treatment might improve a patient's prognosis.

Contributors

NWW, SM, and MB were involved in the clinical care of the patient, literature review, and manuscript preparation. All authors read and approved the final manuscript.

Declaration of interests

We declare no competing interests.

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ENT Department,
Southend University
Hospital NHS Foundation
Trust, Westcliff-on-Sea,
Essex, UK (N.W. Wahid MBBS,
S. Meghji MBChB, M. Barnes MD)

Correspondence to:

Miss Nur Wahidah Wahid,
Southend University Hospital
NHS Foundation Trust,
Westcliff-on-Sea, Essex, SS0 0RY,
UK
nur.wahid@southend.nhs.uk



Figure: Nasal mucosal melanoma

Endoscopic visualisation of the right inferior turbinate and lateral nasal wall. A cauterized scab can be seen at the centre of the photo; this is the attachment of the nasal mass. Asterisks indicate areas of increased vascularity. Arrows indicated reticular pigmentation on the inferior turbinate.