



MELANOMA AND MELANOCYTIC NAEVI

PARANEOPLASTIC OPSOCLONUS-MYOCLONUS SYNDROME PRECEDING A MUCOSAL MALIGNANT MELANOMA.

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Background: Paraneoplastic opsoclonusmyoclonus (POMS) is most commonly associated with neuroblastoma in children, but it also occurs with a variety of neoplasms in adults, particularly small-cell lung cancer and breast cancer. We report a case of POMS which led to the finding of a non-metastatic mucosal melanoma.

Observation: A 69 year-old man was admitted for subacute and intense dizziness associated with nausea and vomiting. Physical examination revealed vertigo with truncal and limb ataxia, in relation to a cerebellar syndrome, orthostatic myoclonic jerks and characterized arrhythmic, multidirectional, continuous involuntary eye movements consistent with opsoclonus. Laboratory investigations (autoimmune and serological tests), cerebrospinal fluid analysis, PET scan, brain MRI and functional tests (videonystagmography, audiometry) were normal. Based on these data, the patient was treated with monthly intravenous immunoglobulins. Three months later, the patient presented with a worsening of opsoclonus and cerebellar ataxia and the appearance of a confusional state and dysarthria, responsible for a major loss of autonomy. A new PET-scan was performed and showed an uptake in the left nasal cavity. Nasal endoscopy finally demonstrated a friable bleeding lesion under the left inferior turbinate and inside the middle turbinate. Pathological examination confirmed a locally advanced malignant melanoma. Surgical resection was decided but was not carcinological. The patient progressed to coma within 2 weeks and died 8 months after the onset of neurological symptoms from complications associated to the POMS (aspiration pneumonia).

Key message: Neurologic paraneoplastic syndromes, including melanoma-associated retinopathy and dermatomyositis and POMS, are uncommon in melanoma patients. To our knowledge, only 3 melanoma-associated POMS have been reported. Our case is original since unlike the other cases of POMS linked to a melanoma previously diagnosed, the POMS clearly preceded the clinical diagnosis of the melanoma and occurred in the context of a locally advanced but non-metastatic cancer.

