MELANOMA AND MELANOCYTIC NAEVI

SENTINEL BRUISING AS A PRESENTATION OF METASTATIC MELANOMA

L Steele [1] - C Yeoh [2]

Portsmouth Hospital Nhs Trust, Dermatology, Portsmouth, United Kingdom [1] - Portsmouth Hospitals Nhs Trust, Oncology, Portsmouth, United Kingdom [2]

Background: Melanoma is a highly aggressive disease that accounts for 22 000 deaths annually in Europe. It can metastasise to any organ, and in 2-8% of cases, the first presentation of metastatic disease will be cutaneous malignant melanoma metastases (CMMM). Diagnosis of CMMM can be difficult as the presentation is widely variable, potentially mimicking primary melanoma, common naevi, blue naevi, and lesions with vascular patterns.

Observation: A 46-year-old Caucasian man presented with a 4-week history of bruising with subcutaneous nodules and weight loss. He also had a 2-week history of progressive back and bilateral hip pain. He had previously been diagnosed with stage Ib malignant melanoma 30 months previously, which had been fully excised. This had presented on the superior helix of the left ear and had a Breslow thickness of 1.3mm, Clark level 4, and mitotic index of 5 per mm2. No lymphovascular or microsatellite metastases were identified, and a sentinel lymph node biopsy was negative.
On examination, there were five skin lesions on the thorax. The natural history of these lesions was that they spontaneously appeared as a bruise with a central subcutaneous nodule, and the bruise then regressed, leaving only a non-tender subcutaneous nodule which persisted. Excision of one of the lesions demonstrated a 4.5mm diameter partly-necrotic melanoma deposit in the dermis. Computed tomography (CT) scan of the head, chest, abdomen, and pelvis showed widespread metastases, including cerebral metastases.

Key message: CMMM presenting as ‘sentinel bruising’ is very rare, with fewer than 10 cases reported in the literature. The reason for the bruising in CMMM is not known, and is not observed with other solid tumours. It has been suggested that it could represent aberrant angiogenesis or the rupture of native vessels due to infiltrating tumour cells.