MELANOMA AND MELANOCYTIC NAEVI

VULVAR MELANOMA: A CASE REPORT

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Background: Vulvar melanoma is the second most common vulvar cancer. It represents 7 to 10% of all malignant vulvar neoplasms and less than 1% of all melanomas. The most common location in order of frequency is clitoris, periclitoris, labium minus and labium majus. The histologic subtypes are superficial spreading, mucosal lentiginous, unclassified and nodular, being the most common the superficial spreading type. Patients may refer pruritus, lump, bump, mass, swelling, abscess, bleeding, pain, dysuria, nonhealing sore or urinary symptoms.

Observation: A 73-year-old female patient presented with a lesion of 5x2 cm in diameter, hyperchromic heterogeneous, with poorly defined margins, localized on vulvar region involving left labium minus, with no symptoms. The patient did not know the evolution time and have no melanoma family history. The lesion was submitted to incisional biopsy and pathology showed a superficial extension melanoma, Clark II, Breslow 0.36 mm, lichenoid lymphocytic infiltrate, absence of perineural and vascular invasion. The patient was referred to the oncology department.

Key message:
- Vulvar melanoma is the second most common vulvar malignancy.
-Mucosal melanomas and female genital melanomas have a much less 5-year survival (25% and 11.4%) compared with cutaneous melanomas (80-90%).
-Surgical treatment with complete excision of the lesion is the best option.
-The prognosis is poor with high risk of regional and distant recurrence.
-The main prognostic factors are site of the tumor, Breslow, ulceration and lymph node metastases.