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# ANAL MELANOMA IS RARE ITS SILENCE – DEADLY

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**ABSTRACT**

**Introduction and Importance:** Anorectal mucosal melanoma (AMM) is an infrequent and highly aggressive form of mucosal melanoma. Its rarity makes it challenging to clinically diagnose, and its initial symptoms are typically nonspecific such as rectal/anal bleeding (the most common symptom), anal pain, or the presence of an anal mass. The prognosis for this condition is generally poor, and its incidence appears to be increasing each year. AMMs often go undetected and/or are already metastasized at the time of diagnosis. **Case Presentation:** We report a case of a 68-year-old male who presented with per rectal bleeding,breathlessness and loss of weight.clinical examination, Imaging ,radiological tests and pathological study revealed malignant melanoma. After preoperative optimization, the patient underwent successful laparoscopic antero perineal resection. Histopathology confirmed the diagnosis. Clinical **Discussion:**The most common clinical presentations of AM are changes in bowel habits, bowel obstruction, rectal bleeding, anal pain, and/or rectal tenesmus. These features are often associated with a mass that can prolapse through the anus Clinically, AMs are polypoid lesions, mostly ulcerated and not pigmented, with an irregular surface, sometimes showing black or brown spots. AM is often bloody and covered with mucinous/fibrinous material. The frequent amelanotic presentation of AM means that neoplasms of other origins, such as non-Hodgkin lymphoma, adenocarcinoma, and sarcoma, should be considered in the differential diagnosis **Conclusion:** The diagnosis of malignant melanoma, including anorectal melanoma, heavily relies on clinical examination. To address this we propose implementing full-body skin surveys with per rectal examination as part of physical examinations. Additionally, we recommend annual anoscopies with particular attention to the dentate line due to the aggressive nature of melanomas in the anorectal region.

## INTRODUCTION

Anorectal melanoma (AM) is a rare malignancy, characterized by aggressive behavior and a poor prognosis. AM is more frequent in female patients aged over 50 years. AM accounts for 0.4–1.6% of all melanomas and 1% of all anorectal malignant tumors. There are many theories regarding AM pathogenesis. Some consider that AM may be related to oxidative stress in the region and/or to immunosuppression. Others propose that AM may derive from Schwannian neuroblastic cells or cells of the amine-precursor uptake and decarboxylation system of the gut. Assessment of pigmented lesions located on hidden areas is difficult. Together with late and nonspecific signs and symptoms which usually occur only in conjunction with large masses, diagnosis of these mucosal melanomas is often delayed. There are various histological variants of AM: epithelioid, spindle cell, lymphoma-like, and pleomorphic. here we present a case with pleomorphic variation which is found in 19% of anorectal melanoma.

### Case Presentation

A 58-year-old male presented with a 6-month history of bleeding per rectum,breathlessness and loss of weight. He had difficulty in passing stools following which per rectal examination was done and biopsy was taken which came out as melanoma following which thorough examination was done for other lesions

### Physical Examination:

Vitals revealed BP: 180/100 mmHg and HR: 96 bpm. The per rectal examination showed a mass in the anal canal 1 cm above the anal orifice hard in consistency upper margin could not be made

### Biochemical Evaluation:

Hb-6.8g/dl ,tc-9800,plt-1.98lakhs blood transfused and optimised

### Radiologic Imaging:

CECT Abdomen: A Irregular polypoidal heterogeneously enhancing soft tissue density lesion in anal canal extending superiorly to distal rectum with regional lymphadenopathy PET CT-Primary anorectal malignancy with locoregional lymph nodal spread and no distant metastasis.

**Management:** Preoperatively,hypertension cardiac drugs were titrated and blood transfused. Laparoscopic antero perineal resection was performed without complications.

Histopathological Findings :cells had highly pleomorphic vesicular nuclei with some showing prominent nucleoli some tumor cells show brown pigment "bizarre tumor cells" and multinucleated tumor giant cells seen atypical mitosis and coagulative tumor necrosis present HMB 45 positive thus confirming the diagnosis.

**Follow-Up:** Postoperatively, the patient remained asymptomatic without medication and was symptom-free at 3-month follow-up.

## DISCUSSION

Anorectal melanoma (AM) is a rare malignancy which is often difficult to diagnose due to the hidden site. This malignancy is characterized by aggressive behavior, and patients often have a very poor prognosis, which is related to the frequent delay in the diagnosis, as well as biological differences in malignant melanocytes of this anatomic area compared to other sites. Since AM accounts for only 1% of all anorectal malignant tumors (1), few studies of AM have been conducted, with few available data for physicians and for researchers. Correct and early diagnosis, with subsequent multidisciplinary management, is important for improving the quality of life and prognosis Biochemical testing for HMB 45,LDH,MELAN A confirms the diagnosis. CT and MRI are

standard modalities for localization. , APR seems to be related to a better disease-free survival with major control of loco-regional disease but without effectiveness in metastatic disease laparoscopic APR gives a shorter hospital stay

## CONCLUSION

AM is a rare and aggressive malignancy. Patients usually present with advanced disease due to delayed diagnosis and intrinsic high aggressiveness of the malignancy. To address this we propose implementing full-body skin surveys with per rectal examination as part of physical examinations. Additionally, we recommend annual anoscopies with particular attention to the dentate line due to the aggressive nature of melanomas in the anorectal region.

## ETHICAL APPROVAL

Written informed consent was obtained from the patient for publication of this case report and accompanying images. Ethical approval is not required for case reports at our institution.

### Patient Perspective

Stoma care was taught and with the relief of pain and bleeding he was thankful

Sources of Funding
None.

Conflicts of Interest
The authors declare no conflicts of interest.