



MELANOMA AND MELANOCYTIC NAEVI

AN EXOPHYTIC, NODULAR TUMOR ON THE BACK-WHAT COULD IT BE?

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Background: Nodular skin-colored tumor can impose as basocellular carcinoma (BCC), planocellular carcinoma and melanoma. Nodular melanoma (NM) is an aggressive form that accounts for 15-30% of all melanomas and usually appears on the trunk, head and neck. It mainly has a poor prognosis because of vertical growth phase and early metastasis. The risk for metastasis increases with thickness. Lesion more than 4 mm thick have a 40% risk of metastasis.

Objectives: A female patient (60-years old) presented with 3-years history of a quite large (8x9x5,5 cm) exophytic, skin-colored, nodular tumor on the back and clinically evident basal cell carcinoma on the lower back. The surface of the nodular tumor had areas of necrosis, evidence of bleeding, suppurative inflammation and was malodorous. Incisional biopsy of the tumor revealed NM. MSCT of the thorax showed necrotic abscesses within the nodule with subcutaneous lymphedema in the projection of Th5-Th7, without affecting underlying structures. Lymph node analysis with ultrasound and cytological puncture didn't show the evidence of metastasis but PET-CT scan revealed high standardised uptake values (SUV) in both axillas, more on the right side. Histopathological report after tumor excision showed NM with a thickness of 5.5 mm, Clark level IV, ulceration and a mitotic rate of 7/mm². Mutation in BRAF-V600K was confirmed. The lymph node dissection of the right axilla was done and all nodes were not affected. After re-excision and biopsy of sentinel lymph nodes of left axilla there wasn't residual tumor found. Oncological monitoring was advised.

Key message: Although BCC was our working diagnosis the investigation confirmed NM. This is a rare case of NM persisting for 3 years without evident disseminated disease. Further researches could detect subclasses of NM with lower malignant potential.

