



MELANOMA AND MELANOCYTIC NAEVI

ZOSTERIFORM MELANOMA METASTASIS: AN ATYPICAL PATTERN

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Background: The process of metastasis consists of several phases, including vessel formation, evasion of immune surveillance, embolism, capillary adhesion, extravasation and organ-specific colonization. The spread of metastasis can occur through the vessel lumina, but also via extracellular lattices.

Melanoma cells follow different patterns of metastatic spread. Metastases from cutaneous melanoma normally present as flesh coloured papules or nodules in the skin. Only about a third are pigmented or ulcerated.

We present a female, 68 years old, background of acral lentiginous melanoma in right calcaneus excised with free cutaneous margins in 2013 (Breslow 1,7mm, Clark II). In 2016, was noted 4 cutaneous lesions with anatomopathological findings suggestive of metastasis. Pet-CT studies demonstrated internal obturator lymph node enlargement.

During chemotherapy, she noticed papular lesions, 45 days prior to admission, progressively becoming an erythematous, infiltrated, painful plaque, following a dermatome path (T11).

She was reviewed seven days after starting aciclovir with expansion of cutaneous lesions. Posterior anatomopathological study was compatible with melanoma metastasis.

Observation: Approximately 10% of metastases from all primary neoplasms involve the skin, but for malignant melanoma the figure is 44%.

Zosteriform metastases are usually painful, tender, or pruritic and consist of vesicles on a background of erythema, imitating the appearance of shingles. They are commonly confined to a single unilateral dermatome, adding to the potential for misdiagnosis.

The mechanism for the zosteriform appearance of metastatic disease is unknown. It has been postulated that recent herpes zoster might induce infiltration of malignant cells in a Koebner-like phenomenon. Perineural lymphatic spread of malignant cells has been suggested as a mechanism with invasion of the dorsal root ganglia with subsequent peripheral spread.

Key message: We report an uncommon case in which cutaneous metastases from a melanoma imitated herpes zoster. This presentation is known as zosteriform metastasis; it





also occurs with other neoplasms.

