Amelanotic Melanoma

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31 year old male, Nov 2016

- Attended for follow-up of another lesion shave excised by GP
- Incidentally pointed out a lesion on his lower back
- First noticed 1 year ago
- Sore only when it gets caught on underwear

Background

- Served in Afghanistan
- Worked in Africa for 5 years,
- skin hx: April 2016 - an atypical spitzoid tumour of unknown malignant potential. Scar re-excised in May 2016 and no further evidence of a skin cancer was seen just superficial scarring.

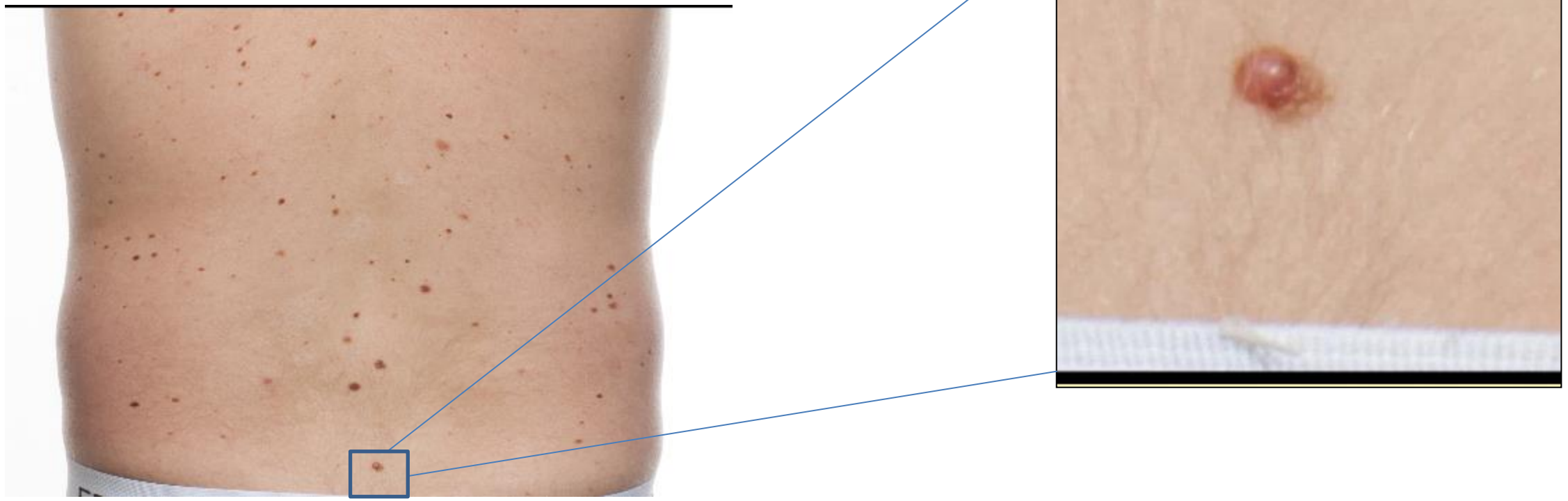
- Pmhx: awaiting a partial lateral sesamoidectomy
- No Fhx
- Non smoker, occasional ETOH

Examination

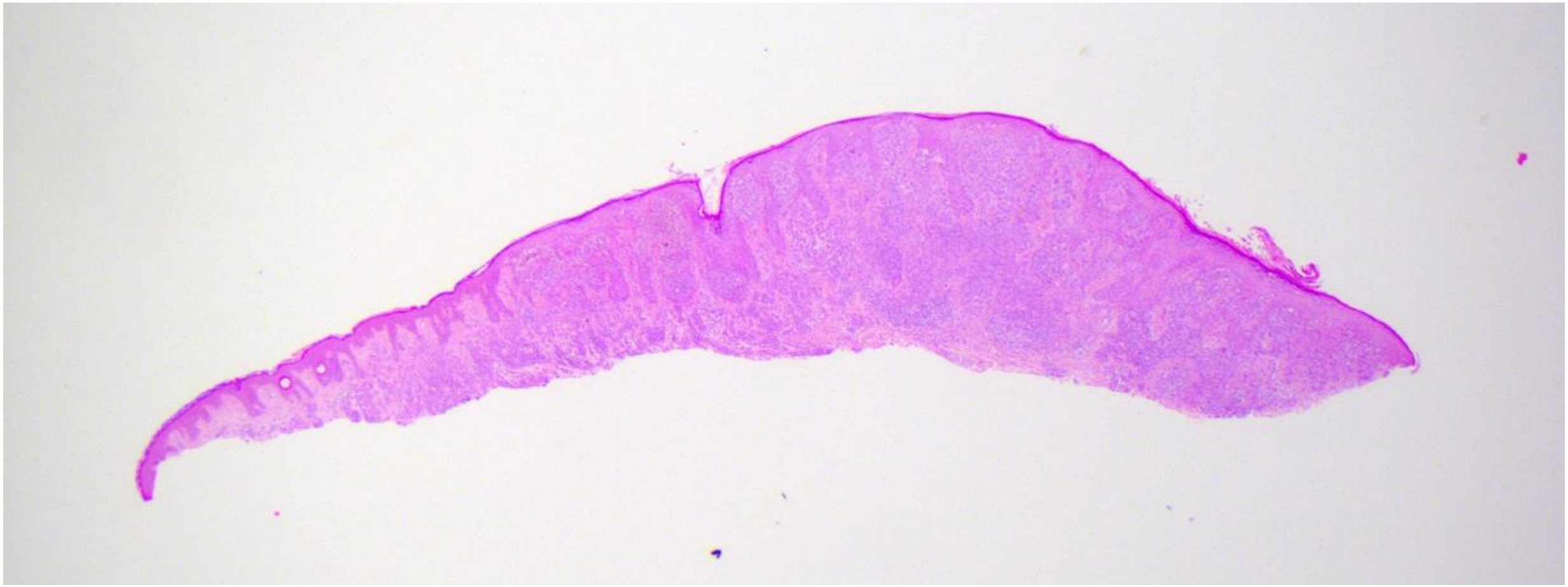
- Skin type 2
- Multiple moles

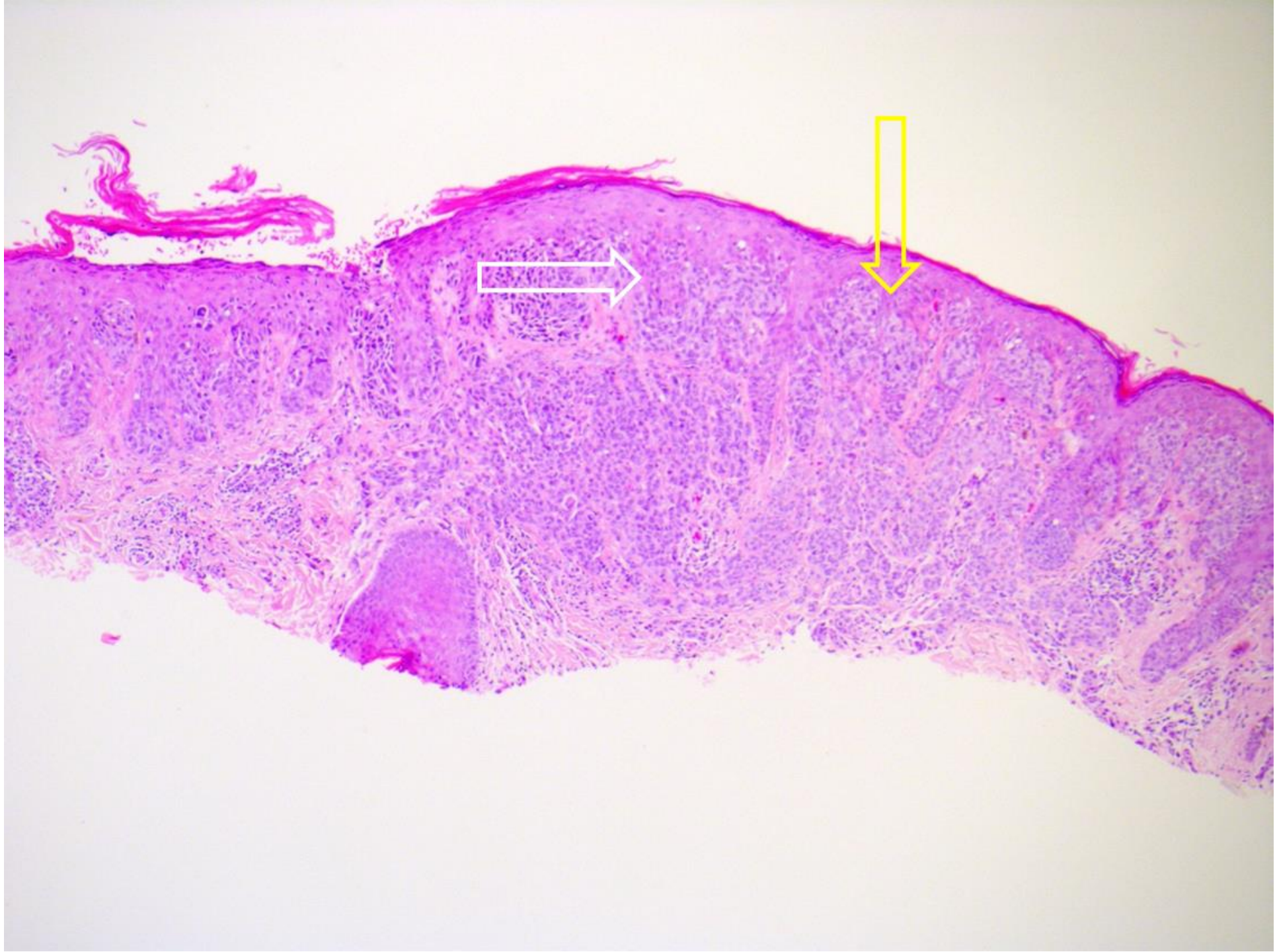
- O/E 4mm erythematous papule with surrounding pigmentation

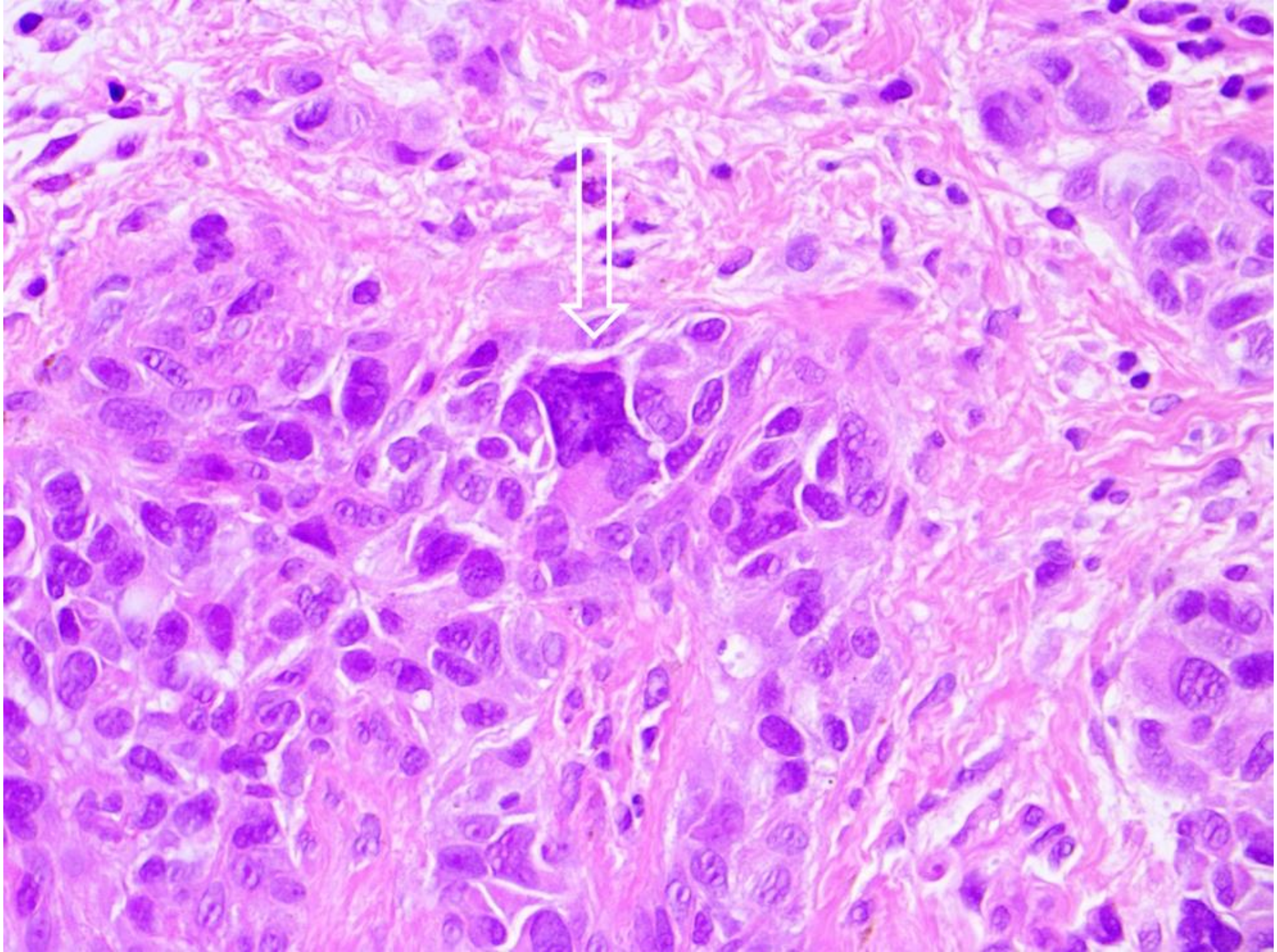
Compound
Naevus



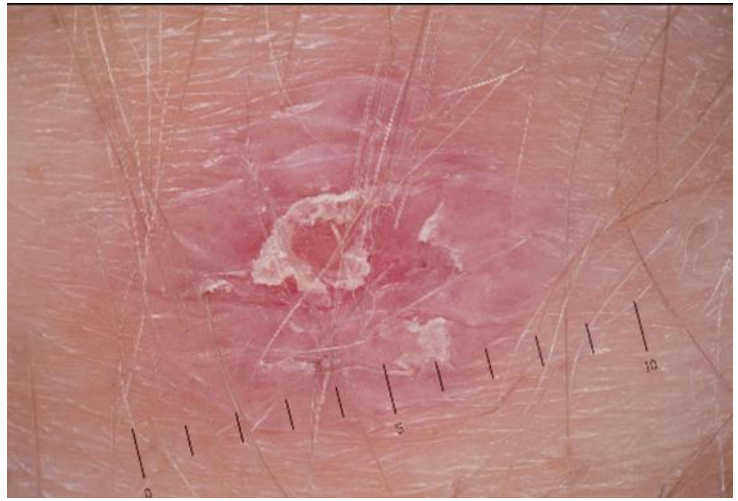
Low power view of H&E section, skin containing part of a compound melanocytic lesion.







Amelanotic melanoma – PT2a



- Difficult to give a full histological stage
- Depth of at least 1.2mm
- No ulceration
- 3permm^2 dermal mitoses – in the material examined

Melanoma Staging

- Referral for wide local excision +/- SLNB

	5-year survival (%)	10-year survival (%)
Stage 1A	97	95
Stage 1B	92	86
Stage IIA	81	67
Stage IIB	70	57
Stage IIC	53	40
Stage IIIA	78	68
Stage IIIB	59	43
Stage IIIC	40	24
Stage IV	15–20	10–15

From Balch *et al*. 2009 **[248]**.

Genomic Studies

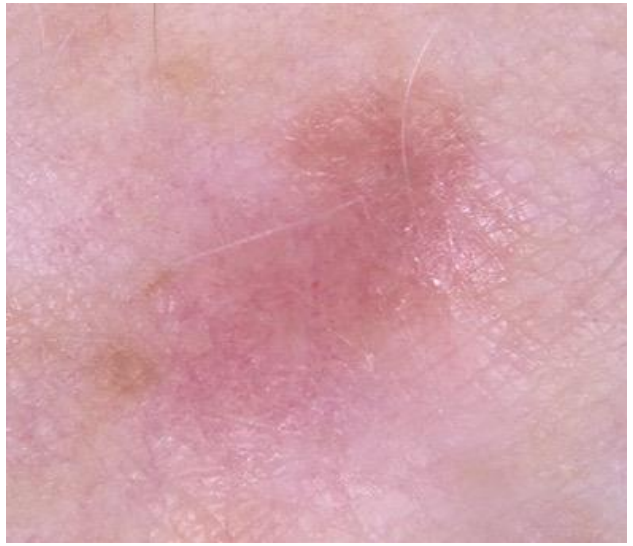
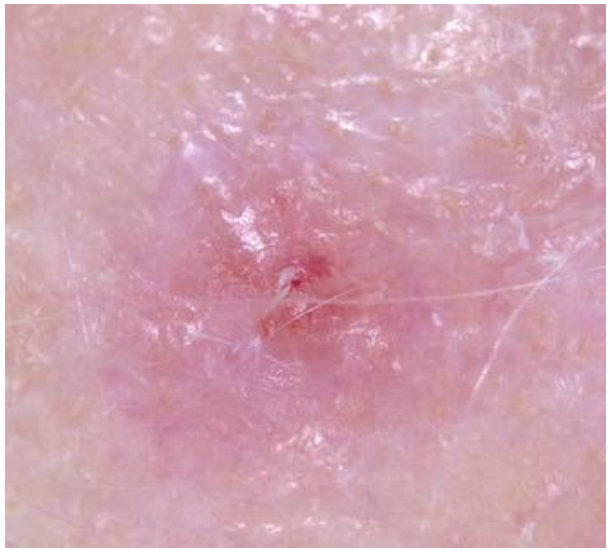
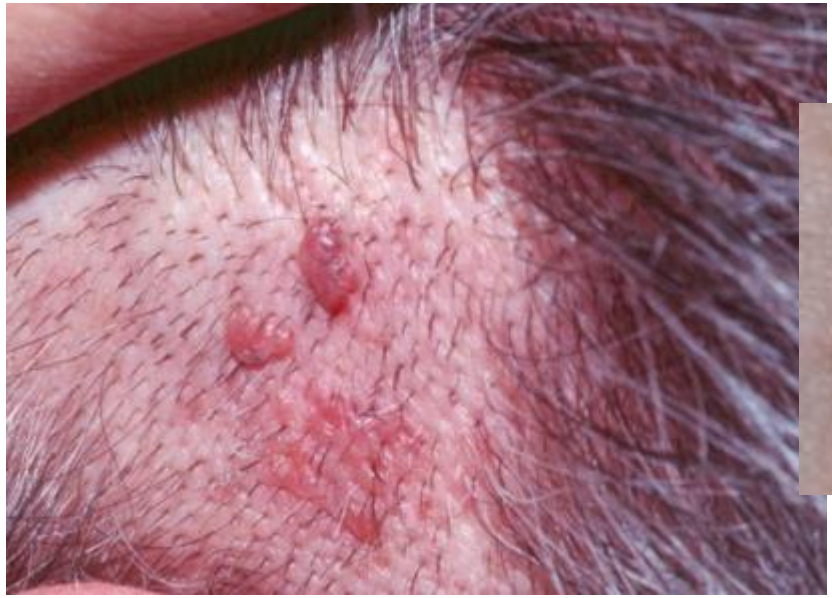
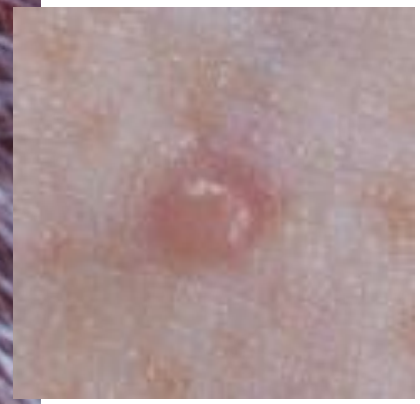
- Tissue submitted for screening of mutations of BRAF gene - was detected.
- Eg Vemurafenib/dabrafenib BRAF and MEK inhibition therapy therefore potential to treat.

Amelanotic Melanoma

- Accounts for 2-8% of total cases
- By definition show little or no pigment at visual inspection.
- ANY melanoma subtype can present as an amelanotic variant but nodular are the most common subtype.
- Nodular AM present as symmetrical, rapidly growing, pink papules.
- Not nodular AM present as erythematous patches , with round to oval symmetrical morphology. Epidermal changes with scale and disruption of skin markings is also evident, in the majority of cases.

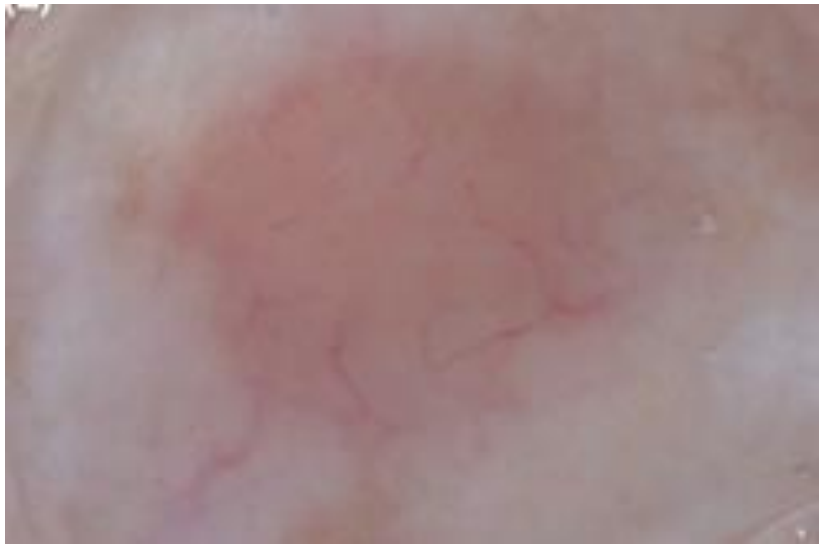
Differential diagnoses

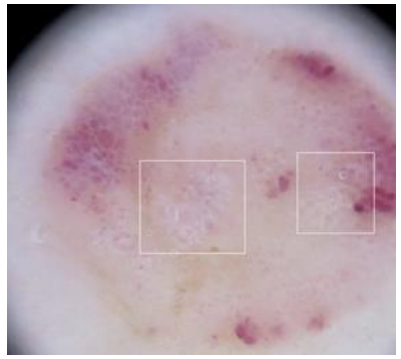
- AM may mimic inflammatory lesions, angiomas, sarcoma, SCC, BCC

Vascular Structures

- Vascular structures may be the only clue to point to a diagnosis of amelanotic melanoma.
- Serpentine or linear irregular vessels are the most commonly observed structure.
- AM may have centrally located serpentine vessels, crystalline structures, milky-red areas with more than one shade of pink





References

1. Dermoscopy: An aid to the Detection of Amelanotic Cutaneous Melanoma Metastases. Jaimes et al., 2012. Dermatologic Surgery 38(9): 1437-44.
2. http://www.regionalderm.com
3. http://www.skincancer.org/skin-cancer-information/melanoma/melanoma-warning-signs-and-images/amelanotic-melanoma
4. Rook's Textbook of Dermatology (9^{th} edition) CEM Griffiths et al. 2016.