

A RARE, AGGRESSIVE AND DIFFICULT TO DIAGNOSE MALIGNANT MELANOMA OF RECTUM; CASE REPORT

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165

ABSTRACT

Introduction: Malignant melanoma of the rectum is a rare disease. It is more often manifested in the fifth or sixth decade of life and has a very poor prognosis. The lesions have no obvious pigmentation, they are often histologically amelanous, therefore the timely diagnosis of this disease is very difficult.

Methods: We present a case of a 71-year-old patient with a history of altered defecation, rectal bleeding and anemia. A tumorous change in the distal rectum is palpated on rectal examination. A set of laboratory tests with tumor markers (CEA, CA 19-9), CT of the abdomen and small pelvis with contrast and rectosigmoidoscopy with biopsy, with a pathohistological finding of adenocarcinoma of the rectum, were performed. The patient underwent preoperative radiochemotherapy. Two months after radiochemotherapy, the patient underwent surgical treatment, resection of the sigmoid colon and TME with amputation of the rectum according to Miles. The pathohistological finding of the preparation has been verified with additional immunohistochemical analyzes for malignant melanoma of the rectum.

Conclusion: Malignant melanoma of the rectum is very aggressive, difficult to diagnose and has a poor prognosis. The only hope for improving survival lies in timely diagnosis and early treatment.

Key words: Malignant melanoma, rectum, metastases, resection, amputation

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INTRODUCTION

Melanoma is a malignant disease that develops from pigment-containing cells known as melanocytes. This cancer most often occurs in the skin, and its location at presentation differs between men and women. In women, melanoma most often occurs on the legs, while in men it is most common on the back. Malignant melanoma of the gastrointestinal tract is primarily from blood metastases that mostly affect the stomach and small intestine due to high blood supply. However, very few primary cases of malignant mucosal melanoma have been reported in

the esophagus and anus, but the rectum is the rarest area of involvement. 0.5-4% of all anorectal malignancies and less than 1% of all melanomas fall into this group.(1) The prognosis is very poor with a median survival of 24 months and a 5-year survival of 10-15%.(2)

Although surgical intervention is the mainstay of treatment, wide local excision and abdominoperineal resections are options depending on the stage of the disease. For patients with anorectal malignant melanoma, the treatment strategy includes surgery, chemotherapy, and radiotherapy. However, the tumor tends to be

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