ORAL MALIGNANT MELANOMA : A CASE REPORT

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ABSTRACT

Oral Malignant melanoma is a rare neoplasm representing less than 1% of all melanomas and ~0.5% of all oral malignancies.1-2 Approximately one half of melanomas occur in oral cavity (48%), and the remaining portions are located in nasal cavity (44%) and sinuses (8%).3 As this type of tumor is rare so data collection from the case reports will be the best source of information and further research. A case report is presented here.

Key Words: Oral malignant melanoma, Pigmented oral lesion.

INTRODUCTION

Oral malignant melanoma is a rare malignant neoplasm of melanocytes or melanocytes precursors.2 The incidence 1-8% is reported in literature1-5 however Japanese population is having higher percentage.1 The higher incidence is during the 6th decade of life.6 There is no age predilection for malignant melanoma.2 Hard palate and maxillary gingiva are most common sites followed by maxilla, buccal mucosa, mandible, tongue, upper and lower lip.2 The tumor locally invades the tissue or metastasizes to lymph nodes, liver and lung in advanced stages.7 Initially patients may remain asymptomatic or may present as flat pigmented oral lesion or rapidly growing mass.2 Hemorrhage from lesion is the most common clinical presentation.1 Due to its poor prognosis the five year survival rate is 10% to 25%.2

CASE REPORT

A 63 years old man presented to Oral and maxillofacial surgery department of King Edward Medical University, Lahore, Pakistan in July 2013. His presenting complaint was growing mass on anterior palatal region which occasionally bleed from last three months. Patient didn’t have any personal addictive habits. Incisional biopsy was performed which showed it to be malignant melanoma.

An intraoral examination revealed that patient was edentulous and there was 6x4cm multi nodular blackish growth on anterior part of hard palate. Overlying mucosa was blackish in color which tend to bleed on touching. Upper labial vestibule was obliterated due to growth. There were no other significant intraoral or extraoral findings and no cervical lymph adenopathy. Metastatic workup was done, which included x-ray chest and ultrasound abdomen, to rule out any distant metastasis.

Plan radiographs and 3D CT scan was done to see the extent of lesion or bone involvement. Maxillary bone was spared radio graphically. Base line investigations were performed to examine the systemic conditions and for general anaesthesia fitness. He was fit systematically.

We planned for wide tumor resection with safe margins of 1cm followed by the surgical obturator in healing phase. So under General anaesthesia tumor was resected with safe margins using intra oral approach. Polyfex pack was placed in defect to manage dead space and blood ooze. Acrylic palatal plate was provided to comfort the healing phase and ease the food intake. Palatal plate was secured by bilateral cuberowiring to hold it in place without dislodgement or palatal gag. Tumor was subjected to the histopathological examination. Patient was given post op antibiotics and analgesic medications and remained hospitalized for 5 days post operatively. Intraoral pack was changed every third day.

He remained comfortable in healing phase. Follow up was done at 7th post op day in which polyfex pack was removed at the end of 2nd week and then monthly to see any recurrence or any other discomfort. Patient is disease free till now that is 6 months after the surgery.
Oral malignant melanoma

Fig 1: Pre op Lateral view

Fig 2: Posterior Anterior view of face

Fig 3: Pre op intra oral picture

Fig 4: Per op picture

Fig 5: Per op picture. Showing tumor resection with wide margins

Fig 6: Surgical obturator in place

Fig 7: Two weeks after follow up picture
Still a long follow up upto 5 year is required to see the prognosis.

Histopathology of the resected specimen showed a neoplasm composed of round to polygonal cells which were hyperchromatic and arranged in nests and clusters. There was abundant intracellular melanin pigment deposition. It was diagnosed as malignant melanoma of oral cavity.

**DISCUSSION**

Oral Malignant melanoma is a pigmented neoplasm of melanocytes and accounts only less than 1% of all melanomas. It’s a rare tumor with no sex predilection. Affects the patients in 6th decades of life. Most common clinical presentation is pigmented oral growth which bleeds on touching. Primary treatment of choice is the wide tumor resection with safe margins followed by with or without radiotherapy or chemotherapy. Still it has poor prognosis that might be due to metastasis to lymph nodes, liver or lung.

**REFERENCES**