

**Case report****Malignant melanoma of the nasal septum "a rare case"****M.D. Ghodrat mohammadi , M.D. Rezvan Notash***Department of Otorhinolaryngology, Tabriz University of Medical Science, Tabriz, Iran.***Corresponding author. Department of Otorhinolaryngology, Tabriz University of Medical Science, Tabriz.Iran Corresponding author.*

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ABSTRACT

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The nose is an uncommon site for a malignant melanoma, representing 2% to 5% of head and neck malignant melanoma. Nasal malignant melanoma develops from the melanocytes residing in mucous membranes that have migrated during embryologic development from the neural crest to the mucosa of the nose and sinuses. We report two case of the nasal septal malignant melanoma. the first case was 48-years –old woman presented with unilateral blood-stained nasal discharge, right side nasal obstruction, and headache for twelve month. Computed Tomography (CT) Scan showed a large soft tissue mass located in the anterior part of the right nasal cavity extending medially in the septum and laterally into the inferior turbinate. Malignant Melanoma was confirmed histopathologically following surgical resection. The second case was a 57-years-old man presenting with (presented with) the same compliant. he had homogenous soft tissue mass located in the anterior part of the right nasal cavity extending medially in the septum. After endonasal Endoscopic surgery, pathology showed (Pathologic reports were melanotic malignant melanoma) malignant melanoma.

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1. Introduction

Malignant melanoma arising from mucous membranes of the nasal septum is relatively rare, accounting for less than 1% of all melanomas and also carries poor prognosis (Yoshioka et al 1998). One third of these melanomas are usually amelanotic lesions (Vinod S, Hegde kk 2006). There is an apparent male predominance, with occurrence being most frequent between 40 and 70 year age (Shah, J.P et al 1977). The standard treatment of this malignancy is wide local surgical excision with post operative radiation (Trotti A, Peters L J 1993).

2. Case presentation

2.1. Case 1

A 48-years-old woman presented with nasal obstruction and unilateral bloody discharge since twelve months. On anterior rhinoscopy, a black glistening mass was seen filling the right nasal cavity. Chest radiograph was normal. Routine blood Laboratory findings were normal. Computed tomography Scan revealed a homogenous soft tissue mass located in the anterior part of the right nasal cavity extending medially in the septum and laterally into the inferior turbinate (Figure1).

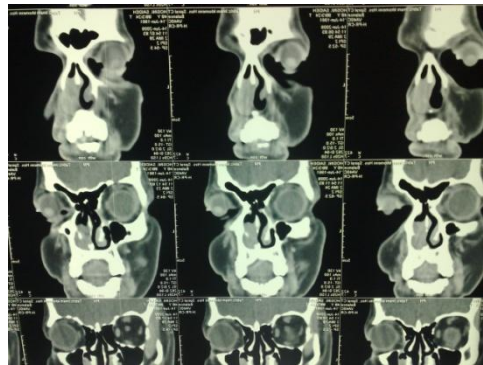


Fig. 1. Computed tomography Scan revealed a homogenous soft tissue mass located in the anterior part of the right nasal cavity extending medially in the septum and laterally into the inferior turbinate.

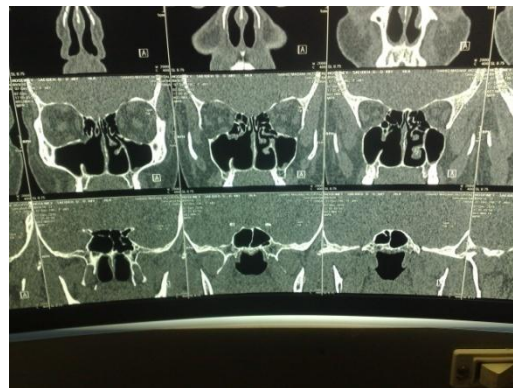


Fig. 2. Melanoma 18 month after Operation.

Endonasal endoscopy revealed a semi-black tumor filling the right side nasal fossa. The patient underwent endonasal Endoscopic surgery, with wide local surgical excision. Complete excision of the tumor was done (with complete excision of the tomour) and sent to pathology. Pathologic reports were melanotic malignant melanoma (Figure 3).

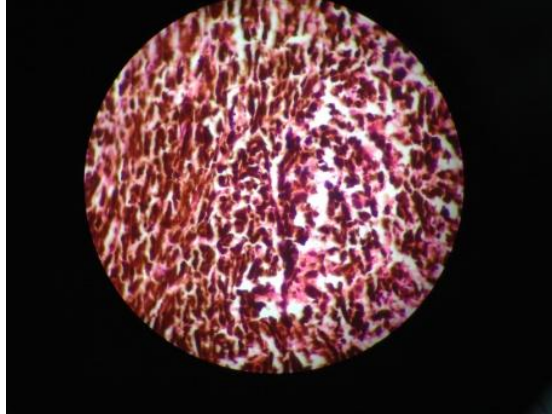


Fig. 3. melanotic malignant melanoma.

Then the patient was referred (The patient was sent to the Radiation)to the radiation. Intranasal examinations and CT scan show no evidence of disease 18 month after management.

2.2. Case 2

A 57-years-old man presented with nasal obstruction and unilateral bloody discharge since 7 months. On anterior rhinoscopy, a black mass was seen filling the right nasal cavity. Chest radiograph was normal. Routine blood Laboratory findings were normal. Computed tomography Scan revealed a homogenous soft tissue mass located in the anterior part of the right nasal cavity extending medially in the septum (Figure 4).

3. Discussion

The nose is an uncommon site for a malignant melanoma, making up only 2% to 5% of head and neck melanoma. (Conley JJ 1991)

In Mrcos Perez S study malignant tumors of the nasal septum are rare, probably not more than 300 having been reported. Most of these tumors are epidermoid carcinomas. the second most common histologic type is melanoma. (Marcos Pérez S et al 1996) Nasal malignant melanoma develops from the melanocytes residing in mucous membranes that have migrated during embryologic development from the neural crest to the mucosa of the nose and sinuses. The most frequent locations of sinonasal track melanomas are the lateral wall and turbinate's (39%), followed by the septum (23%) and paranasal sinuses (22%). (Trotti A, Peters L J 1993) One third of the melanomas are amelanotic lesions. (Mafee MF 1993) The diagnosis is based on clinical features, radiographic findings (CT Scan and MRI), and histopathological picture. Clinical manifestations are Nasal obstruction and epistaxis with pain, occurring only in 7% to 16% of Patients. (Vinod S, Hegde kk 2006) Other possible symptoms are facial pain, facial deformity, secretory otitis media, diplopia and dysphagia. (Pandey M et al 1998, Wagner M et al 2008)

There was a case report of a nasal mucosal melanoma with vertigo as the first(compliant , it was the first) presenting symptom. (Konstantinos Nellas et al 2009)

On CT, Melanomas shows bone remodeling and in advance cases erosions may be present. They are highly vascular tumors, so(tumours) , and they enhance well on post contrast study. On MRI, they are homogenous mass of intermediate signal intensity on all imaging sequences.

Various methods of therapy, including surgery, irradiation alone, irradiation with surgery and chemotherapy have been used in treating malignant melanoma of the nose. The preferred treatment for Sino nasal mucosal melanoma is wide local excision with tumor free margin. Different surgical procedures like lateral rhinotomy, craniofacial resection, maxillectomy and total rhinectomy are done depending on the extent of the lesion. (Mundra RK, Sikdar A 2005)

Mrcos Perez S recommends a combined approach with early, wide surgical excision and postoperative irradiation therapy (Marcos Pérez S et al 1996). Metastases may spread bilaterally to facial, parotid, or cervical lymph nodes. The sites of distant metastasis according to frequency are the lung, liver, bone, and brain. The prognosis of the nasal septal malignant melanoma is poor and the average survival after the diagnosis of distant

metastasis was 8 months (Huang SF et al 2007). Dacarbazine is currently the only chemotherapeutic agent approved for the treatment of advanced stage IV disease. (Soengas MS, Lowe SW 2003).

4. Conclusion

Melanoma is relatively chemo resistant tumor. The main role of Chemotherapy remains as palliative treatment in the setting of disseminated stage IV disease.

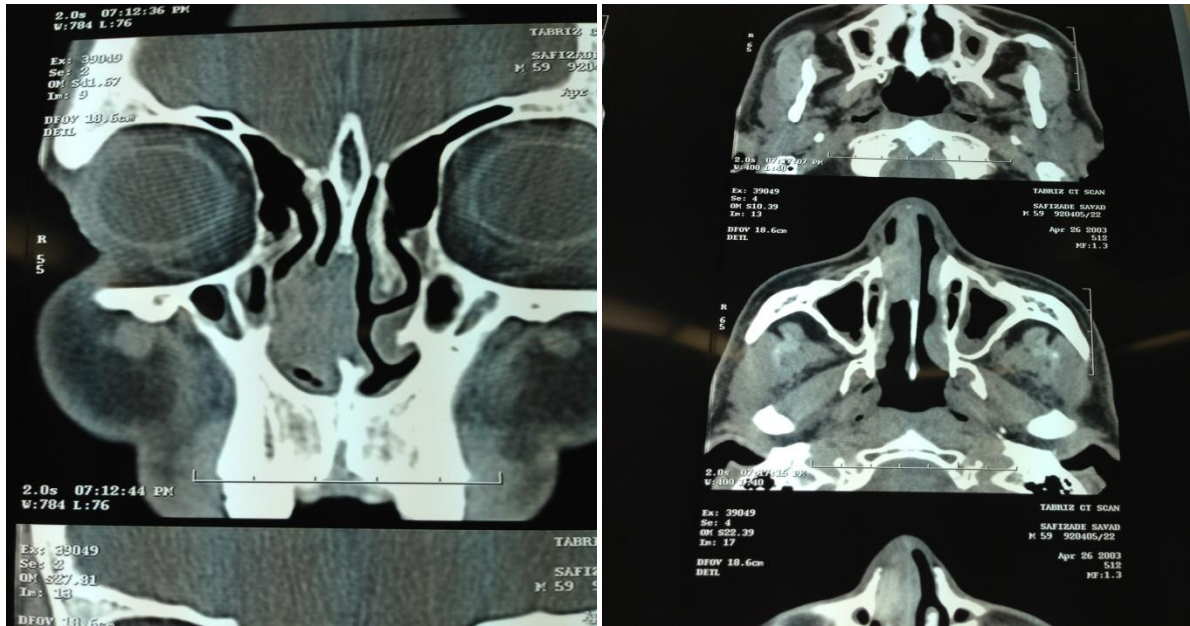


Fig. 4. Computed tomography Scan (coronal and axial) revealed a homogenous soft tissue mass located in the anterior part of the right nasal cavity extending medially in the septum.

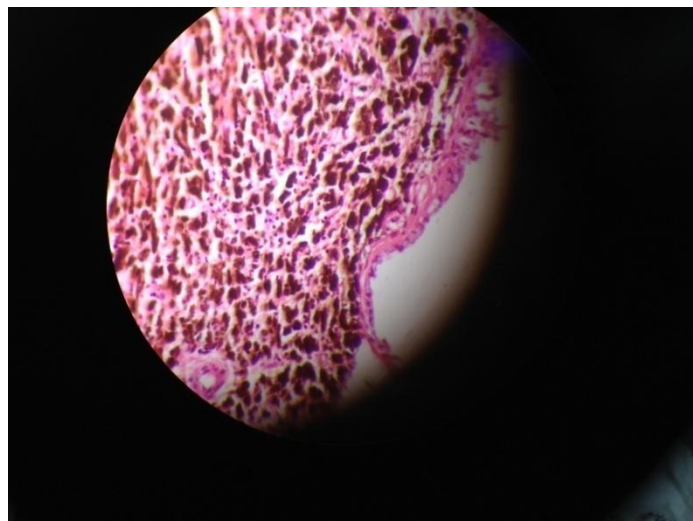


Fig. 5. melanotic malignant melanoma.

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