



Subject Area : Pathology

A RARE CASE OF ANAL MALIGNANT MELANOMA DISGUISED AS HEMORRHOID

*Dr Reshma Keskar and Dr.Nitin Jadhav

Consultant Pathologist, Employee State Insurance Scheme Hospital Worli

ARTICLE INFO

Article History:

Received 12th January, 2024Received in revised form 26th January, 2024Accepted 16th February, 2025Published online 28th February, 2025

Key words:

Melanoma, anal, malignancy

Copyright©

ABSTRACT

Tumors of the anal canal and perianal skin are rare. They show a varied presentation and the malignant tumors can mimic common benign pathology thereby delaying the diagnosis and timely treatment of the patient¹. Anal melanoma is rare, representing 0.2-0.3% of all melanomas and 4% of all anal tumors. Diagnosis of perianal melanoma is quiet challenging as it can mimic hemorrhoids and rarely fissures and perianal abscess. The early diagnosis is very important as the prognosis is very poor².

Copyright© The author(s) 2025, This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Anorectal melanoma is a rare and highly malignant tumor with grave prognosis. Reported five-year survival ranges from 10-26% at best. The most effective strategy for improving prognosis would be earlier detection and would require a high index of suspicion for this tumor. The other key strategy required for improving prognosis is the development of effective adjuvant systemic therapy to deal with micrometastatic disease.

MATERIAL AND METHOD

A 66-year-old female patient presented with per rectal bleeding and a mass prolapsed from the anus. On per rectal examination, a prolapsed anal mass was seen and clinically it considered as a prolapsed pile mass and was treated medically for presumptive hemorrhoids but didn't respond to the treatment. After histopathological examination he was diagnosed with malignant melanoma.

Grossly, it was a mucosa covered nodular mass which was focally ulcerated (Figure 1a,1b) Microscopically, the tissue showed an extensively, ulcerated squamous epithelium. Beneath the epithelium there were sheets of atypical epithelioid cells with round to ovoid hyperchromatic nuclei and prominent nucleoli. Few cells were having brown black pigment. Occasional foci showed plasmacytoid and spindle cells. Brisk mitotic activity was evident (Figure 2A,2B,2C). Immunohistochemistry was performed. The tumor was positive for HMB 45 and S100 while negative for EMA (Figure 3A,3B,3C).

DISCUSSION

Malignant melanoma of the anal region is very rare and highly aggressive tumor. All melanomas are originate from melanocytes which are derived from neural Crest. These melanocytes are migrate to skin, meninges, mucosal surfaces like anorectum, female genital tract. The risk of cutaneous mealnoma is increased with sunlight exposure, particularly UVB(Ultraviolet B) radiation³. Individuals with fair complexions and who receive intermittent sunburns are at risk of developing cutaneous melanoma.

Anal mucosa is never get exposed to direct sunlight and it is not an obvious site for developemnt of anal melanoma. Dysplastic nevus syndrome or Xeroderma pigmentosum are known risk factors for cutaneous melanoma, whereas Anal melanoma is not known for this association.

Melanomas may appear without pigmentation, and 20% are truly amelanotic on histologic examination. Melanin pigment in the malignant cells is the basis for histologic diagnosis. The presence of atypical epidermoid cells or pleomorphic spindle cells adjacent to the focus of malignant tumor, helps to make the diagnosis⁴. Traditional histology may not be adequate to make a diagnosis in a case of amelanotic and or junctional changes, in which case immunohistochemistry may be helpful. Melanoma antigens are stained positively in S-100, HMB-45 and Vimentin in 78, 94, and 100% of tumors⁵.

CONCLUSION

Anal melanoma are rare with grave prognosis. Reported five-year survival ranges from 10-26% at best. Earlier detection is the most effective strategy for improving prognosis. Anal Melanoma have poor outcomes and presents at an advanced stage. Many often patients of anal melanoma are misdignosed due to pathological variation and location. Stage at diagnosis is most important prognostic factor is stage of diagnosis. Anorectal melanomas account for 0.4-1.6% of

*Corresponding author: **Dr Reshma Keskar**

Consultant Pathologist, Employee State Insurance Scheme Hospital Worli.

melanomas and 1-2% of lower gastrointestinal malignancies.

Declaration of patient consent

The patient understand that name and initials will not be published and due efforts will be made to conceal identity.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest

References

1. Leonard D, Beddy D, Dozois EJ. Neoplasms of Anal Canal and Perianal Skin. *Clinics in Colon and Rectal Surgery*. 2011;24(1):54-63.
2. Martinez-Cadenas C, Bosch N, Penas L, Flores-Couce E, Ochoa E, Munarriz J, Aracil JP, Tajahuerce M, Royo R, Lozoya R, Boldo E. Malignant melanoma arising from a perianal fistula and harbouring a BRAF gene mutation: a case report. *BMC Cancer*. 2011;11:343.
3. Gilchrest B A, Eller M S, Geller A C, et al. The pathogenesis of melanoma induced by ultraviolet radiation. *N Engl J Med*. 1999;340:1341–1347. doi: 10.1056/NEJM199904293401707.
4. Mutch M G, Roberts P L. Anal and peri-anal melanoma. *Clin Colon Rectal Surg*. 2002; 15:271–276.
5. Ben-lzhak O, Bar-Chana M, Sussman L, Dobiner V, et al. Ki67 antigen and PCNA proliferation markers predict survival in anorectal malignant melanoma. *Histopathology*. 2002; 41:519–525. doi: 10.1046/j.1365-2559.2002.01444.

How to cite this article:

Reshma Keskar and Nitin Jadhav. (2025) A rare case of Anal Malignant Melanoma Disguised as Hemorrhoid, *International Journal of Current Advanced Research*, 14(02), pp.88-89.
