RECURRENT VULVAR MELANOMA ON THE POSTMENOPAUSAL PERIOD WITH POOR PROGNOSIS

MELANOMA VU LVAR RECIDIVANTE EM PERÍODO PÓS-MENOPAUSAL COM GRAVE PROGNÓSTICO

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INTRODUCTION
Vulvar melanoma is the second most common cancer of the vulvar region and has an overall poor prognosis, frequently with later detection than cutaneous melanoma. Melanomas are uncommon and aggressive cancers. Melanomas located centrally in the vulva, tumor extension to the lateral labia, and the high mitotic rate have been correlated with shorter recurrence-free intervals. Surgery remains the treatment of choice for melanomas of the genital tract; however, the evolution of patients with vulvar melanoma is generally poor, with a tendency for regional and distant recurrence. Here, we describe a vulvar melanoma presentation in a 63-year-old woman in the postmenopausal period with a grave prognosis.

Keywords: Vulvar Neoplasms; Melanoma; Surgical Procedures, Operative.

ABSTRACT
Vulvar melanoma is the second most common cancer of the vulvar region and has an overall poor prognosis, frequently with later detection than cutaneous melanoma. Melanomas are uncommon and aggressive cancers. Melanomas located centrally in the vulva, tumor extension to the lateral labia, and the high mitotic rate have been correlated with shorter recurrence-free intervals. Surgery remains the treatment of choice for melanomas of the genital tract; however, the evolution of patients with vulvar melanoma is generally poor, with a tendency for regional and distant recurrence. Here, we describe a vulvar melanoma presentation in a 63-year-old woman in the postmenopausal period with a grave prognosis.

Keywords: Vulvar Neoplasms; Melanoma; Surgical Procedures, Operative.

RESUMO
O melanoma vulvar é o segundo câncer mais comum da região vulvar e tem um prognóstico em geral ruim, e é geralmente detectado de forma mais tardia do que o melanoma cutâneo. Além disso, os melanomas são cânceres incomuns e agressivos. Os melanomas localizados centralmente na vulva, a extensão do tumor para os lábios laterais e a alta taxa mitótica foram correlacionados com intervalos livres de recorrência mais curtos. A cirurgia continua sendo o tratamento de escolha nos melanomas do trato genital. Mesmo assim, a evolução dos pacientes com melanoma vulvar é geralmente ruim, com tendência à recorrência regional e à distância. Nós descrevemos uma apresentação de melanoma vulvar em uma mulher de 63 anos no período pós-menopausa com um prognóstico grave.


INTRODUCTION
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CASE PRESENTATION
A 63-year-old woman presented to the outpatient gynecology unit with a six-month history of vulvar bleeding. Clinical examination showed multiple hyperpigmented, heterogeneous, diffuse lesions on the labia majora, vulvar introitus, and vaginal wall, along with a hyperpigmented lesion in the region below the urethra. (Figure 1-A). The cervix was atrophic with no lesions. A biopsy performed on the right labium majus showed in situ melanoma with lateral compromised surgical margins.

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Computed tomography showed a 1 cm pulmonary nodule with irregular contours, located in the left lobe lateral segment, which could correspond to calcified granuloma as well as a hyper vascularized hepatic nodule, located in segment VI, measuring 1.1 cm, with a non-specific character. No lymph node enlargement was observed.

The patient underwent total hysterectomy surgery with total colpectomy, radical vulvectomy and ureterectomy, left salpingo-oophorectomy (Figure 1-B) with sentinel lymph node examination in the pelvis, followed by Mitrofanoff reconstruction (Figure 1-C). Histological examination of the vulva, vagina, uterus, and left ovary revealed an invasive melanoma of epithelioid cells with extensive in situ components (Figure 1-D, E) and a myomatous uterus.

The urethra and sentinel lymph nodes were disease-free. The surgical margins were clear. As a result, even historically, radical vulvectomy and bilateral inguinal lymphadenectomy have been the recommended treatment for vulvar melanoma; the bilateral inguinal lymphadenectomy was not performed. No complementary therapy was indicated.

However, four months after surgery, she presented with pelvic recurrence in the left parametrium involving the bladder and ureter, inguinal and retroperitoneal lymph node enlargement, and pulmonary and hepatic metastasis. We opted for exclusive palliative therapy.

**DISCUSSION**

Malignant vulvar melanoma is an unusual disease that accounts for 5% of all...
malignant vulva neoplasms and is characterized by low survival and high rates of recurrence\textsuperscript{1,4,5}. The use of a sentinel lymph node biopsy for gynecologic malignancies has been described occasionally and remains controversial\textsuperscript{6,7}. Melanomas located centrally in the vulva, tumor extension to the lateral labia, and a high mitotic rate have been correlated with shorter recurrence-free intervals\textsuperscript{5,6}. A retrospective study demonstrated that a combination of tumor thickness and mitotic rate comprise direct staging and prognosis\textsuperscript{5}.

Vulvar melanoma is usually diagnosed in the latter decades of the woman’s life, at a median age of 68 years, and approximately 30% present with regional or distant metastases at diagnosis, similarly to our case\textsuperscript{8,9}. The prognosis of patients with vulvar melanoma is generally poor, with a tendency for regional and distant recurrence\textsuperscript{10}.

However, surgery remains the treatment of choice in melanomas of the genital tract\textsuperscript{11}. Clinical trials are necessary for patients with vulvovaginal melanomas\textsuperscript{4,5}. The sentinel lymph node procedure is a feasible method and should be performed by a skilled multidisciplinary team on well-selected patients, in the absence of a clinically detected metastatic lymph node\textsuperscript{12}. The patient’s age and the tumor stage seem to be significant factors in their survival. Thus, a diagnosis must be made as early as possible to improve the prognosis and survival of patients\textsuperscript{13}.

**CONCLUSION**

We recognized that vulvar melanomas should be further studied from various angles as there is some proposition that they may be unlike other cutaneous melanomas. Improved knowledge of the development of vulvovaginal melanomas is required, as well as the recognition of risk factors. The bigger the lesion, the worse the prognosis; therefore, early diagnosis is essential to increase successful treatment.

Patients and doctors need to be alerted to the possibility of melanoma in women with pigmented lesions on the genitalia. Periodic gynecological examination should take place even in menopausal patients.

Written informed consent for this case report to be published was obtained from the patient. The Research Ethics Committee of the Federal University of Espirito Santo approved this study under number 15309219.0.000. No funding was received for this study

**REFERENCES**


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