ORBIT AND OCULOPLASTY

Metastatic Conjunctival Malignant Melanoma in a Young Nigerian Female: Case Report

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Introduction: Malignant melanoma is a malignant tumor of melanocytes that usually affects sun-exposed skin of individuals.[1] The uveal tract and mucous membranes such as conjunctiva, mouth, rectum, respiratory tract, and vulva are less commonly affected, with conjunctival melanoma accounting for about 1.6% of noncutaneous melanoma.[2] Racial differences exist, and the nonwhite population generally have a lower incidence compared to whites.[3,4] Conjunctival melanoma is extremely rare in blacks with very few reported cases[5-9] from homogenous black population, hence this report of a 25-year-old Nigerian lady with metastatic conjunctival melanoma.

Case Report: A 25-year-old female presented to the Eye Clinic, University College Hospital, Ibadan, Nigeria, with a history of recurrent growth over the left eye associated with contact bleeding and reduced vision. Lesion started as a small pigmented patch over the ocular surface about a year before presenting. She initially presented at a Mission Center where an excision biopsy was done and histologic diagnosis of "pigmented nevus" was made. However, the growth recurred after about 6 weeks following which she was referred to a Teaching Hospital and had another excision biopsy done with a histologic diagnosis of "malignant conjunctival melanoma." Multiple subcutaneous nodular swellings over the arms, thigh, and gluteal area were also noted. She was treated with topical 1% 5-fluorouracil 4-hourly for 1 month and eventually referred to us following another recurrence. Examination at presentation revealed visual acuity 6/6 right eye and 6/60 left eye. A large fungating, pigmented lesion involving the left eyelids and ocular surface [Figure 1] and pigmented subcutaneous nodules on upper arms, thigh, and gluteal region, was noted. Regional lymph nodes were not palpable, and retroviral screening was negative. She had left orbital exenteration and excision biopsy of some gluteal subcutaneous swellings [Figure 2] and, these showed features of malignant melanoma histologically. A diagnosis of metastatic malignant conjunctival melanoma was thus made, and she was planned to commence chemotherapy (adriamycin and dacarbazine) by the radiation oncologist. However, she requested for discharge to source for funds and subsequently defaulted from further treatment.

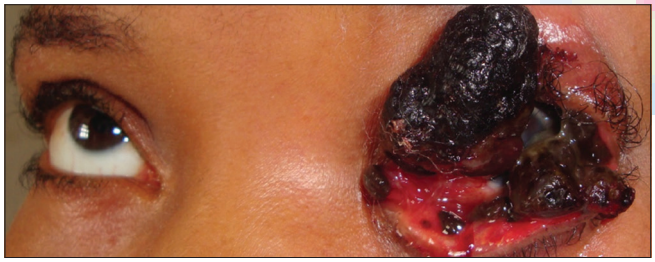

Figure 1: Clinical picture showing a large pigmented lesion involving the left eyelids and ocular surface

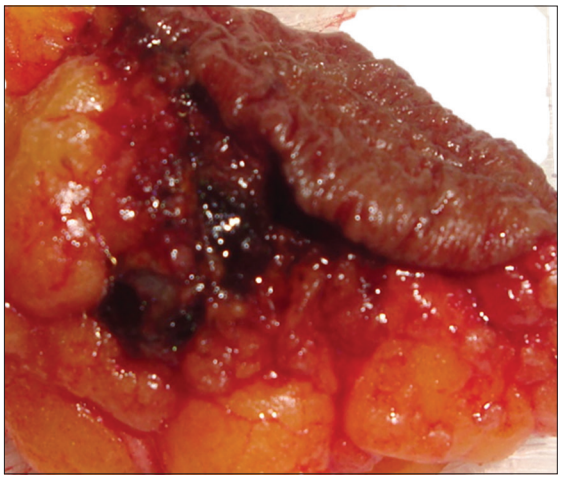

Figure 2: Clinical picture of the excised gluteal subcutaneous swelling

Discussion: Melanoma in blacks has worse prognosis because of delay in diagnosis and higher rate of extracutaneous involvement.[10,11] Early presentation and diagnosis ensure surgical treatment by "no touch technique" with wide tumor excision and cryotherapy with possibly better outcome in the patients.[12,13] Poor prognostic indicators for conjunctival melanoma include young age, poor vision at presentation, and recurrent lesion.[13,14] All these were present in our patient. Other challenges encountered in the management of this case were inadequate surgical treatment at previous centers and delay in referral to an ocular oncology center. These resulted in delayed institution of appropriate treatment and metastasis of a potentially lethal malignancy.

Conclusion: Conjunctival melanoma is a rare and potentially lethal malignancy, but early diagnosis, referral, and treatment might reduce the mortality.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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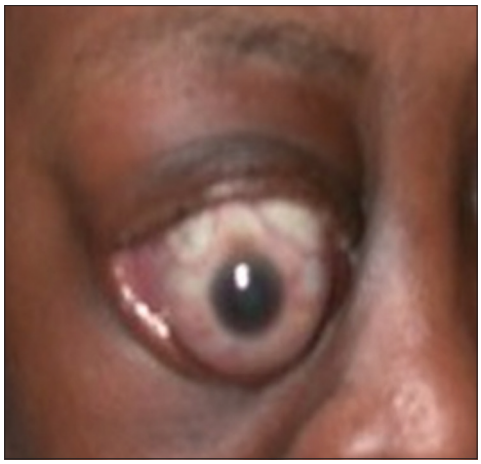

Figure 1: Rhabdomyosarcoma preoperative

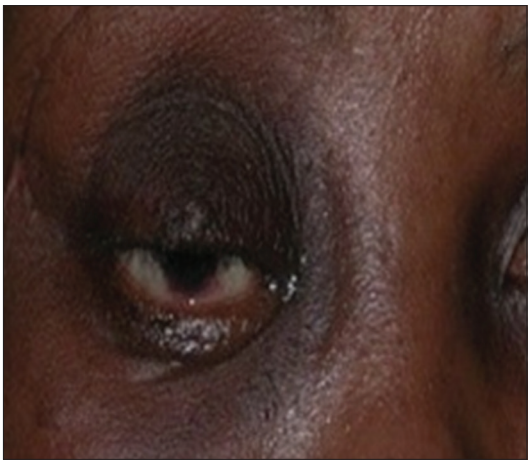

Figure 2: Rhabdomyosarcoma postoperative

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Atypical Presentation of Rhabdomyosarcoma in a 36-year-old Female: Case Report

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Introduction: Rhabdomyosarcomas (RMSs) are very rare cancers of the connective tissues in the body[1] RMS is possible in all parts of the body and more of childhood cancers than adults.[1] The aim of the study is to report a rare case of RMS in a 36-year-old woman and highlight the management challenges of the disease.
Case Report: A 36-year-old woman presented to our hospital with a 7 years history of protrusion of her right eye. Her presenting visual acuities were 3/60 and 6/6 unaided in the right and left eyes, respectively, and there was a right superior orbital mass. Orbital computed tomography-scan revealed a well-defined retrobulbar isodense, noncontrast enhancing mass measuring 55.7 mm × 31 mm suggestive of RMS. Superotemporal orbitotomy and excisional biopsy was done, and the histology revealed embryonal RMS with focal areas of hemorrhage. The patient's vision and appearance improved. She however he could not endure the cost and the hyperemesis from the combination of cisplatin and vincristine [Figures 1 and 2]
Discussion and Literature Review: RMSs are malignant sarcomas of the connective tissues found more commonly in the tissues of head and neck.[1] The RMSs are rare in adults[6] but relatively common in the young age groups accounting for about 87% of tumors in children of ages <15 years.[1,3,5] Three morphological types of RMS are recognized by the World Health Organization as the embryonal, the alveolar, and the pleomorphic classes and the most common type in adults is the pleomorphic type.[2] The embryonal type particularly is more common in males of the ages between 0 and 4 years.[2,6] Our patient was a 36-year-old female and had the embryonal type. The tests for the definitive diagnosis of the disease such as the MyoD1 analysis are expensive and unavailable in our environment. The gold standard for chemotherapy against RMS is a combination of vincristine, actinomycin D, and cyclophosphamide.[4] Radiotherapy and surgery are other modalities of treatment. All these are expensive and have a number of side effects.
Conclusion and Recommendations: RMSs are rare in adults but are a possibility as seen with our patient. The management could be challenging in view of cost, diagnostic tools, and side effects of the drugs. Our patients discharged herself against medical advice due to cost and hyperemesis.

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