

## Anorectal melanoma: a rare entity

Keywords: Melanoma. Anorectal melanoma. Hemorrhoidal disease.

Dear Editor,

We present the case of a 65-year-old male with a history of hemorrhoidal disease, experiencing intense proctalgia, mass prolapse, rectal bleeding, and an 8 kg weight loss over four months. Proctological examination revealed stony nodular lesions with cutaneous thickening on the anal margin. Digital rectal examination detected a firm mass in the anal canal/inferior rectum. Sigmoidoscopy showed a necrotic-looking neoplastic lesion (Fig. 1A). Pelvic computed tomography confirmed a lesion in the rectum/inferior anal canal with local adenopathies in the mesorectum and multiple perineal lesions, likely secondary (Fig. 1B). Histopathology confirmed malignant melanoma, supported by a positive immunohistochemical study for Melan A, HMB-45, and protein S-100 markers, with no BRAF mutation. Hyperpigmentation was not observed on the skin, eyes, mouth, throat, or genital mucosa during the physical examination. Further staging studies revealed liver metastases. Following multidisciplinary discussions, the patient was proposed treatment with pembrolizumab.

### Discussion

Anorectal melanoma is a rare and highly aggressive tumor, constituting less than 1 % of colorectal and less than 0.5 % of anal canal malignancies (1). Primary gas-

trointestinal melanomas are uncommon, sometimes considered as secondary to cutaneous primary melanomas with regression or undiagnosed tumors (2,3). Despite the absence of other hyperpigmented lesions suggestive of malignant melanoma in our case, it cannot be ruled out that it was a metastatic lesion from a regressed primary tumor. However, we strongly lean towards it being a primary anorectal melanoma. The current follow-up time does not yet allow us to apply Sachs et al.'s criteria to confirm the diagnosis (3).

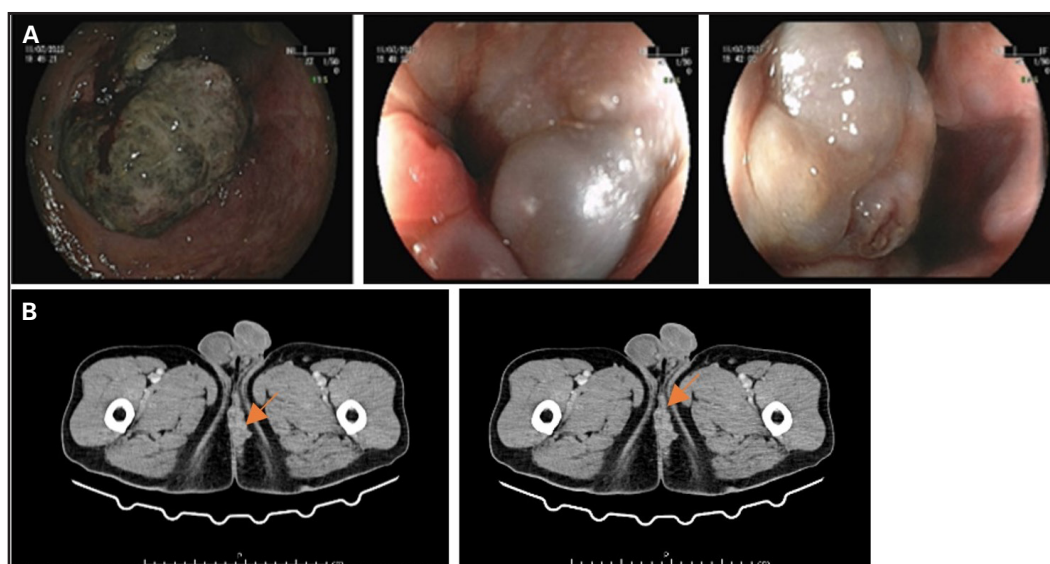
Common symptoms of anorectal melanoma include proctalgia, rectal bleeding, changes in bowel habits, tenesmus, or the presence of a tumor mass, often resembling other anorectal diseases (4,5). Due to this similarity and the rarity of the tumor, diagnosis can be challenging and is typically discovered during rectal examinations for other suspected anorectal disorders. In this case, the patient attributed his symptoms to hemorrhoidal disease, delaying diagnosis and intervention.

Due to its rarity and nonspecific symptoms, anorectal melanoma is often diagnosed late, contributing to a poor prognosis. Early diagnosis and assessment of metastatic invasion are crucial. There is no consensus in the literature regarding surgical treatment, and neoadjuvant and adjuvant treatments offer limited benefits and do not consistently improve patient survival (4,6).

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**Fig. 1.** A. Neoplastic lesion with a necrotic appearance observed on sigmoidoscopy. B. Pelvic computed tomography images that confirmed a lesion in the rectum/inferior anal canal (orange arrows) with several local adenopathies in the mesorectum and multiple perineal lesions of probable secondary nature.

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## References

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1. Blecker D, Abraham S, Furth EE, et al. Melanoma in the gastrointestinal tract. *Am J Gastroenterol* 1999;94(12):3427-33. DOI: 10.1111/j.1572-0241.1999.01604.x
2. Schuchter LM, Green R, Fraker D. Primary and metastatic diseases in malignant melanoma of the gastrointestinal tract. *Curr Opin Oncol* 2000;12(2):181-5. DOI: 10.1097/00001622-200003000-00014
3. Gómez-Uranga A, Esteve-Atiénzar PJ, López-Jiménez A, et al. Primary intestinal melanoma? *Rev Esp Enferm Dig* 2022;114(11):695-6. DOI: 10.17235/reed.2022.8944/2022
4. Schaefer T, Satzger I, Gutzmer R. Clinics, prognosis and new therapeutic options in patients with mucosal melanoma: a retrospective analysis of 75 patients. *Medicine (Baltimore)* 2017;96(1):e5753. DOI: 10.1097/MD.0000000000005753
5. Malaguarrera G, Madeddu R, Catania VE, et al. Anorectal mucosal melanoma. *Oncotarget* 2018;9(9):8785-800. DOI: 10.18632/oncotarget.23835
6. Kumar U, Singhal U. Anorectal melanoma: an unusual cause of rectal bleeding. *J Clin Diagn Res* 2017;11(9):ED12-3. DOI: 10.7860/JCDR/2017/30689.10641