Pleural Metastatic Melanoma

Sze Shyang KHO MD Dr Joseph UCHANG MD Fook Yew HENG MD Jin Shyan WONG MD

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Pleural Metastatic Melanoma

Authors

Sze Shyang KHO^{1,2} MD

Joseph UCHANG² MD

Fook Yew HENG² MD

Jin Shyan WONG² MD

Affiliations

¹Division of Respiratory Medicine, Department of Medicine, Sarawak General Hospital, Ministry of Health Malaysia, Kuching, Sarawak, Malaysia.

²Borneo Medical Centre, Kuching, Sarawak, Malaysia

Corresponding Author

Dr. Kho Sze Shyang. Respiratory Medicine Unit (RCU), Sarawak General Hospital, Jalan Hospital 93586, Kuching, Sarawak, MALAYSIA. Tel: +6082-276666; Fax: +6082-240767;

Email: khosze@moh.gov.my

A 69-year-old male farmer from a tropical region, who had been farming without proper sun protection, presented with constitutional symptoms and progressively worsening breathlessness over the past four weeks. Physical examination revealed stony dullness over the right hemithorax and an asymmetrical, irregular-edged, hyperpigmented ulcerated plaque with colour variation at his left posterior trunk (*Panel A*). Chest X-ray (*Panel B*) and transthoracic ultrasound confirmed the presence of massive right pleural effusion. Diagnostic thoracocentesis revealed an exudative pleural effusion, and cytology was negative for malignancy. Medical thoracoscopy showed multiple discrete blackish pleural nodules and masses over the parietal and visceral pleura (*Panel C-D, Video 1*), with biopsy confirming metastatic melanoma (*Panel E-G*). The patient was started on immunotherapy with nivolumab and ipilimumab. Pleural metastatic melanoma is a rare entity and, unfortunately, a poor prognostic factor. Its thoracoscopic appearance has rarely been described in the literature, highlighting the importance of awareness in its recognition. When consistent with clinical suspicion, the distinctive appearance of black pleural nodules and masses can almost confirm the diagnosis, as demonstrated in our case.²

Declaration

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Artificial intelligence involvement

The authors declare that no artificial intelligence software was used in the preparation of this manuscript.

Authors' Contribution

SSK initiated the idea for manuscript submission and prepared the final draft. SSK also performed the medical thoracoscopic procedure. SSK and JSW acquired the clinical data and were involved in the initial care of the patient. JC was the pathologist in charge and FYH was the primary oncologist. All authors have read and approved the final manuscript.

Conflicts of interest

The authors have no conflicts of interests to declare.

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Yes

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Figure Captions

Figure 1.0 Panel A: An asymmetrical, irregular-edged, hyperpigmented ulcerated plaque with colour variation measured around 2.5 x 1.5cm at the left posterior trunk; Panel B: Large right pleural effusion; Panel C, D: Medical thoracoscopy revealed multiple discrete blackish pleural nodules and masses on both the parietal and visceral pleura. Biopsy of the lesions showed metastatic tumour nodules with heavily pigmented cytoplasm in low power (Panel E, hematoxylin & eosin, x20 magnification) and high power (Panel F, hematoxylin & eosin, x100 magnification) which were positive for HMB-45 stain (Panel G, HMB-45 stain, x200 magnification) confirming metastatic melanoma.

