

## Oral Mucosal Melanoma: About a Case and Literature Review

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### Abstract

**Introduction:** Approximately 1% of melanomas affect the oral mucosa. Their prognosis is poor despite locoregional control.

**Observation:** We report a rare case of malignant melanoma of the gingival mucosa, Mrs. N.K aged 43 years. The diagnosis was histological. The computed tomography scan of the cervico-facial region is normal. The distance extension report was negative. The treatment consisted of a wide surgical excision, and had definite pathological examination: nodular melanoma with broad healthy mucous margin, Evolution is good with a 1 month follow-up.

**Discussion:** Due to the rarity of this tumor, relatively new knowledge, diagnosis and treatment remain a matter of discussion. The aggressive behavior of malignant melanoma makes their evolution often fatal marked by local recurrences and / or lymph node or distant metastases. Thus, the early detection of malignant melanomas is an indication for radical surgical treatment because it prolongs relatively the duration of survival in patients.

**Keywords:** Oral Mucosal; Melanoma; Macule

### Introduction

Malignant melanoma is of particular interest because of its poor prognosis. Localization at the level of the oral cavity is rare. About 2% of the melanomas are mucous [1,2], 55% of them are facial. The oral mucosa is the site of less than 1% of all melanomas, with a preferential location in the mucosa of the maxilla and in most cases in the mucosa of the palate and the maxillary gingiva. This tumor, although rare, remains very aggressive, complex treatment and unfavorable prognosis as illustrated our case. It requires a precise pretherapeutic assessment (imaging) and in principle covers essentially surgical management supplemented by radiotherapy, preferably in a multidisciplinary setting, in order to optimize the prognosis as best as possible and ensure in all cases conditions of Survival (nutrition, analgesics, etc.).

### Observation

In our case it is a woman, 43 years old, without a family history of melanoma. The patient consulted her dental surgeon in December 2012 for dental pain in the lower left arch. The clinical examination put in a gingival pigmentation facing 2 cm long, a gingival biopsy was performed. The pathologic examination confirmed the diagnosis of melanoma, the patient was sent to us for supplemental management.

The ENT examination shows a black pigment lesion of 2 cm of poorly limited, painlessly limited axis, 1 cm from the base of the tongue 1 cm from the anterior pillar, at the level of the left gingival mucosa. No other unusual pigmentation was present on the oral mucosa or on the lips, the rest of the examination is normal.

The patient underwent extensive surgical excision, and had definite pathological examination: nodular melanoma with broad healthy mucous margin.

The evolution is good with a follow-up of 2 months.

### Discussion

The primary malignant melanoma of the oral cavity is a rare neoplasia, which develops from melanocytes of the basal layer of the buccal mucosa [3]. The current incidence of malignant melanoma in the oral cavity is 2% of all Malignant melanomas [1,2]. They are most often found in the palate, the veil and the upper gingiva [1]. The majority of cases of melanomas appear between the 4<sup>th</sup> and 7<sup>th</sup> decade of life with an average of 55 - 57 years [4]. Male predominance has been reported. Clinical manifestations are variable, usually in the form of a brown, dark blue or black asymptomatic macula. The appearance of the lesion may become nodular or irregular if the disease is advanced [5]. A history of pre-existing pigmented lesion is reported in one third of cases [6]. Risk factors are mainly represented by smoking, dental irritation and alcoholism, although causality has not yet been proven [6]. The examination and the clinical examination eliminate an endobuccal metastasis of a cutaneous melanoma. The extension report includes a cervicofacial scanner or MRI, a thoracoabdominal scan, a bone scan and possibly a Pet-Scan. Only histology and immunocytochemical analysis confirm the diagnosis and eliminate other differential diagnoses. The most commonly used markers are S100, HMB45 and melan-A [7].

Surgery is the first-line treatment or even the only effective treatment for some, the tumoral excision must be wide and the limits of excision are controlled by an extemporaneous anatomopathological examination [8]. Even if surgery is the most effective therapeutic method, it is made difficult by anatomical constraints. The total excision of the tumor is followed according to some authors by a systematic lymph node dissection, the role of lymph node dissection is not yet evaluated because of the rarity of the tumor and the dark prognosis [9]. Radiotherapy will be used in combination with surgery or only in inoperable patients, it is proposed postoperatively because of the high frequency of local recurrences after surgery. The total dose delivered is between 50 and 70 Gy with the need for high doses of at least 4 Gy per session and a total dose of at least 50 Gray. The irradiation field concerns the tumor site and the lymph nodes [10]. Adjuvant therapies are especially indicated for very large tumors. Chemotherapy (procarbazine) and immunotherapy (cytokines, interferon alpha, interleukins) have not shown real efficacy except in metastatic forms. The survival at 5 years of patients with melanoma of the oral cavity is poor, it remains between 5 and 20% according to the authors [2,5]. The reserved prognosis of these patients is due mainly to the delayed diagnosis. The evolution is dominated by the presence of distant metastases which are mainly pulmonary, mediastinal, cerebral, hepatic, bone and more rarely adrenal, thyroid, pancreatic and cutaneous [2], and which remain unpredictable and difficult to control.



**Figure 1:** A blackish and vegetating tumor facing the incisive-canine block of the maxillary gum of 2.5 cm / 2 cm.



**Figure 2:** Operative specimen.

## Conclusion

Although rare, the diagnosis of malignant melanoma should be evoked before any pigmented lesion of the oral mucosa, especially palatal or superior gingival. CT is essential for the extension assessment. Early diagnosis of the tumor is of extreme importance and could determine a better prognosis for the patient.

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