

## Images in clinical medicine



# A case of cutaneous malignant melanoma with rare in-transit metastasis

 Yagnya Darshit Dalal,  Archana Darshit Dalal

**Corresponding author:** Yagnya Darshit Dalal, Department of General Surgery, GCS Medical College, Hospital and Research Centre, Ahmedabad, India. [yagnya1699@gmail.com](mailto:yagnya1699@gmail.com)

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## A case of cutaneous malignant melanoma with rare in-transit metastasis

Yagnya Dalal<sup>1,&</sup>, Archana Dalal<sup>2</sup>

<sup>1</sup>Department of General Surgery, GCS Medical College, Hospital and Research Centre, Ahmedabad, India, <sup>2</sup>Department of General Surgery, Smt. NHL Municipal Medical College, Ahmedabad, India

### **&Corresponding author**

Yagnya Darshit Dalal, Department of General Surgery, GCS Medical College, Hospital and Research Centre, Ahmedabad, India

## Image in medicine

A 43-year-old male auto-rickshaw driver presented to a tertiary hospital with a black-coloured mass on the dorsum of his left hand for the past 6 months. Initially, it was a small black nodule which had rapidly progressed to attain the current size. There was a history of occasional small amounts of bleeding from the mass spontaneously and on light touch. There was no history of trauma. He had consulted a community health centre and was suspected of having arteriovenous malformation for which he was advised a Doppler study. Doppler ultrasonography showed the presence of a highly vascularised solitary tumour on the dorsum of his left hand. On examination, he had a 4x3x10 cm-sized exophytic, spongy,

black-coloured tumour (A) which bled slightly on touch. There was possible involvement of the underlying tendon. There was visible and palpable left axillary lymphadenopathy (B). Computed tomography (CT) scan of the left upper limb showed enlarged axillary as well as brachial lymph nodes with possible metastasis. A punch biopsy of the primary tumour and fine needle aspiration cytology (FNAC) of the axillary lymph nodes was

done. Histopathology confirmed the diagnosis of malignant melanoma (C). Fine needle aspiration cytology was suggestive of axillary nodal metastasis. A PET scan revealed the presence of metastasis in humeral and axillary basins (D); suggestive of classical in-transit metastasis of cutaneous malignant melanoma. The patient was referred to a cancer hospital for further management.



**Figure 1:** A) cutaneous malignant melanoma presenting as a black-coloured mass over the dorsum of the left hand (primary site); (B) visible (black arrow) and palpable left axillary lymphadenopathy suggestive of nodal metastasis; (C) histopathology showing the presence of the pleomorphic cells with frequent atypical mitoses and abundant intracytoplasmic melanin pigments, areas of necrosis present; (D) intense metabolically active necrotic nodes in axillary (white arrow) and brachial (red arrow) basins on the left side