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# SHORT COMMUNICATION

## Primary malignant melanoma arising in the dorsum of the tongue

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*SUMMARY.* **We present the case of a 53-year-old White man with primary malignant melanoma of the dorsum of the tongue that arose in an area of widespread diffuse pigmentation. He was treated by wide excision and insertion of iridium pins (65 Gy over 5 days). Ten months later he developed metastases that were treated by palliative irradiation.**


### INTRODUCTION

Malignant melanoma constitutes 15% of all malignant neoplasms.[1] Mucosal melanoma is still rare, accounting for 0.5–2.0% of all melanomas in White patients.[2] Of these 30–50% develop in the oral cavity and pharynx.[3]

Melanoma of the tongue may be either primary or metastatic.

Primary mucosal melanoma of the tongue is extremely rare and a review of publications showed only 29 recorded cases.

### CASE REPORT

A 53-year-old White man was seen in our department with a 4-week history of a lump on his tongue. Clinical examination showed an 8 mm pale mass to the left of the midline of the dorsum of the tongue (Fig. 1).

The mass arose in an area of a diffuse subtle pigmentation that had been present across the whole dorsum of the tongue for at least 5 years, and was thought to have been a physiological melanosis.

Histopathology of an incisional biopsy showed a primary epithelioid malignant melanoma, with associated Pagetoid spread into the surrounding mucosa (Fig. 2). The tumour cells stained positive for HMB45 and S100 but not for cytokeratins. The invasive component measured 4.4 mm wide and 2.6 mm deep. No vascular invasion was seen. The mitotic rate was brisk with roughly 10 mitosis in five high power fields.

There was no cervical lymphadenopathy or evidence of regional metastases. There were no suspicious cutaneous lesions over the rest of his body. Computed tomograms (CT) of the head and neck, chest, abdomen, and pelvis showed no evidence of metastases.

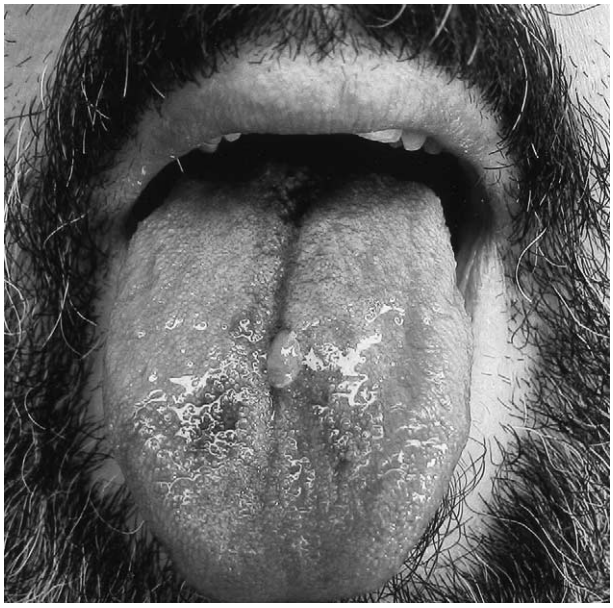

**Fig. 1** Photograph showing a pale mass measuring about 8 mm in diameter to the left of the midline of the dorsum of the tongue, arising in an area of melanosis.

The patient underwent wide excision of the central dorsum of the tongue.

Histopathological examination proved the tumour to have been excised, but with an unusual background of atypical melanocytic proliferation scattered throughout the epithelium, and extending to the margins.

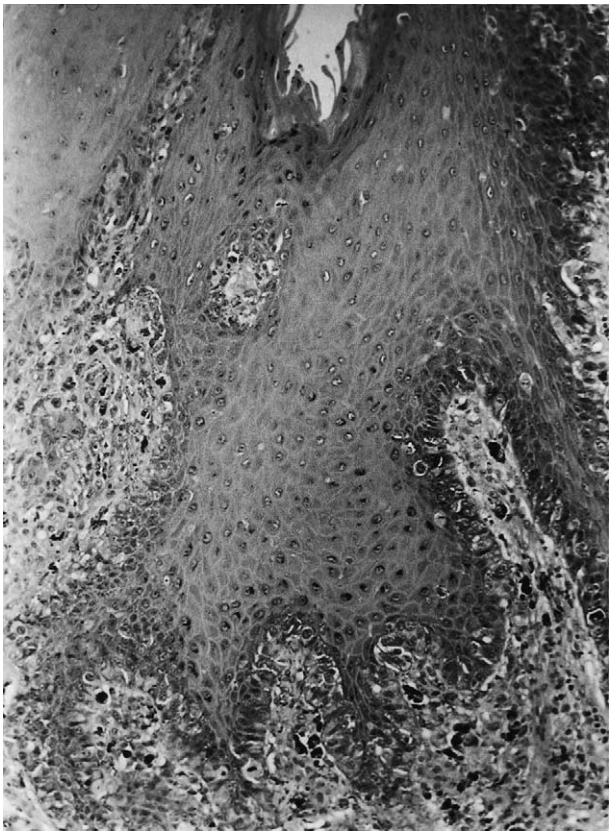

**Fig. 2** Primary malignant melanoma of the tongue: photomicrograph showing widespread atypical melanocytes at the mucosal–submucosal junction, rare Pagetoid upward migration of these cells and underlying invasive melanoma (haematoxylin and eosin, original magnification × 100).

After much debate and wide consultation, the patient was admitted for insertion of radioactive iridium pins in the dorsum of the tongue (65 Gy over 5 days).

Ten months later he complained of weakness in the right leg and headaches. CT showed multiple metastases in the lungs and brain. He was given palliative irradiation. His condition deteriorated rapidly, and he died soon after.

## DISCUSSION

Malignant melanoma is a dangerous, potentially lethal disease with a high risk of distant metastases.

An unusual histological feature of this case was the appearance of widespread atypical melanocytes that could possibly undergo malignant transformation. The atypical melanocytic hyperplasia in this case may be regarded as analogous to lentigo maligna of skin, which can in some cases evolve into a lentigo maligna melanoma. Quality of life issues precluded a total glossectomy in view of the fact that primary mucosal melanomas are more lethal than their cutaneous counterparts, with reported 5-year survival rates of 10–15%.[4] Elective lymph node dissection was not undertaken as there is a low incidence of lymph node metastases when loco regional control is achieved.[5]

Pre-existing melanosis occurs in about one third of patients with oral melanoma,[3,6,7] and is unusual in White people. It has been suggested that this may be a radial growth phase of the tumour, which may persist for years before submucosal invasion occurs.[7] Early biopsy may show deposits of melanin with atypical melanocytes, but how such widespread dysplasia could have been managed in the presented case is uncertain.

Although the tumour was identified at an early stage it still followed an aggressive and relentless course.

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