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BRIEF REPORT

Amelanotic anorectal melanoma metastatic to the thyroid gland. A case report

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KEYWORDS
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Abstract Despite its rich vascular supply, metastases to the thyroid gland are rare. Renal, colorectal, lung and breast carcinomas are the most frequent sources of metastases. We report the case of a 75-year-old woman who presented with a rapid nodular enlargement of the thyroid gland, for which she underwent a partial thyroidectomy. She had a history of advanced amelanotic anorectal melanoma surgically treated one year previously. Histopathologically, the thyroid lobe showed diffuse infiltration by an amelanotic melanoma. Although a few cases of metastases of melanoma to the thyroid gland have been reported, the majority are derived from a cutaneous primary; to the best of our knowledge, this is the first reported case of an anorectal melanoma with metastasis to the thyroid gland.

PALABRAS CLAVE
Melanoma anorrectal;
Metástasis;
Glándula tiroides

Un melanoma amelanótico con metástasis a la glándula tiroides. Descripción clinico-patológica de un caso

Resumen A pesar de su rico aporte vascular, las metástasis en la glándula tiroides son eventos raros. Los carcinomas renales, colorectales, de pulmón y mama son las fuentes más frecuentes de metástasis. Presentamos el caso de una mujer de 75 años de edad, con el antecedente de un melanoma anorrectal amelanótico avanzado, operado un año antes, que se presentó con un crecimiento nodular rápido de la glándula tiroides, por lo que fue sometida a una tiroidectomía parcial. Histopatológicamente, el lóbulo tiroideo mostró una

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infiltración difusa por melanoma amelánico. Aunque se han publicado algunos casos de metástasis de melanoma en la glándula tiroides, la mayoría de ellos son de origen cutáneo por lo que, a nuestro entender, nosotros presentamos el primer caso de un melanoma anorrectal con metástasis a la glándula tiroides.

Introduction

Extrathyroid malignant neoplasms can involve the thyroid gland as a direct extension from adjacent tumours, predominantly squamous cell carcinomas of head and neck, or as a result of widespread disease from a distant neoplasia.[1,2] Different types of neoplasms have been reported metastasizing to thyroid gland, including malignant melanoma, but of these, skin is the most frequent source.[2–4] In this paper, we report a case of a thyroid metastasis of an amelanotic anorectal melanoma, another rare disease that represents 0.5–2% of all anorectal malignancies.[5]

Case report

In August 2011, a 75-year-old woman presented with a history of constipation, blood in stool and weight loss. At the time of consultation an anorectal mass was detected and a small biopsy was taken with the clinical impression of adenocarcinoma. Histopathologically, the biopsy was composed of a diffuse infiltrate of poorly differentiated small neoplastic cells, intermixed with necrotic areas and acute inflammatory infiltrate (Fig. 1A). The cells were positive for S100, HMB-45 (Fig. 1B) and Melan-A (Fig. 1C), while CKAE1/AE3, CK20, CDX2, CD56, Cromogranin A, CD45 and CD117 (c-KIT) were negative, so a diagnosis of malignant melanoma was made. The patient had no history of cutaneous lesions. She underwent an abdominal rectosigmoidectomy which revealed a 5.0 cm × 5.0 cm × 2.6 cm tumoural mass at the anterior pectinate line, ulcerating the overlying mucosa and infiltrating the perirectal soft tissue. The neoplasm was composed of a mixture of small cells with hyperchromatic irregular nuclei, medium size plasmacytoid and epithelioid cells with prominent nucleoli and occasional pleomorphic multinucleated large cells, without evidence of any melanin production (Fig. 2). A high mitotic index (41 mitosis/10 HPF), small areas of necrosis and extensive vascular invasion were observed. Metastases were identified in 7 of 22 locoregional lymph nodes. A biopsy of the posterior wall of the vagina, taken during surgery, was infiltrated by the neoplasm.

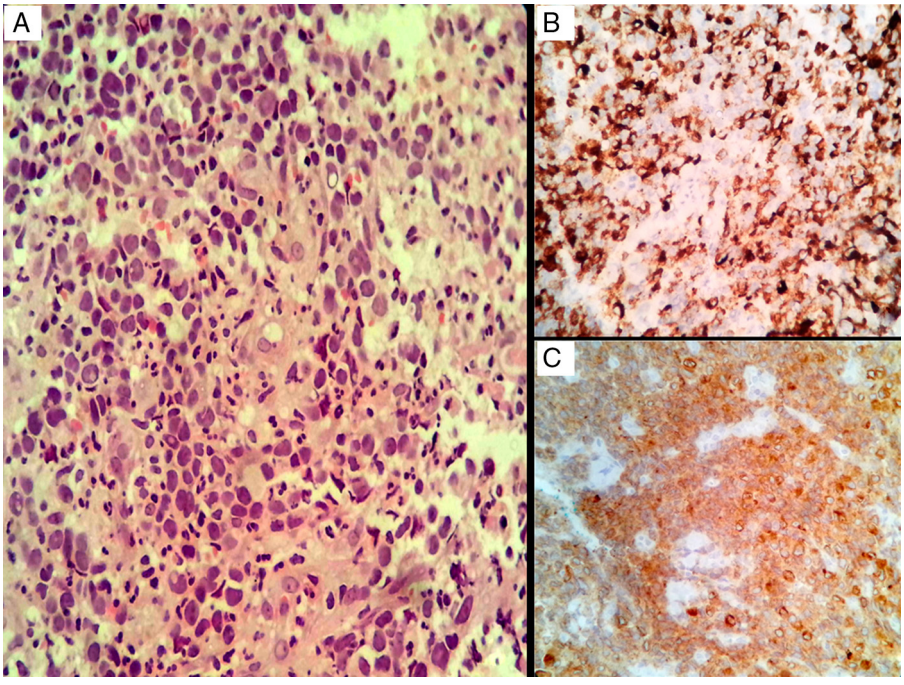

Figure 1 (A) Initial small biopsy with a diffuse infiltrate of poorly differentiated small neoplastic cells (haematoxylin–eosin, original magnification 400×). (B) Neoplastic cells positive for HMB45 and (C) Melan-A (immunohistochemistry; original magnification 400×).