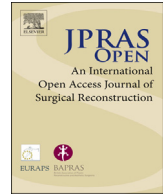




Contents lists available at [ScienceDirect](#)

JPRAS Open

journal homepage: <http://www.journals.elsevier.com/jpras-open>



## Case report

# Isolated asymptomatic masseter muscle metastasis as first sign of metastatic disease in a patient with known melanoma

Caroline Asirvatham Gjorup<sup>a,\*</sup>, Helle Westergren Hendel<sup>b</sup>,  
Inge Marie Svane<sup>c</sup>, Lisbet Rosenkrantz Hölmich<sup>a</sup>

<sup>a</sup> Department of Plastic Surgery, Herlev Gentofte Hospital, University of Copenhagen, Denmark

<sup>b</sup> Department of Clinical Physiology and Nuclear Medicine, PET-Center, Herlev Gentofte Hospital, University of Copenhagen, Denmark

<sup>c</sup> Centre for Cancer Immune Therapy, Department of Haematology and Oncology, Herlev Gentofte Hospital, University of Copenhagen, Denmark

## ARTICLE INFO

### Article history:

Received 4 June 2016

Accepted 13 July 2016

Available online 15 August 2016

### Keywords:

Melanoma

FDG PET/CT

Metastatic

Intramuscular

Masseter muscle

T cell therapy

## ABSTRACT

A 65-year-old woman diagnosed with a nodular melanoma on the right shoulder had a PET/CT scan 13 months later demonstrating a FDG-avid mass in the left masseter muscle, which was asymptomatic and not clinically evident. Pathologic analysis confirmed metastasis of melanoma. Further subcutaneous, intramuscular and bone metastases developed and the patient was treated with surgery and immunotherapy. The patient is in complete-remission with no evident metastases seen on PET/CT 2.5 years after treatment with adoptive cell therapy using tumor-infiltrating lymphocytes (TIL therapy). Asymptomatic skeletal muscle metastases identified with PET/CT can have therapeutic and prognostic implications and a PET/CT scan should be performed as a true whole-body scan.

© 2016 The Author(s). Published by Elsevier Ltd on behalf of British Association of Plastic, Reconstructive and Aesthetic Surgeons. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## Case report

A 65-year-old woman diagnosed in 2011 with a thick nodular melanoma on the right shoulder was treated with wide local excision and sentinel lymph node biopsy (negative). At a routine follow up visit

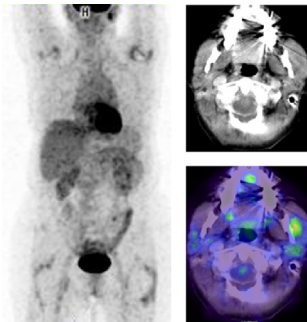
\* Corresponding author.

E-mail address: [caroline@gjorup.com](mailto:caroline@gjorup.com) (C.A. Gjorup).

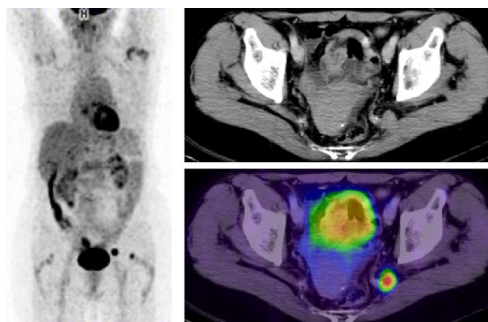
13 months after initial surgery the patient complained of generalized pain, but could not elaborate further. There were no abnormal findings on clinical examination. A limited whole-body scan (LWB) FDG PET/CT demonstrated a FDG-avid mass in the left masseter muscle (Figure 1). The corresponding CT showed no abnormal findings. The lesion was not palpable. The patient underwent surgery and histopathology confirmed metastasis.

The patient was without symptoms, but a routine LWB PET/CT five months later showed a soft tissue tumor in close proximity of the left sciatic nerve (Figure 2). Furthermore, the patient developed a swollen red right ankle and magnetic resonance imaging (MRI) scan hereof showed a lesion in the distal end of the fibula suspicious of metastasis. Biopsies confirmed metastatic lesions in both sites. An extended whole-body (TWB) PET/CT scan in February 2013 showed progression of disease with additional multiple subcutaneous metastases, and an osteolytic lesion in the sternum. Immunotherapy with interferon alfa-2b, pegylated (PEG-Intron) and interleukin (IL)-2 and later ipilimumab were given.

A PET/CT thirteen months after immunotherapy was started demonstrated progression with multiple new cutaneous metastases (Figure 3). Treatment with adoptive cell therapy using tumor-infiltrating lymphocytes (TIL therapy) was started.<sup>1</sup> This personalized immunotherapy is based on preconditioning chemotherapy followed by infusion of autologous tumor-infiltrating lymphocytes (TIL) and T cell growth factor interleukin-2 (IL-2).<sup>1,2</sup> The patient had a cutaneous metastasis excised from which TILs were isolated, cultured, expanded and concentrated for treatment. Following preconditioning lymphodepleting chemotherapy with cyclophosphamide and fludarabine a single treatment with infusion of TIL followed by IL-2 infusion was given. An evaluation PET/CT scan 4 months after TIL therapy showed regression of the disease.



**Figure 1.** A limited whole-body scan (LWB) FDG PET/CT demonstrated a FDG-avid mass in the left masseter muscle. Histopathology confirmed metastatic melanoma lesion.



**Figure 2.** Routine LWB PET/CT five months after surgical treatment of an isolated asymptomatic masseter muscle metastasis showed a soft tissue tumor in close proximity of the left sciatic nerve.

Download English Version:

<https://daneshyari.com/en/article/4305675>

Download Persian Version:

<https://daneshyari.com/article/4305675>

[Daneshyari.com](https://daneshyari.com)