

Verrucous Melanoma: A Rare Case Presentation

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Abstract: Verrucous melanoma (VM) is a rare variety of the cutaneous melanoma that may resemble both clinically and histologically with benign lesions. Verrucous melanoma was described in 1967, but rarely mentioned today. Most common site is lower extremity in females. A 62 year old women presented with an exophytic growth on lower limb. An excisional biopsy was performed. On histopathology it reported as verrucous melanoma. Diagnosis of verrucous melanoma is difficult because they mimic seborrheic keratosis and pigmented verrucous nevi.

Keywords: verrucous melanoma; histopathology; diagnosis

1. Introduction

Verrucous melanoma (VM) is an extremely rare variant of the cutaneous melanoma that can present on any clinical type of malignant melanoma with higher frequency of developing on superficial spreading melanoma. Most common clinical presentation is an exophytic growth^[1, 2]. Most common site is the extremities^[2, 3]. VM is curable with a more favorable prognosis and requires less aggressive treatment if it is detected early in its clinical course^[1]. They are difficult to diagnose, since they mimic seborrheic keratosis and pigmented verrucous nevi^[1, 3, 4].

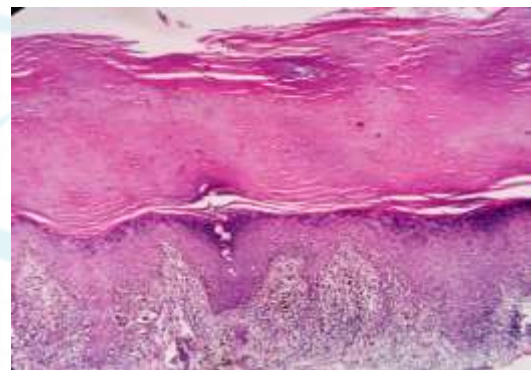
2. Case Report

A 62 years old women presented with exophytic growth with blackish discolouration of skin over dorsum aspect of the left foot. An excisional biopsy was done and sent for histopathological examination.

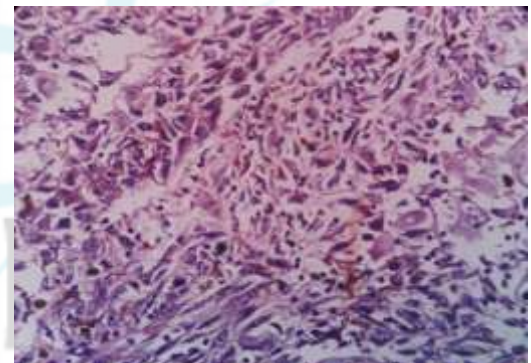
Histopathological examination

Gross: We received a specimen consisting of a skin covered tissue with exophytic growth measuring 8.5cmX 2.5cm X 1cm. The growth measured 3.5cm X 2.5cmX 1cm. The skin around the growth showed blackish discolouration. The lesion was slightly elevated with thick hyperkeratotic lobules.

Microscopy: Section studied showed epidermal hyperplasia with elongated rete ridges, compact hyperparakeratosis and atypical melanocytes proliferating in the basal layer and scattered throughout the epidermis. Dermis also showed large polygonal to spindle cells arranged in nests and sheets having pleomorphic and hyperchromatic nuclei with irregular contours, prominent nucleoli and abundant eosinophilic cytoplasm amidst atypical melanocytes with intracellular melanin pigment. Focal areas of inflammatory cells infiltrate were also seen.



A



B

A. Epidermal hyperplasia with extended dermal papillae, junctional activity and orthohyperparakeratosis (10x). B. Atypical melanocytes with abundant melanin pigment and inflammatory cells (40x).

3. Discussion

VM is rare variant of malignant melanoma described by Clark in 1967. The conventional clinical types of malignant melanoma are superficial spreading melanoma (SSM), lentigo maligna melanoma (LMM), acral lentiginous melanoma (ALM) and nodular melanoma (NM)^[1, 4, 5]. VM can develop on any conventional clinical type of malignant melanoma but most frequently develop on SSM^[1, 5]. VM occur more commonly in females and favour the extremities, but may be found on any anatomic site^[1, 2, 3]

VM may occur as primary or de novo and secondary [1]. Primary VM presents as slow growing exophytic growth than that in secondary type [1]. Thus, primary VM have more favourable prognosis and requires less aggressive surgical procedure when detected in microinvasion stage [1]. In latter (secondary) case, diagnosis is difficult because they mimics seborrheic keratosis and pigmented verrucous nevi [1].

Therefore, histological classification of VM may sometimes be extremely difficult [2, 3]. The discrepancy between Breslow thickness and Clark level is caused by marked epidermal hyperplasia and the hyperkeratosis [1, 4]. It is therefore important to recognize this unusual variant of malignant melanoma, as it may be confused both clinically and pathologically with benign lesions like warty naevi, papilloma, and seborrheic keratosis [2, 3].

4. Conclusion

This case highlights the clinical existence of primary verrucous melanoma. Verrucous melanoma may be confused both clinically and pathologically with verrucous pigmented skin lesions [1, 3, 4]. It is therefore important for pathologist to recognize this rare variant of malignant melanoma from verrucous skin lesions and benign pigmented lesions [3, 4].

References

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