Case Report
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A Case of Recurrent Giant Malignant Melanoma of Eyelid with Orbital Infiltration

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ABSTRACT

Objective: To report a case of "recurrent giant malignant melanoma of the right eyelid" in May 2019.

Methods: The patient was found to have a recurrence of a huge mass in the right eyelid, which was surgically removed after admission, and histopathological section was given to confirm the diagnosis.

Results: CT and histopathological sections were used to finally diagnose the recurrence of giant malignant melanoma of the right eyelid, which prevented the further deterioration of the disease.

Conclusion: For this disease, it is easy to diagnose and treat early, and the disease is highly malignant, and it is easy to metastasize to the brain, liver and bone through blood and/or lymph nodes, and it is easy to recur. Therefore, the primary tumor should be enlarged during the operation. After resection, radiotherapy and chemotherapy can be combined according to the situation after operation, and it is particularly important to do postoperative observation and follow-up.

Keywords: Melanoma; Tumor

INTRODUCTION

Malignant melanoma of the eyelid is a tumor originating from the epithelial cells or adnexa of the eyelid, which is relatively rare, accounting for less than 1% of the total incidence of skin melanoma and eyelid malignant tumors. The occurrence of tumors is related to a variety of factors, and the etiology of the disease is not yet very clear. It is more common in the elderly, rare in children, and occasionally in young people. Most patients are 60 to 70 years old, and women are slightly more than men. The disease can be treated by surgical resection, and postoperative radiotherapy and chemotherapy and systemic symptomatic treatment can be combined according to the situation. However, because the disease easily metastasizes to important tissues such as lung, liver, bone, and brain through blood and lymph, the degree of malignancy is extremely high, and death may occur several months after diagnosis. Therefore, the cure rate depends on early diagnosis, early treatment, postoperative review and follow-up is particularly important.

CLINICAL DATA

Wang, male, 69 years old, was admitted to the hospital because of "recurrence and pain for more than 2 months after excision of the right eyelid mass". The patient found a small mass in the upper eyelid of the right eye more than 2 months ago, which gradually increased, accompanied by decreased vision and eye pain, and underwent "right eye mass excision" in a local hospital. The postoperative pathological diagnosis was "malignant right eyelid." melanoma," and no further chemoradiotherapy was performed postoperatively. About 2 months after the operation, the right eyelid mass recurred and grew rapidly, accompanied by pain in the right eye, Headache, vision loss. Orbital CT was performed on admission; the tumor infiltrated the orbital tissue (Figure 1), and the systemic examination showed tumor liver metastasis, and no obvious abnormality was found in the rest.

Past History

Negative syphilis was found for more than 2 months.

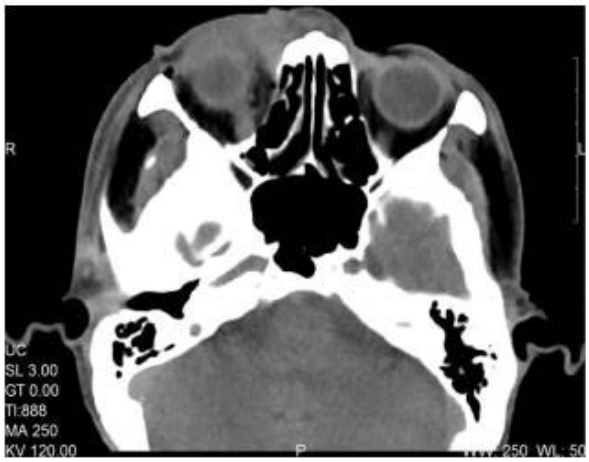

Figure 1: Orbital CT; tumor infiltrating orbital group.

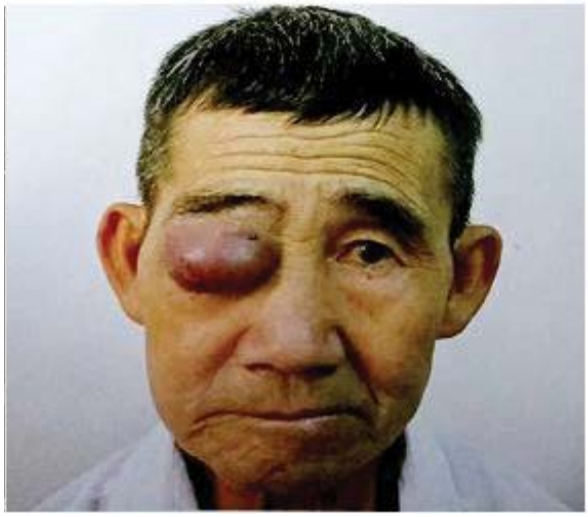

Figure 2: Tumor size.

Ophthalmological examination: Visual acuity (light perception?) of the right eye, a mass of 6 cm × 5 cm × 2.8 cm (Figure 2) can be seen in the upper eyelid, hard in quality, poor in activity, unclear demarcation with surrounding tissues, and extending to the orbit Internal infiltration, tenderness (+), the tumor protrudes forward, the tumor completely covers the cornea and conjunctiva, the yellow purulent secretion of the inferior conjunctival sac in the eye can be seen when opened, and the internal structure of the eye cannot be seen. The visual acuity of the left eye was 0.8, the appearance was clear, and the retina of the fundus was flat. Cranial + orbital CT plain scan: 1. There was no obvious abnormality in cranial CT plain scan. 2. The mass of the right eyelid area is considered as a malignant lesion. Admission diagnosis: right eyelid recurrent tumor with orbital infiltration (malignant melanoma), latent syphilis, under general anesthesia on 2019-5-14 "right eye upper eyelid, orbital neoplastic removal + pedicled skin flap transplantation + upper Blepharoplasty + internal and external canthal surgery + orbital septum repair + blepharoplasty", the tumor size of the right eye was removed during the operation was 6 cm × 5 cm × 2.8 cm, and the tumor tissue was gray-red and gray-brown, solid, and qualitative middle. Immunohistochemistry showed: Vimentin (+), S100 (+), HMB45 fraction (+), Melan-A (+), Ki-67 (+) about 40%, SOX-10 (+), CK (-), CgA(-), pathological diagnosis: malignant melanoma (Figure 3). After the operation, the patient was transferred to a tumor hospital for chemotherapy.

DISCUSSION

Malignant melanoma of the eyelid is a tumor originating from the epithelial cells or adnexa of the eyelid. It is an invasive and proliferative lesion of malignant melanocytes [1]. Malignant melanoma of the eyelid is relatively rare. According to

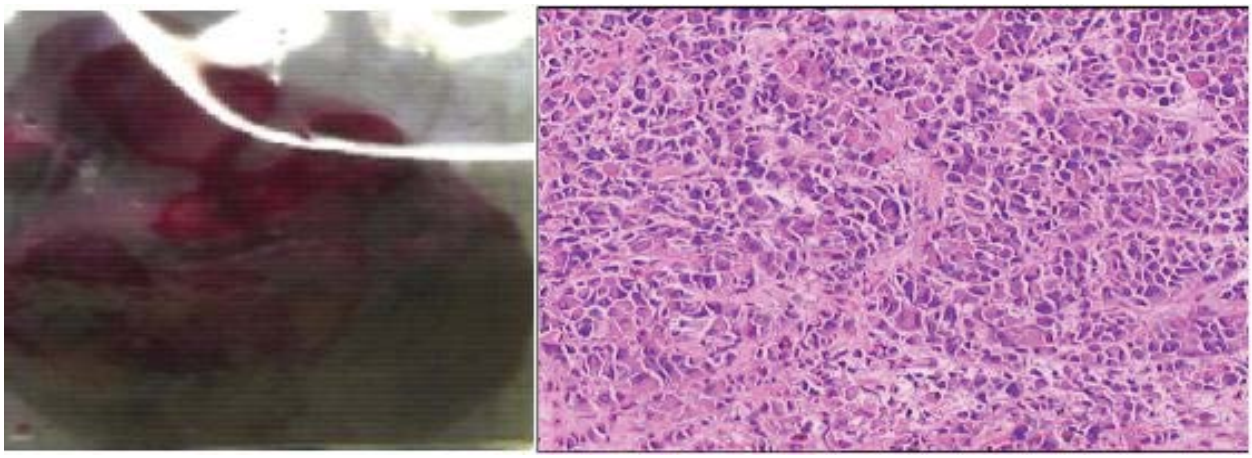

Figure 3: Tumor tissue resected during operation Histopathology: The tumor cells were arranged in sheets under the epidermis. The tumor cells were large and polygonal, and some tumor cells had vacuolar cytoplasm (HE×200).

statistics [2] Malignant tumors account for less than 1% of the total incidence and can metastasize through the blood and lymph nodes. The degree of malignancy is extremely high, and death can occur several months after diagnosis. Therefore, the cure rate depends on early diagnosis, early treatment, postoperative review and follow-up is particularly important. The occurrence of tumors is related to a variety of factors, and the etiology of the disease is not yet very clear. Risk factors for melanoma include congenital or dysplastic moles, melasma, excessive sun exposure, family history, age, and ethnicity [3]. It is more common in the elderly, rare in children, and occasionally in young people. Most patients are 60 to 70 years old, and women are slightly more than men. There is great variability in its development process, and some grow rapidly; some grow slowly and are static, with little change over several years; there is also a special one, although the local lesions are small, but the possibility of distant metastasis should be guarded against. sex. the possibility of distant metastasis.

Imaging examinations can assist in the diagnosis, and pathological diagnosis is the gold standard for accurate diagnosis [4]. Early-stage melanoma can be treated by surgical resection. Due to the extremely high degree of malignancy of malignant melanoma, extended resection of the primary tumor should be performed as soon as possible. The safe margin of extended resection should be determined according to the height of the tumor. The surrounding 5 mm of normal skin is sufficient. When the tumor height is ≥ 2 mm, the surrounding skin should be excised more than 10 mm. If the tumor depth is more than 1.5mm, there is the possibility of lymphatic or blood dissemination, and regional lymph node dissection should be performed. If the tumor involves the palpebral conjunctiva or the orbit, orbital content resection should be performed, supplemented by chemotherapy.

It is generally believed [5] that melanoma is not sensitive to radiotherapy (referred to as radiotherapy), but radiotherapy is still an important treatment method in some special cases. Scleral surface applicator radiotherapy: the preferred therapy in most foreign ophthalmic centers, this is a kind of brachytherapy, the specific method is to place a metal disc containing 125I or 106Ru radioactive particles on the local scleral surface. Patch radiation therapy is recommended for small and medium-sized tumors. In recent years, research on malignant melanoma biology and cell signaling has gradually deepened. Individualized targeted therapy and immune targeted therapy are the hotspots of current research, and a series of drugs for the treatment of advanced melanoma have been born, such as immunotherapy drugs ipilimumab and Nivolumab, targeted drugs dabrafenib and trame tinib.

The disease has a very high degree of malignancy, and it is easy to metastasize to the brain, liver, and bone through blood and/or lymph nodes, and it is easy to recur. Therefore, expanded resection of the primary tumor should be performed during the operation. Observation and follow-up are particularly important. The patient in this case had a second recurrence after 2 months and invaded the orbital tissue because the initial onset was not completely removed. Currently, the patient is undergoing chemotherapy in another hospital and is being followed up.

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