Primary malignant melanoma of the nose: a rare cause of epistaxis in the elderly

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Abstract

We report the case of a primary nasal malignant melanoma in an elderly woman, illustrating the dilemmas involved in clinical decision making with non-specific symptoms, and the treatment of cancer in elderly patients. We also discuss the incidence, clinical presentation, diagnosis, principles of management and outcome.

Keywords: mucosal malignant melanoma, elderly, epistaxis

Case report

A 93-year-old resident of a warden-controlled flat was admitted to the Southampton General Hospital with a diagnosis of multiple stroke disease. A CT scan of her head confirmed appearances consistent with small vessel disease. She had a past history of myelodysplastic syndrome.

During a long inpatient stay she suffered several episodes of epistaxis requiring nasal packing and blood transfusion. After a few weeks of intermittent epistaxis, symptoms became more persistent and troublesome interfering with eating and subsequent rehabilitation. The team realised a more definitive management option was required. An ENT (Consultant) opinion was sought, and nasopharyngeal biopsies were taken.

A CT of the paranasal sinuses and neck was performed and revealed a large soft tissue mass typical of a primary neoplasm (Figure 1). This filled the right nasal space and nasopharynx, with complete opacification of the right maxillary antrum associated with destruction of the medial wall. Erosion of the right pterygoid fossa and medial pterygoid plate was also noted, with early anterior septal erosion. No lymph node metastasis was seen in the neck. This tumour was not visible on the first scan, as CT brain usually does not include sinuses to avoid exposure to lenses.

Histology showed pleomorphic tumour cells forming a papillary pattern, and immunohistochemistry confirmed the diagnosis of malignant melanoma (Figure 2).

Surgery was thought inappropriate due to comorbidity and quality of life issues as her performance status was 3-4 (she needed some help with self-care and could only walk small distances without help). Oncology colleagues recommended two fractions of palliative radiotherapy to control epistaxis. This had implications on discharge planning. She needed a nursing home placement following radiotherapy.

Discussion

Malignant melanoma of the nose is rare, accounting for less than 1% of malignant melanoma. It was first described by Luke in 1869 [1]. It is primarily a tumour of the nasal cavity and its presence in paranasal sinuses is rare and due to
extension. It is now accepted that it arises from neural crest tissue in normal nasal mucosa.

Both genders are affected equally, with the mean age of presentation between 7th and 8th decade [2]. Common presentations include non-specific symptoms of unilateral nasal obstruction, epistaxis and facial pain [2].

Diagnosis is made by histopathology and immunohistochemistry. There is no histological system for staging mucosal melanoma. Prognosis is uniformly poor. Distant metastasis at the time of diagnosis is the only factor which appears to have prognostic significance [3].

Surgery is the initial mainstay of therapy, coupled with radiation and/or chemotherapy. Surgical resection of mucosal melanoma is usually unrewarding, by the nature of the location of the tumour. Resection may be very debilitating and not alter the prognosis significantly although palliative resection may rarely be indicated [4]. The 5-year survival is in the region of 0–30% in the absence of metastasis [5].

Key points
- Primary malignant melanoma is a very rare carcinoma of the nasal cavity.
- Patients usually display non-specific symptoms.
- Prognosis is poorer than cutaneous malignant melanoma.

References

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