Clinical picture

Recurrent malignant melanoma in the mediastinum

Case history
An 85-year-old man presented with minor haemoptysis and weight loss. Past medical history included resection of a localized 7 mm malignant melanoma from the right forehead 4 years previously. He had a 35 pack-year smoking history and mild asbestos exposure. Physical examination confirmed a scar on his right forehead, but no evidence of malignancy. Chest radiography was unremarkable (data not shown), but computed tomography (CT) of the thorax revealed right hilar lymphadenopathy (Figure 1) and pleural plaques only.

Bronchoscopy revealed no endobronchial lesion and endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) was performed at the same time to sample the right hilar node (Figure 2). The aspirate revealed numerous undifferentiated pleomorphic epithelioid malignant cells. Immunostaining on the aspirate was strongly positive for S-100 protein (Figure 3) and negative for all epithelial markers, in keeping with metastatic malignant melanoma. He underwent oncological systemic treatment.

Figure 1. CT thorax (axial view, mediastinal window) showing pleural plaques and right hilar adenopathy.

Figure 2. Sonographic image at EBUS-TBNA showing 2-cm right hilar node.

Figure 3. Cytology from EBUS-TBNA showing undifferentiated pleomorphic epithelioid tumour cells staining strongly for S-100 protein, consistent with metastatic malignant melanoma.
These images demonstrate the utility of EBUS-TBNA in providing adequate material for immunostaining for unexplained accessible mediastinal lesions (when no endobronchial lesion is present) to allow prompt diagnosis and treatment via conscious sedation.

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