

A Case of Endobronchial Melanoma from an Unknown Primary Site with Recurrence after Surgery

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Melanoma of unknown primary (MUP) is a histologically confirmed metastatic melanoma to either subcutaneous, lymph nodes, or visceral organs, occurring without any definite primary lesion. MUP accounts for up to 3% of all melanomas, among which visceral metastases are more infrequent than subcutaneous or nodal metastases, and endobronchial metastases are particularly rare. We report a case of endobronchial MUP which recurred shortly after surgery. A 62-year-old man who had history of hypertension and diabetes mellitus presented with chills and left pleuritic pain which started 3 days ago. His chest computed tomography (CT) scan showed consolidation and ground-glass opacities in the left upper lobe and suspicious endobronchial obstruction in the lingular division. On diagnosis of pneumonia, he was treated with intravenous ceftriaxone for seven days and the symptoms and chest images significantly improved. After two months, however, he revisited our hospital with cough and hemoptysis, and chest CT scan showed no change of endobronchial lesion. The patient underwent bronchoscopy and an ocher-colored endobronchial mass obstructing the lingular bronchus was noted (Fig. 1A). The mass was firm and had prominent superficial vessels. Histologic examination of the bronchoscopic biopsy specimen showed spindle-shaped cells and fine granular pigments present in the tumor cells. Immunohistochemical staining showed the tumor cells were positive for S-100 and HMB-45 and Ki67 labeling index was 15%, supporting the diagnosis of malignant melanoma. Skin examination, ophthalmic magnetic resonance imaging, and nasopharyngoscopy failed to find the primary cutaneous, ocular, or mucosal melanoma, and distant metastasis was not detected by positron emission tomography (PET) scan. The patient underwent left upper lobectomy with mediastinal lymph nodes dissection and the 17 dissected lymph nodes were negative for malignancy. Four months after surgery, he developed hemoptysis and subsequent bronchoscopic examination revealed recurrence of endobronchial melanoma up to the carina and left distal trachea (Fig. 1B and 1C). The patient is currently under systemic chemotherapy with pembrolizumab.

