

CLINICAL IMAGE

Progressive vitiligo induced by recurrent melanoma

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Abstract

A woman had undergone excision for primary melanoma of the left heel and dissection of groin lymph nodes. The recurrent tumor on the lateral left lower leg developed six months ago and the depigmented plaques spread extensively on the left lower limb. The depigmented macules were localized to the left lower limb and were not seen in other areas. Although the left groin lymph node had been dissected, the local immune environment of anti-tumor immunity was preserved. The cause of melanoma-associated vitiligo is regarded to be anti-tumor autoimmune mediated, and this phenomenon is recently recognized during the therapy with immune checkpoint inhibitors in the treatment of stage III and IV melanoma

KEYWORDS

local immunity, melanoma, recurrence, vitiligo

A 77-year-old woman consulted to our department because of the recurrence of melanoma on her left lower leg. She had undergone local excision for melanoma of the left heel and dissection of groin lymph nodes 10 years ago, followed by five courses of anticancer therapy and additional four years of immunotherapy with IFN- β . The tumor on the lateral left lower leg developed six months ago and was histologically recurrence. However, the depigmented plaques that had appeared and developed at the same time had spread extensively on the left lower limb. The depigmented macules were localized with the left lower limb and were not seen in other areas (Figure 1A). Although the left groin lymph node had been dissected, the local immune environment of the lower limb would be preserved. During the following two months, the depigmentation appeared around the right knee (Figure 1B). The cause of melanoma-associated vitiligo is regarded to be anti-tumor autoimmune mediated,¹ and the main effectors are cytotoxic CD8+ T cells that target melanocyte antigens responsible for melanin synthesis.¹ This phenomenon is recently recognized

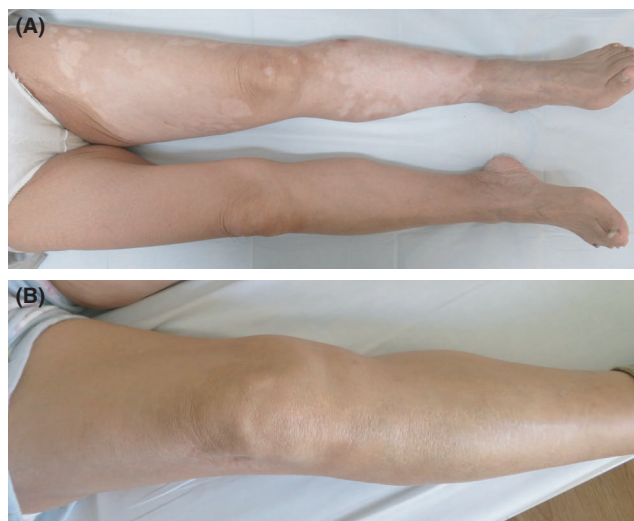


FIGURE 1 (A) The recurrent tumor was located on the left lower leg. The depigmented plaques had spread extensively within six months but limited to the left lower limb and were not seen in other areas. (B) During the following two months, the depigmentation appeared around the right knee

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during the therapy with immune checkpoint inhibitors in the treatment of stage III and IV melanoma.²

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None.

CONFLICT OF INTERESTS

We declare no competing interests.

AUTHOR CONTRIBUTIONS

NY, AU, and KY cared for the patient, wrote the manuscript. We all revised the manuscript.

ETHICAL APPROVAL

The study was conducted in accordance with the Declaration of Helsinki. The patient provided written informed consent to publish the case, including the publication of images. The paper is exempt from ethics committee approval as only one case was reported.

CONSENT

Written consent for publication was obtained from the patient.

DATA AVAILABILITY STATEMENT

The patient's data is not publicly available on legal or ethical grounds.

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