CASE REPORTS

Melanoma of the Rectum

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In 1857 Moore[4] reported upon a 65-year-old man with recurrent melanoma of the rectum treated initially by local excision. This appears to be the first description of melanoma in this location in man, although rectal melanotic tumors had been frequently noted in certain strains of horses. By 1949 there were in the literature reports of 94 cases of melanoma of the anus.[5] Pack and Livingston[6] stated that 2 per cent of all melanomas in human beings are located in this area.

In the following case a melanoma appeared first at the mucocutaneous junction of the anal canal, and recurred on two occasions at successively higher levels under the rectal mucosa.

CASE REPORT

A 51-year-old white man was admitted to Wadsworth Hospital on May 2, 1951, because of a recurrent lesion of the rectum. The tumor had been first discovered in June 1949 following passage of several blood-streaked stools. At that time it was 2.5 centimeters in diameter and was treated elsewhere by local excision followed by x-ray therapy. In April 1950 recurrence at the original site was noted and removed. A year later there was a second recurrence and the patient was referred to Wadsworth Hospital for radical excision of the rectum.

The patient had had no symptoms referable to the rectum, other than the previously noted blood-streaked stools. In the family history the only pertinent factor was that the maternal grandmother died of carcinoma of the tongue at the age of 94.

The patient was moderately obese. Just inside the mucocutaneous junction of the rectum was a raised black lesion 1 cm. in diameter. The nodule was freely movable with the mucosa over the deeper layers and was quite firm. There was no enlargement of inguinal nodes. The liver was not palpable.

The microscopic sections from the previous surgical excisions were reviewed and the diagnosis of melanoma was confirmed.

Sigmoidoscopic examination of the lower bowel was carried out but the previously described black nodule in the anal canal was the only abnormality observed.

On May 18, 1951, abdominoperineal resection of the rectum was performed. No evidence of metastatic involvement of either the liver or lymph nodes adjacent to the lower colon was found. The postoperative course was uneventful.

Upon gross pathologic examination the specimen was observed to contain a nodule 3 cm. above the external sphincter (Figure 1). The nodule was 1 cm. in diameter and 0.5 cm. thick. It was blue-brown in color, slightly ulcerated on its superior surface and did not extend through the submucosa. Microscopically the tumor was found to consist of large cells containing melanin (Figure 2). Extension to the lymph nodes was not found.

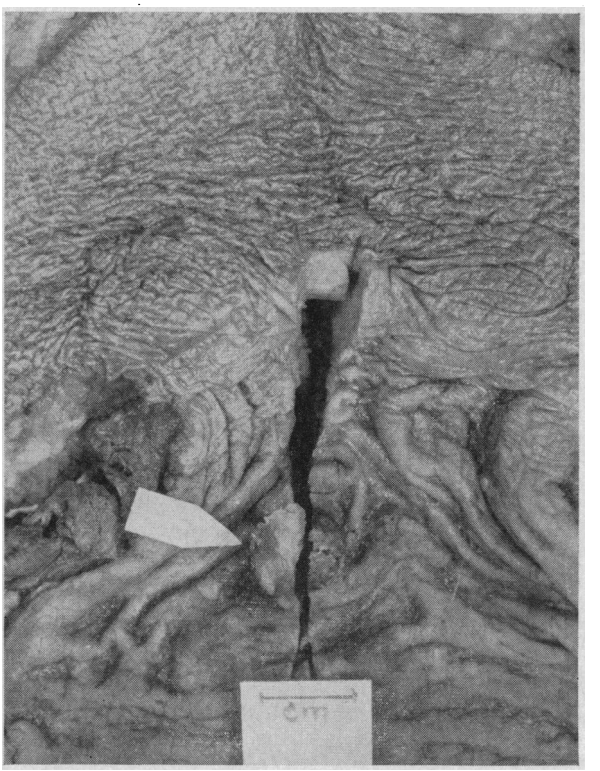

Figure 1.—Melanoma of rectum located 3 cm. above mucocutaneous junction. The cut surface shows pigmentation.

The patient was last observed April 28, 1952, and no evidence was found of either local or distant recurrence.

DISCUSSION

Dawson[2] reported in detail studies which concluded that "melanin pigmented tumors are regarded as having their origin in epidermal or neuroepithelial cells and melanin pigment formation in the body is regarded as exclusively an ectodermal function." Willis,[7] however, expressed belief that melanomas may be formed from mesodermal, ectodermal, or neuroepithelial cells which happen to contain melanin.

Further difference of opinion exists in the literature as to whether melanomas arise primarily in the gastrointestinal tract, or are secondary to lesions in the skin, eye, or central nervous system. Willis, in discussing melanomas of the

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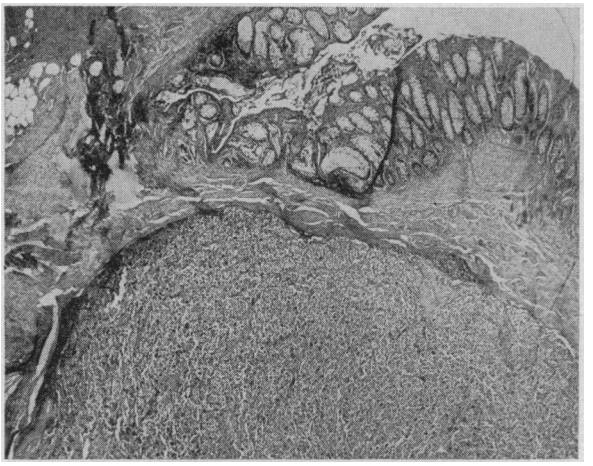

Figure 2.—The melanoma is submucosal, being covered with normal rectal mucosa.

gastrointestinal tract, stated: "In such cases, unless meticulous search of every part of the skin, eyes and juxtacutaneous mucous membranes proves the absence of a possible primary growth there and inquiry elicits positive certainty that the patient has never had any skin lesions which might have been the primary source—the primary visceral origin of a melanoma cannot be accepted. I know of no reported cases fully satisfying these strict requirements." Herbut and Manges[3] also stated the opinion that melanomas do not originate as primary lesions of the gastrointestinal tract. They pointed out that melanoblasts have not been demonstrated in the small intestine and that primary and secondary growths have similar histological patterns. They noted also that since 25 years or more may elapse before the appearance of the metastatic tumor, the original lesion may well have been forgotten.

Confusion has arisen in the reporting of cases of melanoma of the rectum owing to the use of conflicting terms and authors neglecting to state whether or not the growth was considered to be primary in the bowel. Braastad, Dockerty and Dixon[1] stated that melano-epitheliomas of the anus and rectum arise from melanoblasts of the anal epithelium and that submucosal spread upward accounts for rectal growths. The conditions observed in the case herein reported support this view.

The recurrence of the lesion after local excision also indicates that initial radical treatment is required in dealing with malignant growth of this type.

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