Huge nasal mucosal malignant melanoma in a patient with lack of BRAF V600E mutation

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DESCRIPTION

The MRI of a patient having symptoms of nasal obstruction shows a huge left nasal obstructive mass 9 cm in dimension (figure 1) infiltrating the nearby

Figure 1 MRI showing a huge left nasal mass with a dimension of 9 cm invading the nearby anatomical structures.

anatomical structures making the local stage of the malignant mass as staged T4a as per the 2013 American Joint Committee on Cancer staging system for mucosal melanomas of the head and neck.¹ Biopsy revealed a highly anaplastic malignant tumour with multifocal melanin pigment formation (figure 2). The microscopic differential diagnosis was sinonasal undifferentiated carcinoma and high-grade large cell lymphomas. Melanin pigmentation in the biopsies is a clue to the diagnosis of melanoma along with positivity with S100 and HMB45 immunohistochemically.^{2,3}

Learning points

- ▶ Biopsy for nasal obstructive masses is of utmost importance for early diagnosis of malignancies in this region.
- ▶ Highly anaplastic tumours in the sinonasal tract must also be evaluated for mucosal melanoma.
- ▶ Nasal melanomas lose their multimodal treatment opportunities in an advanced stage as in this case.

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Figure 2 Diffused infiltration of the epithelioid cells with big vesicular, pleomorphic nuclei and prominent nucleoli. There are also multinucleated giant cells. Melanin pigment can be seen on the left upper part of the section (H&E, ×400).

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