Primary malignant melanoma of urethra mimicking as urethral caruncle

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DESCRIPTION

A 50-year-old woman presented with dysuria and intermittent vaginal bleeding for last 6 months. On local examination, a 1×1cm mass was seen protruding from anterior wall of urethral meatus. The mass was lobulated, firm, painless and tan coloured (figure 1). The local pelvic examination and general physical examination was normal. Cystourethroscopy revealed no abnormality in the urethra and urinary bladder. The mass was provisionally diagnosed as urethral caruncle and was excised under local anaesthesia. The histopathology came as a surprise to us as it revealed diffuse infiltration of large pleomorphic, epithelioid and spindle-shaped tumour cells with high nucleocytoplasmic ratio, vesicular chromatin, prominent nucleoli and scant amount of cytoplasm (figure 2). Melanin pigment was also seen within the cells. Further analysis with immunohistochemistry revealed positive immunostaining with HMB-45 and confirmed it to be primary malignant melanoma of urethra (figure 3). Further workup including contrast enhanced CT abdomen/pelvis and chest X-ray revealed no evidence of metastasis. After due consultation from surgical oncologist and radiation oncologist, the patient underwent urethral margin excision with bilateral superficial inguinal lymph node dissection. The patient is doing fine at 3 months follow-up with no evidence of recurrence/distant metastasis. Primary malignant melanomas of urethra are rare tumours comprising less than 1% of

Figure 2 Histopathological image showing diffuse infiltration of large pleomorphic, epithelioid and spindle-shaped tumour cells with high nucleocytoplasmic ratio, vesicular chromatin, prominent nucleoli and scant amount of cytoplasm. Melanin pigment is also seen within the cells.

Figure 3 10× view image showing HMB-45 positivity in cells.

Figure 1 Clinical image showing periurethral mass.

all urethral tumours.¹ Both melanoma and urethral caruncle occur in postmenopausal women and can have similar clinical presentation of dysuria, intermittent vaginal bleeding, mass arising from anterior

Learning points

- ▶ Primary malignant melanoma of urethra is very rare.
- ▶ Both malignant melanoma of urethra and urethra caruncle can have similar clinical presentation including dysuria, intermittent vaginal bleeding, mass arising from anterior wall of urethra, haematuria and obstructive lower urinary tract symptoms.
- ▶ An early excisional biopsy must be done to rule out malignancy if a periurethral mass shows suspicious features such as sudden increase in size, irregular consistency, associated inguinal lymphadenopathy and if it fails to respond to topical oestrogen cream.

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wall of urethra, haematuria and obstructive lower urinary tract symptoms.^{1,2} A high index of suspicion is indicated in case of a periurethral mass presenting in an elderly female. The differential diagnosis of urethral caruncle from malignant melanoma can be successfully made histopathologically.² Misdiagnosis can have grave consequences hence if a periurethral mass shows features like sudden increase in size, irregular consistency, associated inguinal lymphadenopathy and if it fails to respond to topical oestrogen cream, then an early excisional biopsy must be performed to rule out malignancy.³

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