

A RARE CLINICAL ENTITY WITH A COMMON SYMPTOM

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UEG Week Copenhagen 2023

Poster

Colorectal

October 15, 2023

A case report describes diagnosis and surgical management of anorectal melanoma in a 65-year-old woman presenting with rectal bleeding and a 7 cm anal canal tumor without distant metastases.

KEY POINTS

- Colonoscopy identified a 7 cm blackish, friable rectal tumor with histopathology confirming malignant anorectal melanoma positive for Melan-A and HMB45
- Imaging showed tumor invasion of the internal sphincter and lower rectum with two involved regional lymph nodes but no distant metastases on CT and PET scans
- The patient underwent abdominoperineal resection without neoadjuvant immunotherapy as determined by the multidisciplinary oncology board
- Anorectal melanoma accounts for 1 to 1.9 percent of rectal cancers and less than 2 percent of all melanomas, with typical presentations including rectal bleeding, anal mass sensation, and tenesmus
- Surgery including abdominoperineal resection or wide local excision remains the cornerstone treatment for early-stage anorectal melanoma

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