ANORECTAL MELANOMA: TREACHEROUS SYMPTOMS AND APPEARANCE

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Colorectal

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A case report of anorectal melanoma in a 48-year-old man initially presenting with rectal bleeding and a history of hemorrhoids, treated with abdominoperineal amputation, highlights the diagnostic challenge of distinguishing this rare, highly lethal malignancy from benign anorectal conditions.

KEY POINTS

- Anorectal melanoma accounts for less than 1% of anorectal malignancies and around 1-2% of all melanomas, and is easily mistaken for thrombosed hemorrhoids due to similar symptoms including rectal bleeding, pain, pruritus, tenesmus, or change in bowel habits.
- The patient underwent colonoscopy revealing a 15mm pedicled polyp with blackish areas on the anopectineal line; biopsy confirmed melanoma with positive s-100 and Melan-A immunohistochemistry, and PET-CT showed intense uptake without pathological adenopathies.
- Surgical treatment with abdominoperineal amputation was performed after multidisciplinary discussion; final pathology showed melanoma of the rectal mucosa with 1.5cm tumor thickness without satellite nodules or affected lymph nodes.
- Anorectal melanoma is a highly lethal disease that recurs in 80% of cases after surgery, with 5-year survival of 12-15%; it is resistant to chemotherapy and the role of radiotherapy is highly controversial.
- Mistaking anorectal melanoma for hemorrhoids has been shown to negatively impact patient survival, underscoring the importance of thorough clinical and endoscopic inspection of anorectal symptoms.

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