

Occult satellite metastasis of an auricular melanoma

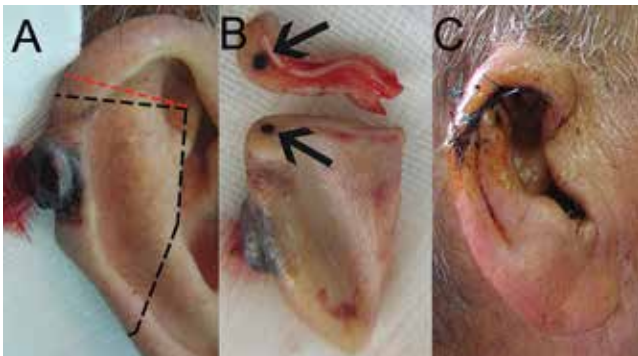


FIGURE 1. (A) The dark, exophytic, hemorrhagic mass was found on the helix of the right auricle. (B) A second dark lesion was found in the subcutaneous tissue of the upper border of the resection specimen. (C) The reconstructed auricle.

A 90-YEAR-OLD MAN PRESENTED to our clinic with a dark, exophytic, hemorrhagic mass on the helix of his right auricle (Figure 1A). He had first noticed the lesion 6 months before.

Evaluation of the lesion with the standard ABCDE criteria (Asymmetry, Border irregularity, Color variation, Diameter > 6 mm, Evolution/elevation) raised our suspicion of melanoma.¹ We performed a wide, full-thickness, auricular wedge resection, which revealed a second dark lesion in the subcutaneous tissue of the upper border of the resected specimen. The rest of the second lesion was evident on the corresponding location of the edge of the remaining auricle (Figure 1B). Thus, we excised an additional strip of auricular tissue. The aesthetic result of the auricular reconstruction was quite good (Figure 1C).

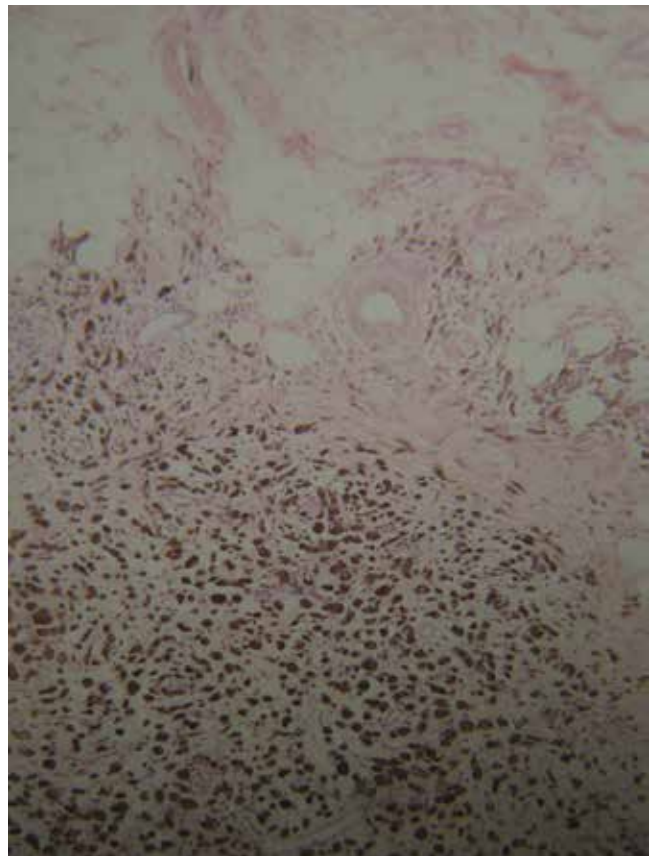


FIGURE 2. Histopathologic examination showed the second lesion to be a satellite metastasis. It was located below the subcutaneous adipose tissue (hematoxylin and eosin, × 200).

Histopathologic study confirmed cutaneous melanoma and showed the second lesion to be a satellite melanoma metastasis (Figure 2). The patient refused to undergo staging investigations for lymph node and distant metastases. He died 1 year later of ischemic stroke.

Diabetic Limb Salvage/Critical Limb and Woundcare: A Team Approach 2015

October 2 – 3, 2015

Cleveland Clinic Administrative Campus,
Building #4
Beachwood, OH



You Don't Want to Miss This Activity

This educational activity will provide an in-depth review of limb revascularization and wound care for patients with diabetes and update health care practitioners regarding the current understanding of the biologic basis of vascularization in diabetes, assessment and classification of wounds, and current therapies. Through a knowledgeable approach to treating this patient population, practitioners will be able to incorporate the latest research and clinical trial findings into their practice.

This activity has been approved for *AMA PRA Category 1 Credit™*.

Register Today!
ccfcme.org/AttendDLS

AURICULAR MELANOMA

IN-TRANSIT AND SATELLITE METASTASES

Melanoma is highly metastatic. In addition to regional lymph node and distant metastases, patients may develop in-transit metastases and satellite metastases.

In-transit metastases grow more than 2 cm away from the primary tumor but not beyond the regional lymph node basin. Satellite lesions are found within 2 cm of the primary melanoma.

As seen in our patient, satellite metastases are not always cutaneous and evident. This is also true of in-transit melanoma lesions. They can also be located in subcutaneous tissue, making them difficult to detect. The presence of satellite lesions is a sign of aggressive disease and requires a thorough evaluation for metastases.²

REFERENCES

1. Thomas L, Tranchand P, Berard F, Secchi T, Colin C, Moulin G. Semiological value of ABCDE criteria in the diagnosis of cutaneous pigmented tumors. *Dermatology* 1998; 197:11–17.
2. Homsy J, Kashani-Sabet M, Messina JL, Daud A. Cutaneous melanoma: prognostic factors. *Cancer Control* 2005; 12:223–229.

ADDRESS: Petros Koltsidopoulos, MD, PhD, Department of Otolaryngology, General Hospital of Volos, Polimeri 134, 38222, Volos, Greece; e-mail: petkoltsid@yahoo.gr