

PICTORIAL

**MALIGNANT MELANOMA OF ORAL CAVITY**

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Figure-1: Clinical picture of the lesion

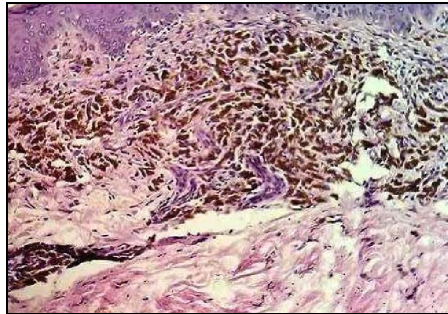


Figure-2: Numerous atypical melanocytes infiltrated in the connective tissue stroma (Haematoxylin and Eosin stainin X10)

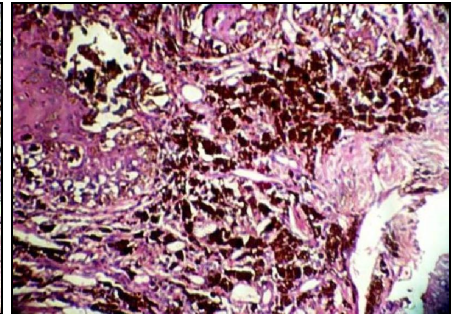


Figure-3: High power view shows atypical melanocytes with brown – black pigment in cytoplasm (Haematoxylin and Eosin Staining X40)

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A 51-year-old male presented to the Department of Oral and Maxillofacial Pathology, NIMS Dental College Jaipur (India) with a painless pigmented patch extending from left side of the palate to the gingiva from 9 months. The patient had noticed the growth 7 months ago; it was a small patch of 1 cm initially, which gradually increased to attain the present size. The lesion was completely asymptomatic without any ulceration and mobility of the teeth. The past medical history and family history were non – contributory. Bilateral sub – mandibular lymph nodes were palpable. Intra – oral examination revealed a brown to black pigmented lesion of 3×2 cm in size; extending from left side of palate to attached, interdental and marginal gingival of left maxilla. The lesion extending from right maxillary lateral incisor to left maxillary second molar. With irregular and blurred borders (Figure-1). Based on clinical features a provisional diagnosis of malignant melanoma was considered with differential diagnoses of intra – oral nevus, haemangioma, vascular malformations and Kaposi’s sarcoma were considered. An incisional biopsy was performed under local anaesthesia and excised tissue was sent for histopathological examination. Haematoxylin and Eosin stained soft tissue section revealed infiltration of numerous atypical pleomorphic melanocytes in the connective tissue stroma. (Figure-2) Melanocytes contained brown – black pigments in cytoplasm. (Figure-3). With the correlation of all the clinical and histopathological features a final diagnosis of Malignant melanoma was rendered. Pigmented lesions are commonly found in the mouth. Such lesions represent a variety of clinical entities, ranging from physiologic changes to manifestation of systemic illness and malignant neoplasm. Diagnosis of such lesions requires a proper case history, extraoral and intraoral examination, and, in some cases, biopsy, aspiration cytology, and laboratory investigations.<sup>1</sup>

Dentists come across frequently to intra – oral pigmented lesions. ABCDE criteria<sup>2</sup> is easy and can be used to differentiate malignant melanoma from another pigmented lesion. (Table-1). The prognosis for oral melanoma is extremely poor. A review of the literature indicates that the 5 years’ survival rate with in a broad range of 4.5–48%, but a large cluster occurs at 10–25%.<sup>3</sup>

<b>Asymmetry</b>	The shape of the lesion is not same on the both sides.
<b>Border irregularity</b>	The edges are ragged, notched or blurred.
<b>Colour variegation</b>	Pigmentation is not uniform, and many display shade of tan, brown or black. White, reddish or blue discoloration is of particular concern.
<b>Diameter</b>	A diameter >6 mm is characteristic of melanoma, although some may have smaller diameters. Any growth in a simple nevus warrants evaluation.
<b>Evolving</b>	Changes in the lesion over time are characteristic. This factor is critical for nodular or melanotic melanoma, which may not exhibit the classic criteria listed above.

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