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LINGUAL MELANOMA : A CASE REPORT OF 70YO MAN

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ABSTRACT

lingual melanoma : a case report on 70yo man. Introduction: lingual melanoma, which is a form of an oral mucosa melanoma, is rare with a very poor prognosis. The diagnosis relies on the anatomopathological examinations. Imaging is very useful to get oriented towards the diagnosis, such as CT scan, MRI, or even a PET SCAN. Surgery remains the best solution but its indications can be limited depending on the case, chemotherapy and irradiation therapy are also an option.

KEYWORDS

melanoma, lingual, rare.

MAIN ARTICLE

Introduction

Malignant melanoma of the oral cavity is very rare. it represents about 0.2%–8.0% of all malignant melanoma cases with the lingual localization being the rarest. Compared with other melanomas, mucosal melanomas have the lowest percentage of 5-year survival rate, likely due to delayed detection(1). Biopsy remains the gold standard for diagnosing oral melanomas(3).

Most of the oral melanoma cases occur most frequently on the maxillary gingiva and palate, the lips are the third most frequent site.

Observation

We report the case of a 70-year-old man with no history. The patient was referred to us in 2025 for pain in the tongue, and difficulty of swallowing . On examination, we noted the presence of a painful pigmented mass on the left posterolateral aspect of the tongue reaching the oropharynx, measuring about 5×6 cm with no other intra oral lesions.(figure 1) (figure 2)



Figure 1 : patient's lingual lesion view on the day of the 1st consultation



Figure 2 : lesion reaching the oropharynx

We also noted in our intraoral examination some lesions located in the floor of the mouth (figure3).



Figure 3 : lesions located in the floor of the mouth

We proceeded our method of conduct by demanding a cervical and facial CT scan for a further evaluation of the lesions, especially their and location The results were in favor of a tumor located on the left side of the tongue extended to the oropharynx and the uvula. (figure 4) (figure 5)

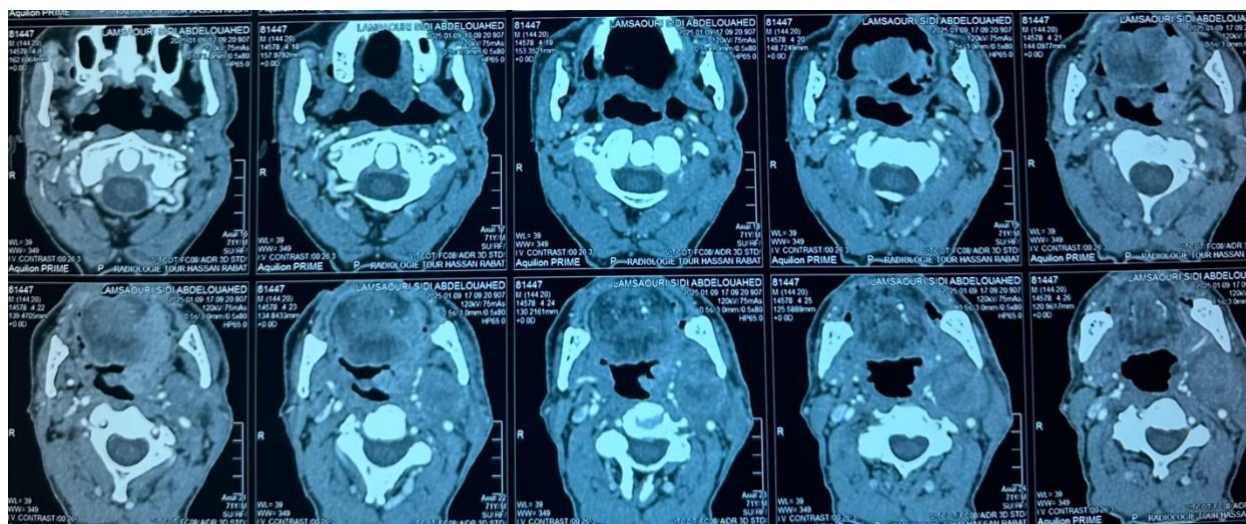


Figure 4 : Axial view

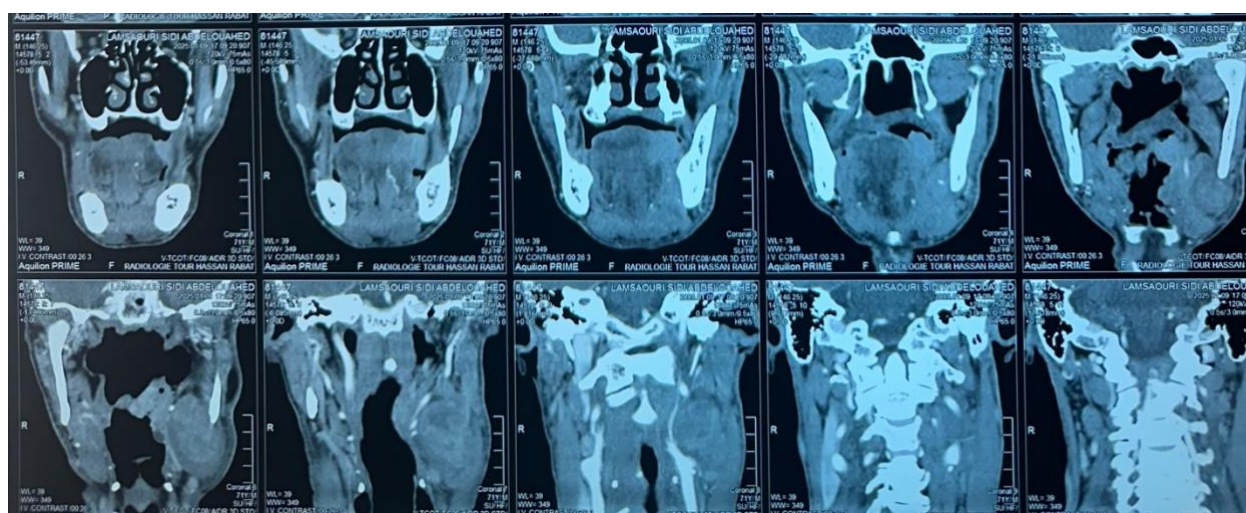


Figure 5 : Coronal view

After clinical and examination and the imaging results of the CT scan, the next step would be a biopsy of the tongue which was done under local anesthesia.

The results came in a week later in favor of lingual melanoma. (figure 6).

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Histopathologie
Cytopathologie conventionnelle
en milieu liquide.
Examen extemporané en clinique
ou au laboratoire.
Colposcopie avec biopsie dirigée.
Cytosponction d'organes.
Immunohistochimie automatisée.
Immunocytochimie automatisée.
Biologie moléculaire.

NOM & PRENOM LAMSAOURI SIDI ABDELOUAHED
DOCTEUR Dr. EL BAZ Mayssam.
DATE DE DEMANDE 20/01/2025
AGE 70 ans
SIEGE DU PRELEVEMENT Biopsie du bord libre gauche de la langue
REF. DEMANDE I250120845
CODE PATIENT 096422

RENSEIGNEMENTS CLINIQUES :
Processus tumoral indifférencié infiltrant lingual nécessitant une étude immuno-histochimique de phénotypage.

IMMUNO-MARQUAGE :
Anticorps anti- Pan-cytokératine (Clone AE1/AE3, Bio SB)
Négatif sur les cellules tumorales.
Anticorps anti- P 63 (Clone 4A4, Bio SB)
Négatif.
Anticorps anti- PS100 (Protein Ab-1, epridia)
Positivité diffuse des cellules tumorales.
Anticorps anti- Melan A (Clone A103, BIOCARE)
Positivité diffuse des cellules tumorales.

CONCLUSION :
Aspect immuno-histochimique d'un mélanome lingual.

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Figure 6 : The biopsy report

Discussion

Melanoma of the oral cavity especially the lingual mucosa is a rare malignant tumor which has a rapid and fast progress. It's rate is under 2% of all oro-nasal melanoma cases. Clinically the tumor may often present itself as a brown patch, a macula or even a nodular lesion. The etiology, risk factors, and pathogenesis of oral melanoma remain poorly understood(1).

As it's known, skin melanoma is often related to UV light even though it hasn't been proven, as it isn't the case for intraoral mucosa tumors, since it's protected from it. Which makes the intra oral melanoma, or in our case the lingual melanoma, in relation with other factors such as, denture irritations, alcohol, tobacco (1). Early diagnosis is essential since oral melanomas show a very aggressive evolution with a poor prognosis(1). The most common dermoscopic features include diffuse and irregular pigmentation with pseudo-network, regression structures, and a blue-white veil (5).

To confirm the diagnosis, the biopsy remains the method of reference. The characteristic histopathological features of mucosal melanomas include atypical melanocytes (hyperchromatism and nuclear pleomorphism) in the epithelium and connective tissue junction(4).

Imaging can be very useful to further locate the tumor, get better measurements and locate other lesions that may or may not be clinically visible. The CT scan can be useful but the MRI is far better for lingual tumors, but it is much more expensive as it was the case for our patient.

Surgery remains the best method of conduct with a surgical margin of 2-5cm, radical excision with disease-free margins is the first goal in surgical management but in some case(1), like ours, it is not possible to do so because of the tumor's volume. Other solutions such as chemotherapy and radiotherapy may be advised as a palliative or a curative solution. Even though melanoma is classically non-radiosensitive(1), some authors have seen improvement after radiotherapy, especially better local control and survival(1).

Patients with oral melanomas are often diagnosed at an advanced stage of the disease and have a very poor prognosis, with a 5-year survival rate between 11.0% and 18.0% (2).

Early recognition and treatment of oral mucosal melanomas significantly improve the prognosis. Preventive strategies are unknown, but some experts suggest educating patients on regular oral self-examination to help identify early suspicious pigmented or non-pigmented lesions (1).

Conclusion

Lingual melanoma is a very rare form of primary malignant melanoma of the oral cavity, which covers 2% of cases. It is a very dangerous form with a high risk of mortality. The sooner the diagnosis is made, the better for the patient's survival, even though it doesn't get more than 5 years. The best method of conduct remains of course surgery but in some cases like ours, because of the tumor's volume, chemotherapy and radiotherapy are advised as a palliative or curative solution.

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