

Oral Malignant Melanoma

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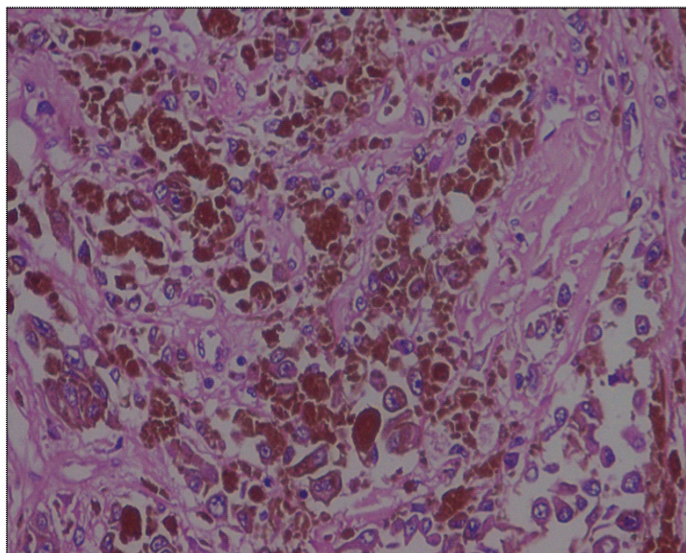
Keywords: Hard palate, Malignant lesion, Oral melanoma

A 65-year-old female patient reported with a complaint of swelling and blackish discolouration on the upper right back tooth region and also discomfort during eating since two months. On clinical examination there was a solitary, nodular growth measuring about 3x3x0.5cm in the posterior right maxillary buccal vestibule and also extending onto the palatal surface, crossing the midline. The irregular grey pigmentation on the hard palate extended anteriorly



[Table/Fig-1]: A solitary, exophytic, growth measuring about 3 × 3 × 0.5 cm

to the palatal rugae [Table/Fig-1]. None of the teeth in the vicinity of the growth exhibited mobility. Palpation revealed a firm consistency of the growth without any tenderness. The regional lymph nodes were not palpable. Additional investigations, including panoramic radiograph and complete blood count were negative. An incisional biopsy was performed and this revealed fibrous connective tissue



[Table/Fig-2]: H& E stained slide showing abnormal melanocytes dispersed in the connective tissue (20 x)

stroma infiltrated by islands of tumour mass. There were spindle cells and epitheloid cells showing nuclear hyperchromatism, pleomorphism, altered nuclear cytoplasm ratio and with abundant melanin pigment being suspicious for oral malignant melanoma [Table/Fig-2]. Immunohistochemistry showed HMB-45 positivity, thereby confirming the diagnosis of malignant melanoma. In our case the treatment was planned at surgical oncology unit by removal of clinical tumour along with 1.5cm margin, followed by the excision of corresponding lymph nodes involved and chemotherapy. Follow up of the case is done till date and we found no recurrence. As this is a dreaded malignancy we need to suspect all the grey lesions and biopsy should be mandatory for immediate treatment plan.

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FINANCIAL OR OTHER COMPETING INTERESTS: None.

Date of Submission: Oct 16, 2014

Date of Peer Review: Nov 20, 2014

Date of Acceptance: Nov 20, 2014

Date of Publishing: Jan 01, 2015