

Metastatic Melanoma Presenting After a Distant History of Post-Transplant Lymphoproliferative Disorder: A Case Report

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Learning Objectives

- Malignant melanoma constitutes about 6.2% of skin cancers after organ transplantation in adults.
- In the setting of immunosuppression, the prognosis of malignant melanoma is poor.

Case Description

- A 62-year-old woman presented to the emergency department with a 7-week history of generalized weakness associated with rapid growth of a large mass to the left knee.
- **Past Medical History:** end-stage renal disease secondary to lupus nephritis requiring deceased-donor kidney transplants in 1994 and 2002. PTLD (diffuse large B-cell lymphoma) diagnosed in 2012 and treated with Rituximab, six cycles of Cyclophosphamide, Doxorubicin, Vincristine and Prednisolone (CHOP) and field radiation. Maintained on tacrolimus and prednisone.
- **CT Lower Extremity:** large exophytic, lobulated cutaneous mass over the medial knee measuring 8.7cm x 5.4cm x 10.8cm with extension to fascia. (*Figure 2*)
- **CT Abdomen:** innumerable hypodense hepatic lesions and left inguinal lymphadenopathy suggestive of metastatic disease.



Figure 1. Image showing large necrotic mass to left mid-thigh with in-transit metastases.

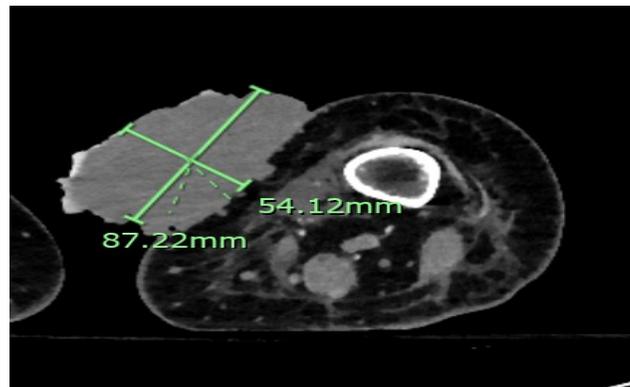


Figure 2: CT of Left Lower Extremity showing mass over the medial knee with extension to fascia.

Discussion

- We present the case of a middle-aged woman with rapidly progressive metastatic disease secondary to melanoma in the setting of profound immunosuppression and after being in remission for a decade after receiving therapy for PTLD. The patient developed multi-organ failure and passed away on admission.
- Multiple studies have revealed an association between the occurrence of melanoma and PTLD. Such studies hypothesized this association to be a result of common risk factors, including immunosuppression.
- The mortality rate of malignant melanoma is three times higher in transplant recipients compared to non-recipients.
- Routine skin cancer screening is mandatory in patients with immunosuppression. Special attention must be paid to patients with a history of PTLD, as these patients may be at increased risk.

References

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