Interesting case conference

8/27/12
32 y/o male with h/o melanoma
Interval history:

- March, 2011: Primary melanoma excised (pathology read as ulcerated polypoid nodular melanoma of right mid thigh with a positive deep margin)
- No further treatment performed due to insurance issues
- March, 2012: CT scans of the chest, abdomen, and pelvis at U of M 3/2012 identified a heterogeneously enhancing mass within the anterior abdominal wall and right inguinal region. Groin mass positive for metastatic melanoma with BRAF V600E mutation.
- May, 2012: started on Vemurafenib
- August, 2012: Presented to ER with abdominal pain and ascites, CT revealed omental caking and new peritoneal nodules. Paracentesis performed.
ASCITES FLUID – DIFF-QUIK
DIFFERENTIAL DIAGNOSIS:

Metastatic melanoma

Metastatic adenocarcinoma

Malignant peritoneal mesothelioma
FINAL CYTOLOGY

DIAGNOSIS:

Positive for malignant cells, consistent with metastatic melanoma.

Immunohistochemistry reveals that the tumor cells are positive for S-100 and Mart1/MelanA while negative for HMB45, EMA, and MOC-31. This immunoprofile supports the above diagnosis.