

Metastatic malignant melanoma presenting with a bruise^{☆☆}

In May 2002, a 50-year-old female with known metastatic malignant melanoma presented to our plastic surgery outpatients clinic with a 5 cm × 3 cm bruise to the anterior chest (Fig. 1), centred under which was a subcutaneous nodule. A previous similar presentation had been attributed to unsuspected trauma.

The bruise and subcutaneous nodule were excised under local anaesthetic and examined histologically, revealing an extravasated pool of red blood cells and a haemorrhagic deposit of malignant melanoma, respectively. Her coagulation screen was normal and her medication was non-contributory.

Her primary tumour was a malignant melanoma of Breslow depth 5.1 mm, excised from the left cheek in 1998. A left cervical lymphadenectomy was performed in June 1999, and three of the nine biopsied nodes were positive. Her subsequent clinical course has been one of diffuse and rapidly recurring metastatic melanoma, with more than 17 documented positive excisional biopsies of metastatic disease to the cheek, eyelid, neck, breast, arm, thigh, chest wall, buttock and axilla. She has recently received radiotherapy for bony foot metastases. Her history also includes fibromyalgia and duodenitis.

Unlike haematological malignancies, which are associated with coagulopathy,¹ there are few reports of solid tumours or their metastases presenting with localised bruising. This is surprising given the need for all growing tumours to obtain a blood supply by angiogenesis or local-vessel co-option.² Bruising has been described in parathyroid adenomas,³ orbital neuroblastoma⁴ and neurofibromatosis,⁵ but not in association with malignant melanoma.



Fig. 1 Chest-wall bruising.

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