

## AB144. SOH22ABS066. Vulval melanoma case report

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**Background:** Mucosal Melanomas is a cancer derived from melanocytes and account for 1% of all cancers, Vulval melanoma are the most common genital tract melanoma, 76.7% of cases, with an incident of 0.1 in 100,000, precluding randomised controlled trials with a very poor prognosis (15 % 5 years survival). The median age of diagnosis of vulval mucosal melanoma is 68 years and more than 90% occur in white women, unlike the cutaneous melanomas, vulval once are not thought to be caused by ultraviolet exposure because they arise in areas that are not exposed to sunlight. For patients without distant metastases at presentation, regional lymph node involvement is the most important prognostic indicator. Lymphoscintigraphy is a method used to identify the sentinel lymph node (SLN), directing subsequent biopsies to the lymph node at highest risk for cancer spread.

**Methods:** We present an 80 years old Irish female with stage T4bN0M0Melanoma of clitoris, this patient initially presented with 2-month history of postmenopausal bleeding on and off, a pigmented ulcerated vascular 2x2 cm lesion was identified over her clitoris that was causing her occasional bleeding, she stated that over the last 2 month the lesion has grown fast. Patient medical history of hypertension, heart disease, vertigo and high cholesterol no significant surgical history. We did an excision biopsy under local aesthetic and the histopathology came as nodular malignant melanoma.

**Results:** Histopathology came as nodular malignant melanoma.

**Conclusions:** Compared to cutaneous melanoma, patients with mucosal melanoma usually present with more advanced disease and thus efficacious imaging practices play a significant role in the management of the disease. All vulvar melanomas are currently staged using the same TNM staging system for cutaneous melanomas proposed by the American Joint Committee on Cancer (AJCC).

Primary tumor size is represented by (T), which ranges from 0 (no evidence of primary tumor) to 4 (>4 mm), with 'a' indicating no ulceration. Regional lymph nodes are denoted as (N), ranging from 0 (no regional metastases detected) to 3 (four or more metastatic lymph nodes). Distant metastasis is symbolized by (M), which is either 0 (absent) or 1 (present). Based on an evaluation of the TNM staging system, patients are divided into four stages, which provide prognostic information. Stage 1 includes T1a through T2a, stage 2 includes tumors with a higher risk of recurrence (T2b through T4b) but do not have any evidence of metastases. Stage 3 designates any involved lymph nodes and stage 4 represents distant metastases.

**Keywords:** Vulval cancer; melanomas; vulval melanoma; post-menopausal bleeding; excisional biopsy

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### Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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