Case Series

Melanoma of the oral cavity: A silent killer

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ABSTRACT

Melanoma of the mouth is a rare entity of cancer. It has a bad prognosis. We report two cases of mouth melanoma. In the first case, 68 years old man developed a mandibular gingival tumor. Head and neck MRI scans showed an aggressive tumor process in the mouth with bone extension and in the deep spaces. The patient was free of cervical lymph nodes. The second case is a 75-years-old male with heavy tobacco smoke. The man felt a burgeoning mass on the right palate. The neck palpation found a firm mobile non-tender mass at the left upper jugular region. The anatomopathological study of the biopsies assigned both cases to malignant melanoma. Because of the rarity and delays in diagnosis, case reports are an invaluable source of information.

1. Introduction

The "Mosaic" representation of principal asymptomatic lesions, the rarity of these conditions, the poor prognosis, and the necessity of multidisciplinary management are predictive factors that require serious consideration by the health care professional in charge. Tobacco and alcohol use are two of the most important risk factors for oral cavity and oropharyngeal cancers.

The most common clinical cases of malignant melanoma of the mouth occur in the mucous membrane of the jaw, with the majority on the keratinised mucous membrane of the hard palate and gums. Further sites are the mandibular gingiva, the oral mucosa and the floor of the mouth [1].

Clinically, they are very easy to diagnose because of their pigmentation and irregular shapes and contours. They are mostly asymptomatic and are only detected when there is ulceration or hemorrhage of the overlying epithelium. Delayed detection may be the cause of the worst prognosis for a five-year survival rate of 15–38% [2].

2. Case report

2.1. The first case

A 68-year-old man, examined for mandibular gingival tumor observed for four months. The clinical examination found a healthy patient with the budding lesion, pigmented, bluish, and bleeding on contact, in the right mandibular gum extending from the 1st premolar to the glossopharyngeal pillar Fig. 1. The areas of the lymph ganglions were free. The biopsy confirmed at a nodular and ulcerated melanoma. MRI show a tumor process of the mouth with bone, infratemporal fossa and retromolar trigone extension Fig. 2.

2.2. The second case

A 75-year-old man with heavy tobacco smoke until recently. No history of alcohol abuse was reported. On regular visits for a prescription of medication due to his chronic health issues, he reported his claims (painless haemorrhagic mass) and his GP referred him for a maxillofacial assessment.

Clinical investigation of the oral cavity showed an oversized soft, pigmented mass extending from the left half of his hard palate. Palpation of the neck revealed a firm, mobile, non-sensitive mass of 02 × 03 cm in the upper left jugular region. A buccal mass biopsy was done Fig. 3.

Computer tomography (CT) with contrast revealed pathologically important cervical lymph nodes in the left neck. Histological analysis of the material showed extensive infiltration of nodular melanoma. The distant metastases were negative.

Following the multidisciplinary consultation meeting (MCP), our
patient was excluded from any invasive treatment options. He was treated in palliative care with hypofractionated radiotherapy.

3. Discussion

The melanoma of the mouth is a malignant neoplasm of melanocytes. It is a rare entity accounting for only 0.5% of melanomas. There is a male predominance, and the median age at diagnosis is 55–66 years.

The most common mouth sites of melanoma are the palate and maxillary gingiva. Mucosal melanomas, which are biologically distinct from their cutaneous aspects, are caused by unknown factors. They often appear from pre-existing benign pigmented lesions [1,3]. The real mechanism of malignant alteration is still unrevealed. Cutaneous premalignant melanocytic lesions have been well described [3,4]. But, clinical and histological marks of “oral premalignant melanocytic lesions” are lacking.

As most of the melanomas are painless in their early stages, the diagnosis is often delayed until symptoms resulting from ulceration, growth, or bleeding are noted. The pain may be the latest manifestation in melanoma as in our case that again could cause a delay in asking for treatment [7].

Contrary to cutaneous melanomas, the pathogenesis and etiology of mucosal melanoma are still unrevealed and suggest tobacco smoking,

Fig. 1. Male 68-year-old patient with mandibular gingival melanoma measuring 6 cm × 3 cm, pigmented, bluish and bleeding on contact.

Fig. 2. MRI contrast tomography detected a large mass of the mandible, which appears infiltrated into the deep spaces of the face.

Fig. 3. Clinical setting of a 31-year-old patient with oral melanoma in hard palate with a 2-year disease length.
immunotherapy can play a role in the prevention of distant metastases can control it, as opposed to skin melanoma. Chemotherapy and therapy [8a,b].

Advanced stage (TNM assessment begins in T3) Table 1.

Table 1

| Tumor, T | Lymph Nodes, N | Distant Metastases, M |
|---------|----------------|-----------------------|
| T3: Tumors limited to the mucosa and immediately underlying soft tissue, regardless of thickness or greatest dimension; for example, polyposid nasal disease, pigmented or non-pigmented lesions of the oral cavity, pharynx, or larynx | N0: No regional lymph node metastases | M0: No distant metastasis |
| T4a: Moderately advanced disease. Tumor involving deep soft tissue, cartilage, bone, or overlying skin | N1: Regional lymph node metastases present | M1: Distant metastasis |
| T4b: Very advanced disease. Tumor involving the brain, dura, skull base, lower cranial nerves (IX, X, XI, XII), masticator space, carotid artery, prevertebral space, or mediastinal structures | N2: Regional lymph nodes cannot be assessed | |

There is no T1 or T2 in mucosal melanoma.

1. Name of the registry:
2. Unique Identifying number or registration ID: 6313
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Declaration of competing interest
Authors of this article have no conflict or competing interests. All of the authors approved the final version of the manuscript.
Appendix A. Supplementary data

Supplementary data related to this article can be found at https://doi.org/10.1016/j.amsu.2021.01.026.

References

[1] M. Umeda, K. Shimada, Primary malignant melanoma of the oral cavity – its histological classification and treatment, Br. J. Oral Maxillofac. Surg. 32 (1994) 39–47.
[2] T.L. Green, D. Greenspan, L.S. Hansen, Oral melanoma report of a case, J. Am. Dent. Assoc. 113 (1986) 627–629.
[3] A.P. Chaudhry, A. Hampel, R.J. Gorlin, Primary malignant melanoma of the oral cavity: a review of 105 cases, Cancer 11 (1958) 923–928.
[4] P.B. Patel, J.M. Wright, D.R. Kang, Y.L. Cheng, Longitudinal clinicopathologic data of the progression of oral mucosal melanoma – report of 2 cases and literature review, Oral Surg. Oral Med. Oral Pathol. Oral Radiol. 126 (1) (2018) e21–e30.
[5] A.P. Chaudhry, A. Hampel, R.J. Gorlin, Primary malignant melanoma of the oral cavity: a review of 105 cases, Cancer 11 (1958) 923–928.
[6] M. Mohan, V.Y. Sukhadia, D. Pai, S. Bhat, Oral malignant melanoma: systematic review of literature and report of two cases, Oral Surg. Oral Med. Oral Pathol. Oral Radiol. 116 (2013) e247–254.
[7] Z.Y. Shen, W. Liu, Z.X. Bao, Z.T. Zhou, L.Z. Wang, Oral melanotic macule and primary oral malignant melanoma: epidemiology, location involved, and clinical implications, Oral Surg. Oral Med. Oral Pathol. Oral Radiol. Endod. 112 (2011) e21–25.
[8] [a] N. Tanaka, et al., Oral malignant melanoma in Japan, Oral Surg. Oral Med. Oral Pathol. 78 (1994) 81–90;
[b] Y.J. Lee, I.H. Rieck, N.Y. Choi, M.K. Chung, The prognostic role of the surgical approach and adjuvant therapy in operable mucosal melanoma of the head and neck, Clin Exp Otorhinolaryngol 10 (2017) 97–103.
[9] M.J. Hicks, C.M. Flaitz, Oral mucosal melanoma: epidemiology and pathobiology, Oral Oncol. 36 (2000) 152–169, https://doi.org/10.1016/S1368-8375(99)00085-8.
[10] N.K. Wood, P.W. Goaz, Differential Diagnosis of Oral and Maxillofacial Lesions, Mosby, 5th ed. United States, 1997, pp. 67–68, 190.
[11] C.M. Lopez-Grananiel, F.J. Ochoa-Carrillo, A. Meneses-Garcia, Malignant melanoma of the oral cavity: diagnosis and treatment experience in a Mexican population, Oral Oncol. 35 (1999) 425–430, https://doi.org/10.1016/S1368-8375(99)00017-2.
[12] M.S. Hashemi Pour, Malignant melanoma of the oral cavity: a review of literature, Indian J. Dent. Res. 19 (2008) 47–51.
[13] J.E. Strauss, S.I. Strauss, Oral malignant melanoma: a case report and review of literature, J. Oral Maxillofac. Surg. 52 (1994) 972–976.