CASE REPORT

An Unusual Cause for Iron Deficiency Anemia in an Elderly Male

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ABSTRACT

Primary malignant melanoma is a rare tumour in anorectal region. It commonly occurs in females in western population, but in India it is seen more often in men, manifesting as bleeding per rectum. This tumour has poor survival rate. The best surgical modality in treating the locally confined tumour is controversial. We are reporting this rare case in which the diagnosis was made in a 78 years old male when he was evaluated for iron deficiency anaemia. Colonoscopy revealed anorectal growth. Histopathology and immunohistochemistry confirmed the diagnosis; metastatic workup did not reveal any distant metastases. (*J Dig Endosc* 2011;2(4):234-35)

Keywords: Malignant melanoma - Anorectal tumours - Iron deficiency anemia - Primary GI melanoma

Case report

A 78-year-old gentleman presented with easy fatiguability worsening over 8 months. He had one episode of blood in stools (drops of blood after passage of stool) 8 months earlier and was told to have haemorrhoids. He was treated with stool softeners and iron supplements. There was no history of alcohol intake or smoking. He was receiving no antiplatelets or anticoagulants. Haemogram revealed iron deficiency anaemia. Upper GI endoscopy showed antral gastritis. Per rectal examination revealed a soft mass lesion in lateral wall of rectum. Colonoscopy showed exophytic mass lesion extending from anal verge till upto 15cms into rectum (Figure 1) andrest of colon upto cecum was normal. Biopsy from the rectal mass showed an ulcerating and infiltrating malignant neoplasm seen in the form of spindle and polyhedral cells with moderate amount of eosinophilic cytoplasm, round to oval mildly elongated nuclei with nucleolar prominence; many of these cells were heavily pigmented (Figure 2). Stain for melanin was positive. CECT abdomen showed large intraluminal rectal mass extending upto anorectal junction with perirectal fat stranding and involvement of ischiorectal fossa with few perirectal nodes; no hepatic metastasis. Skin and eye evaluation were done for melanoma; the same was not found. He was referred to oncologist; however patient was lost in the follow-up.

Discussion

Malignant melanoma constitutes about 2-4% of all anorectal cancers[1]. The largest case series from an oncology referral centre in India reports only 72 patients over a 10 year period. Rectal malignant melanoma accounts for 0.2% to 3% of all malignant melanoma[2].

This is the third most common site of melanoma next to skin and eye.

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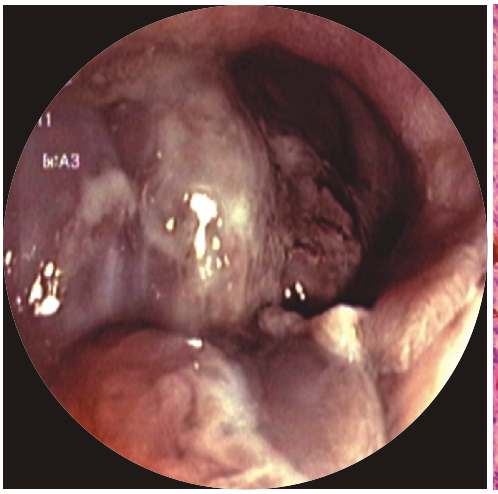

Figure 1: Endoscopic picture showing brownish black coloured irregular polypoid growth in the rectum

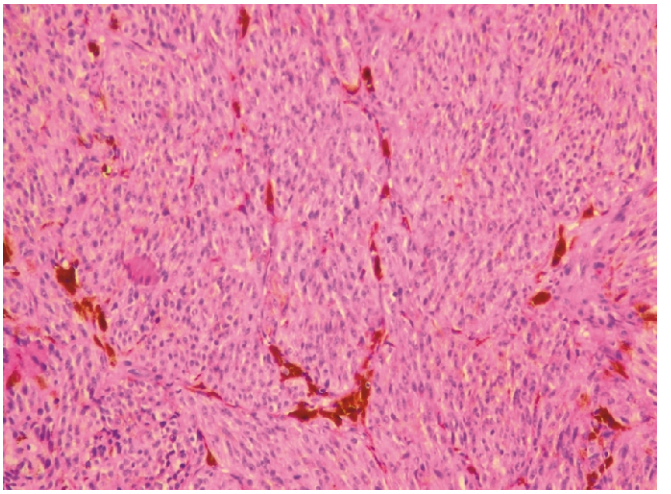

Figure 2: Cellular lesion with spindled and epitheloid cells with abundant intracytoplasmic pigment suggestive of malignant melanoma (H & E stain, 100x).

Malignant melanoma occurs in fifth or sixth decades of life[3]. Large case series from West suggest a female predominance. Unlike Caucasians, data from cancer registry data in India suggest male preponderance in patients aged above 45 years[4].

Anorectal melanoma is a very rare cause of iron deficiency anaemia. Bleeding per rectum is the most common presenting symptom[5,6]. Our patient also had history of one episode of blood in stools eight months prior to presentation. Often, as in this patient, it will be mistaken for haemorrhoids and further evaluation gets delayed[7]. This results in upto two thirds of patients having metastatic disease at presentation.

Macroscopically tumours are polypoidal and pigmented. Microscopically the cells are arranged in nests with characteristic immunostaining specific for melanosome protein. Immunohistochemical staining of the tumor cells shows S-100 protein specific for melanoma.

The optimal management strategy is not well defined due to the absence of randomised controlled trials due to small number of patients. Some authors believe that a palliative local excision is the treatment [8], whereas others recommend radical surgery in localized disease[9].

Anorectal melanomas have dismal prognosis. The five year survival is found to be only 15% and median survival is around 24 months[10]. The factors that may account for poor prognosis includes the advanced of nature of the disease when diagnosed, ulceration, rich vascularity of the mucosa, heightened risk of hematogeous metastasis, and high biological aggressiveness of the tumour [11].

Primary malignant melanoma of anorectal region is rare tumours associated with poor five year survival. Awareness of the common presenting symptoms and early identification is crucial for optimal management.

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