



Anal Mucosal Melanoma

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Overview

 Anorectal mucosal melanoma (AMM) is a rare, aggressive disease arising from the anorectal mucosa.

 Lesions can affect anal canal, rectum or both, but the great majority of tumours are located within <u>6</u>
 <u>cm</u> of the anal verge.

Incidence



• AMM makes up < 1% of all melanoma presentations and approximately 24% of mucosal melanomas.

• It is the most common site for primary gastrointestinal melanoma.

Staging & Prognosis

 Π \mathbf{III} Surg Clin North Am 2020;100:629 Local Local disease With with regional disease distant lymph nodes metastasis • 5 year survival • 5 year • 5 year survival 17% survival 0% 32%



How to

approach?



• Multiple imaging diagnostic are used to evaluate primary cancer, metastasis and treatment responses

• Colonscopy combined with biopsy allows the accuracy in the diagnosis.

• Histological and immunochemical examination are the gold-standard diagnostic methods.

Treatment Options



SURGERY

Adjuvant/Systemic therapy

Chemotherapy

Radiotherapy

Targeted therapy

Surgical Treatment

Function Preserving procedures

 Endoscopic Mucosal resection "EMR"

Wide local excision"WLE"

Radical Procedures

Low anteriorresection "LAR"

Abdomino-perineal resection "APR"

The benefit of lymph node dissection has not been established.

• The 2020 UK National guidelines recommend R0 resection in the least radical fashion

Original Research

Less is more: A systematic review and meta-analysis of the outcomes of radical versus conservative primary resection in anorectal melanoma



Henry G. Smith a,b, Jessica Glen c,d, Nancy Turnbull e, Howard Peach f, Ruth Board g, Miranda Payne h, Martin Gore a, Karen Nugent i, Myles J.F. Smith a,*

• So, It is believed that WLE with regular surveillance should be the preferred approach.

• If WLE is not feasible or there is local recurrence without distant metastasis, then APR should be considered.

Adjuvant/Systemic therapy

Chemotherapy

• There is no standard chemotherapy regimen due to the rarity of the disease.

However, dacarbazine in combination with high-dose interferon and interleukin-2 was found to be effective in 10–20% cases

Radiotherapy

It has been used for palliation or in the adjuvant

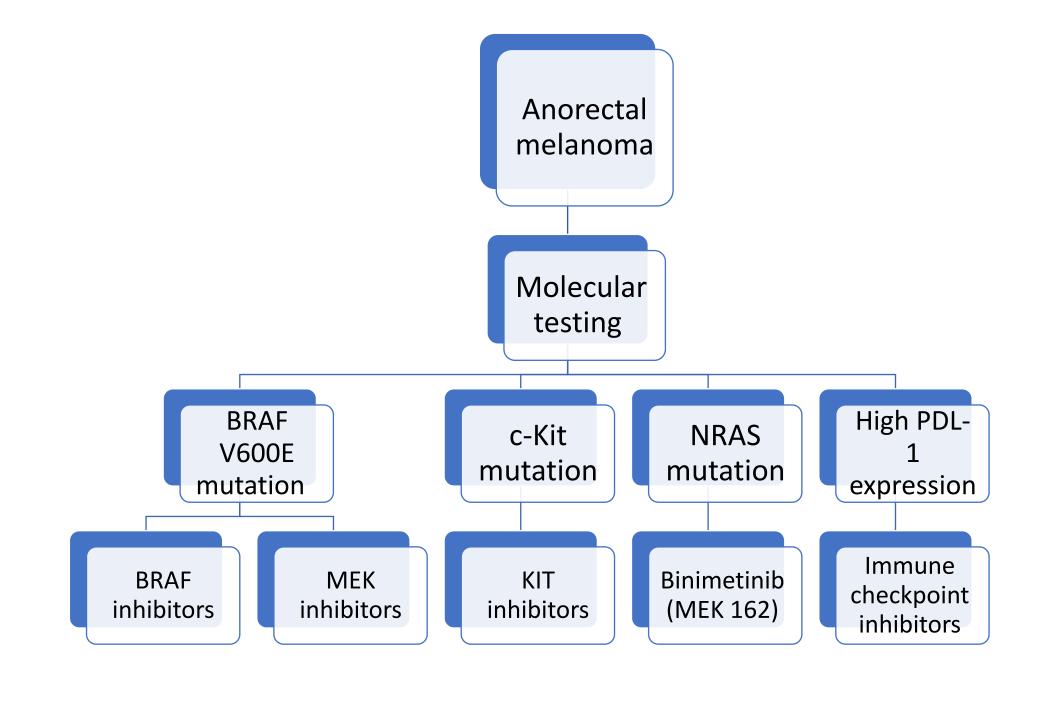
setting after organ preserving surgery to reduce

the chances of local recurrence.

Targeted Therapy

• Unlike CM, Patients have poor response to targeted therapies.

 However, the response rates are better than conventional chemotherapy and are being increasingly used in clinical trials and oncology practice.





Take Home Message

• AM is an uncommon malignancy of the anorectal region with high malignant potential and overall poor survival.

• Surgical excision with R0 resection in the least radical fashion remains the mainstay of curative treatment.

• It shows poor response to radiotherapy and conventional chemotherapy.

 Targeted therapies, in the recent years, have shown promising results.

• Future studies with the use of a combination of chemotherapy, immune check point inhibitors, BRAF inhibitors, and MEK inhibitors are required to improve the long-term survival.



Thank You