Thoracoscopic Findings of Malignant Melanoma

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A 38-year-old male presented to our hospital with the chief complaint of chronic cough. Eight years previously he was diagnosed with cilioretinal malignant melanoma and underwent left ophthalmectomy. On chest CT, pleural effusion and diffuse thickening of left pleura were suspected (Picture 1). The differential diagnosis included mesothlioma and metastatic melanoma. In thoracoscopic findings multiple melanotic elevated lesions were observed (Picture 2) but there was no pleural thickening (Picture 3). Thoracoscopic pleural biopsy was performed and he was diagnosed with malignant melanoma. Intrathoracic metastasis of melanoma reportedly includes pulmonary nodules (61.5%), mediastinal adenopathy (7%), pleural effusion (2%), lytic bony lesion (0.8%), extra-pleural mass (0.8%), and combined lesions (28%) (1). The present case was found to have pleural effusion and an extra-pleural mass. There was no evidence of other metastasis. Thoracoscopy was useful in confirming the diagnosis of pleural metastatic melanoma.

Reference