Letter to the Editor: Submission to ANZ Journal of Surgery3rd July 2016**Title:** Malignant Melanoma of the Pleura**Authors:** 1. Dr Shivesh Varma, MBBS (Hons), BMedSci

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Main Text

We report a case of pleural malignant melanoma in a 26 year old European female. A chest x-ray for asymptomatic immigration screening demonstrated an incidental right apical opacity. Her only medical history was a pigmented neck lesion, at age 11, that spontaneously regressed.

Computed tomography (CT) revealed multiple pleural lesions in the right hemithorax, the largest at the apex measuring 60mm. CT-positron emission tomography showed a thin peripheral rim of increased uptake in the apical lesion, and mild avidity in the other nodules. CT-guided biopsy demonstrated a collagenous matrix with an infiltrate of cells containing melanin.

Surgical resection was recommended at our multidisciplinary meeting. A posterolateral thoracotomy was performed. Multiple dark nodules were visualised across the pleura (Figure 1a). The large apical mass was resected (Figure 1b), and the remaining nodules were removed with a radical pleurectomy. Histopathology of all nodules was consistent with malignant melanoma (MM). Given the unclear history of the pigmented neck lesion, it is indeterminate whether this was primary or secondary. The patient had an uneventful post-operative recovery and sought further treatment overseas.

Since being first described in 1978¹, only eight cases of primary pleural MM have been reported². Presentation is usually with respiratory symptoms or loss of weight. Pleural MM is hypothesised^{2, 3} to arise from: (1) migration of cutaneous nevus cells to the pleura via lymphatics, (2) migration of melanoblasts to the pleura from the neural crest, (3) areas of pleural squamous metaplasia, or (4) native pluripotent stem cells.

The pleura is an unusual site for metastasis of MM, and in 70% of cases there are concurrent intrapulmonary metastases⁴. Only three cases of isolated pleural metastases of MM, without involvement of other organs, have been reported. Both primary and secondary pleural MM are managed with chemotherapy, with or without surgical debulking.

Despite treatment, prognosis is poor and most patients die within one year of diagnosis. Thus, malignant melanoma is an important diagnosis to consider in the workup of a pleural mass.

Disclosure statement

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Figure Legend

Figure 1: (a) Nodules seen on the parietal pleura (unlabelled) and visceral pleura (arrow); (b)

The resected apical mass measuring 75x70x55mm.

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Figure 1- intraoperative photographs of pleural melanoma 355dpi.tif

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