



Asian Journal of Modern and Ayurvedic Medical Science |

ISSN 2279-0772 [ONLINE]

Volume: volume 4 number 2 , July-December 2015 | Date: Monday, July 20,
2015 Published by Mpasvo [article url
<http://www.ajmams.com/viewpaper.aspx?pcode=0025dcd7-ed0b-4608-b601-d9e9f61b658b>

**PUBLISHED PAPER'S TITLE : ORAL MALIGNANT
MELANOMA IN INDIAN AN EXPERIENCE- REPORT
OF THREE CASES**



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Research Paper

ORAL MALIGNANT MELANOMA IN INDIAN AN EXPERIENCE- REPORT OF THREE CASES

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Declaration

The Declaration of the author for publication of Research Paper in Asian Journal of Modern and Ayurvedic Medical Science (ISSN 2279-0772) Dr. Chandresh jaiswara* , Dr. Neeraj Kumar Dhiman**,Dr. Suman Yadav*** and Prof. Naresh Kumar Sharma**** the authors of the research paper entitled Oral Malignant Melanoma In Indian An Experience- Report Of Three Cases declare that ,we take the responsibility of the content and material of my paper as we ourself have written it and also have read the manuscript of our paper carefully. Also, we hereby give our consent to publish our paper in ajmams , This research paper is our original work and no part of it or it's similar version is published or has been sent for publication anywhere else.we authorise the Editorial Board of the Journal to modify and edit the manuscript. we also give our consent to the publisher of ajmams to own the copyright of our research paper.

Received April 13, 2015 ; Accepted april 30, 2015 , Published July 20, 2015

ABSTRACT

Oral malignant melanoma is a rare neoplasm and accounts for only 0.2-8% of all reported melanomas. Its aggressive in nature and is a malignant neoplasm of melanocytes that may arise from a benign melanocytic lesion or *de novo* from melanocytes within normal skin or mucosa. It is considered to be the most deadly and biologically unpredictable of all human neoplasms, having the worst prognosis.

In this case study three different cases of oral malignant melanoma of oral cavity were studied and reported the clinical pictures of all cases are showing that the patients have got involvement of palate and alveolar area of maxilla .In the history all cases revealed that the lesion appeared as few discrete solitary nodules on the anterior palate as rapidly growing painless elevations and the lesion started growing more rapidly in the alveolar mucosa and ultimately covering most of the part of palate. Fine needle aspiration cytology of cases were done and diagnosed as malignant melanoma .unfortunately one case expired within two months and second case did not reported.

Key Word : malignant melanoma, neoplasm, melanocytic lesion

INTRODUCTION

Malignant melanoma of oral cavity is relatively a rare lesion in human beings .It is counted among one of the aggressive neoplasm or very fast spreading malignant tumor of oral cavity. Oral Melanoma is a rare mucosal

pathological entity which estimates to accounts for about 1%-2% of all oral malignancy unlike their skin counter parts, the oral melanoma is believed to arise from isolated presence of melanocytes or nevus cells within the oral mucosa with an unknown etiology (1) (2). Malignant melanoma can



present at any location in the oral cavity; more frequently it is reported to be common in the hard palate and the maxillary alveolar mucosa.(3)(4)(5)(6)(7)(8).the prevalence of oral malignant melanoma in Indian population is still not estimated properly. Two cases of malignant melanoma of oral cavity one in maxilla and one in mandible is reported by J.SAH and M.JAIN in 2006 (9).

AIMS OF THE STUDY:

The main aim of this study is to describe clinical features of the malignant melanoma and to describe the fate of the disease in indian population in the reported cases.

MATERIAL AND METHODS:

Three cases who came in the department of oral and maxillofacial surgery unit of faculty of dentistry . Institute of medical sciences Banaras Hindu University Varanasi India were selected for the study. They were examined thoroughly and investigated for study and possible treatment.

CASE REPORTS:

CASE- 1.

The first case was a 39 years male presented with chief complaints as dark black colored swellings on maxillary alveolar area covering whole of the free and attached gingiva since eight months. palate mandibular arch was unaffected.in medical history patient was giving history of treatment of liver cirrhosis since two years no dental correlation could be established. On extra oral examination very slight swelling on upper lip area over right side was found rest of profile was apparently normal.(figure 1) Intraorally multiple dark colored nodular ,firm swellings ranging from 0.5 -2cm were present over whole of the maxillary attached and free gingival both on buccal and palatal side . Right side was with more prominent swellings (figure 2 and figure 3). Bleeding on probing was markedly present .Tooth were mobile with more marked mobility on area of greater size lesion. Sub mandibular and neck lymph nodes were palpable and firm but not fixed.



Figure -1



Figure- 2



Figure-3



Figure-4

CASE -2

The second case was a 46 years old female patient presented as some dark black colored spots on middle area of palate since two months (figure 4). She was came with chief complaint of pain in the upper right side tooth and was noted as few dark colored, firm, non tender, spots on palate during routine examination. Medical history was non contributory. Extraoral findings were not significant .Intra orally poor oral

hygiene was present with multiple carious and missing tooth but could not be established any correlation with malignant melanoma. The nodules were slightly elevated with approx.0.5 cm.in size and present around midline of palate in the area of hard palate. No gingival involvement noted.

Radiographic examination of case 1 showed only evidence of periodontal bone loss in some areas but case 2 was not with any relevant findings



Figure -5

Histopathology of the lesion showed malignant melanoma.



DISCUSSION

Metastasis to the oral regions is uncommon and usually involves soft tissues, notably the tongue (10). Unfortunately, no further investigation could be obtained to confirm the involvement of other organs due to poor patient co-operation.

The first oral symptoms of an infra oral melanoma identified by **Berthelsen et al** (10). were those of asymptomatic swelling and occasional bleeding.

Malignant melanoma in the oral cavity affects all races(11). In Japan, oral malignant melanoma is relatively common, with about 50% of cases occurring in the hard palate and the upper gingiva.

In Indian race two cases of malignant melanoma of oral cavity one in maxilla and one in mandible is reported by **J.SAH** and **M.JAIN** in 2006. Here in this case report two different cases one in a male with extensive involvement of palate and other in a female patient with early involvement of palate is reported in the same state in Uttar Pradesh in India.

However, the epidemiology of oral melanoma is different and represents a much higher percentage of melanoma found in individuals of Asian, Indian, Hispanic, and African heritage(13)(14)(15)

It occurs most frequently in the maxilla, with the palate as a common site (32% incidence). The maxillary gum is the second most frequent area of incidence (16%). Other affected regions in descending order of incidence are buccal mucosa, mandibular gingiva, lips, tongue, and buccal floor(16)(17).

Oral melanoma may be associated with a pre-existing hyperpigmentation. Early, it presents as a brown to black macule; later it may develop a nodule or ulceration. Asymmetry and irregular borders are clues to the diagnosis(13)

The prognosis for oral melanoma is extremely poor and is determined by the thickness of the melanoma at the time of diagnosis. The survival average for patients with oral melanoma is about 5 years, although in 5 percent of affected patients it is just 1-2 years (18)

CONCLUSION

Oral Malignant melanoma has poor prognosis with short duration survival. The diagnosis of the oral lesion can be done with clinical sign and symptoms. Due to absence of acute symptoms on early stage Usually patient report very late to the clinician. Maxilla affects more frequently than mandible.

REFERENCES

1. *Oral Mucosal Melanoma: Epidemiology and Pathobiology.* **Hicky MJ, Flaitz CM.** Oral Oncol 2000, 36:152-69,
2. *Primary Malignant Melanoma of the Oral Mucosa.* **Rapidis AD, Apostolidis C, Vilos G, Valsamis S.** J Oral Maxillofac Surg 2003, 61:1132-9,
3. *Oral Malignant melanoma: a review of the literature.* **Femian F, Lanza A, Buonaiuto C, Gombos F, Di Spirito F, Cirillo N.** J Oral Pathol Med, 2008 Aug; 37(7): 383-8,
4. *Malignant melanoma of the oral cavity: a review of literature.* **MS., Hashemi Pour.** Indian J Dent res. 2008 Jan-Mar; 19(1): 47-51,
5. *Primary Melanoma of the oral cavity: Ten cases and review of 177 cases from the literature.* **Silvia Cristina Aguas, Maria Cecilia Quarracino, Adriana Nora Lence, Hector Eduardo Lanfranchi Tizeira.** Med Oral Patol Oral Cir Buccal. 2009 Jun 1;14(6): E 265-71,
6. *Malignant Melanoma of the Hard and Soft Palate.* **W.B.Hales, T.D. Cade,** S.(1957) Brit. Med. J., i, 119.



(proceedings of the Royal Society of Medicine),

7. *Malignant Melanoma of the oral cavity: diagnosis and treatment experience in a Mexican population.*

Lopez-raniel CM, Ochoa-Carrillo FJ, Meneses-Garcia A. Oral Oncol. 1999 Jul; 35(4): 425-30,

8. *Malignant melanoma of the oral cavity: review of 10 cases.* **McCaffrey TV, Neel HB 3rd, Gaffey TA.**

Laryngoscope. 1980 Aug; 90(8 pt 1): 1329-35,

9. *Malignant melanoma of the oral cavity: Report of two cases.* **Shah J, Jain M.**

J Oral Maxillofac Pathol 2006; 10:24-7

10. **Welch RD, Hirsh SA, Davis RG:**

Melanoma with metastasis to an apical periodontal cyst oral Surg Oral Med Oral Pathol, 59:189-93,1985.

11. **Strauss JE, Strauss SI.** Oral malignant melanoma: a case report and review of literature. *J Oral Maxillofac Surg* 1994;52:972-976

12. Lucas RB. ***Pathology of Tumours of the Oral Tissues.*** 4th ed. New York: Churchill Livingstone; 1984:276-281

13. Rapini RP. Oral melanoma: Diagnosis and treatment. *Semin Cutan Med Surg* 1997; 16(4): 320-2

14. Demo PG, Fasolis M, Maggiore GMLT, Pagano M, Berrone S. Oral mucousl melanoma: a series of case reports. *J Craniomaxillofac Surg* 2004; 32 (4): 329-35.

15. Graniel CML, Carrillo FJO, Garcia AM. Malignant melanoma of the oral cavity: diagnosis and treatment. Experience in a Mexican population. *Oral Oncol* 1999; 35(4): 425-30.

16. Gu GM, Epstein JB, Morton TH. Intraoral melanoma: Long-term follow-up and implication for dental clinicians. A

case report and literature review. *Oral Surg Oral Med Pathol Oral Radiol Endod* 2003; 96 (4): 404-13

17. Bongiorno MR, Arico M. Primary malignant melanoma of the oral cavity: case report. *Int J Dermatol* 2002; 41(3): 178-81

18. Tomicic J, Wanebo HJ. Mucousl Melanomas. *Surg Clin N Am* 2003; 83 (2); 237-52

