



## P111. PRIMARY MALIGNANT MELANOMA OF THE UTERINE CERVIX

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**Context:** Primary malignant melanoma of the uterine cervix is an infrequent neoplasm with aggressive behavior. The diagnosis is confirmed by histology and immunohistochemistry with exclusion of other primary melanoma sites. Most of lesions are pigmented, although almost half are amelanotic. Staging can be made according to FIGO. Surgery is the basis of treatment. Radiotherapy and chemotherapy are useful in advanced disease.

**Objective:** Describe a case of primary malignant melanoma of the uterine cervix diagnosed and treated in our hospital.

**Methods:** Retrospective and descriptive study. Clinical data of the patient were reviewed from medical record.

**Patient:** 68 -year-old female, who came on June 2016, to cervical pathology section at Santojanni Hospital, public referral center belonging to Buenos Aires city government, where we treat low income people. She presented postcoital bleeding and pelvic pain of two months duration.

**Interventions:** PAP and colposcopy, cervical and vulvar biopsy. Histopathology with immunohistochemistry. Staging studies: cystoscopy, rectosigmoidoscopy, transvaginal ultrasound, CT and PET-CT. Surgery: Wertheim Meigs, Vulvar resection.

**Main Outcome Measures:** Gynecological examination revealed a hyperpigmented area on vulvar minor lips and an endophytic tumor that increases cervical size. The patient was staged as FIGO IB1. PAP: atypical cells linked to melanoma. Colposcopy: atypical vascularization H4-5-6; hyperpigmentation. Cervical Biopsy H6- Endocervical curettage: neoplasm linked to melanoma. Immunohistochemistry: Vimentin, S-100 protein and Melan- A were positive. Vulvar resection: melanoma in situ, free margins > 1 cm. Staging and PET studies: negative. With no other melanotic lesions.

**Results:** The patient underwent Wertheim-Meigs surgery. Histopathology: melanoma of the uterine cervix; upper vaginal, parametrium and eleven lymph nodes negative. No adjuvant treatment was necessary. She has been on regular follow-up and has an ongoing survival and disease-free period of 9 months.

**Conclusions:** This case correlates with the literature, about the age of presentation and symptoms. Radical surgery was adopted, which continues to be the basis of primary treatment. Due to limited data, there are no standard treatment recommendations. The overall prognosis is very poor and a strict

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follow-up is required.