

Pleural Metastases of Malignant Melanoma

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A 58-year-old woman presented to the dermatologist with a black macula in her parietal scalp region and was diagnosed with malignant melanoma. The patient subsequently underwent resection of the tumor and received postoperative chemotherapy. Six months later, she felt general malaise and dorsal pain. ^{18}F -fluorodeoxyglucose positron emission tomography/computed tomography demonstrated a left pleural effusion, disseminated nodules in the pleura, and a high accumulation of ^{18}F -fluorodeoxyglucose in the nodules. Diagnostic thoracoscopy revealed scattered, black spots on the pleura (Figure 1). Histopathological findings of the nodules obtained by biopsy showed malignant cells with melanin-filled cytoplasm, indicative of malignant melanoma. The patient had thoracic cavity drainage and pleurodesis and was subsequently referred to a dermatologist for systemic chemotherapy.

The mainstay treatment for malignant melanoma is surgical excision. Even if complete surgical excision is achieved, approximately 30% of patients with malignant melanoma have distant metastases to various organs.¹ The thorax is a common initial site for metastasis.² Chen et al.³ reported that among 130 melanoma patients with thoracic metastases, 20 had pleural effusions and 3 were isolated and unilateral; it is not clear that metastatic involvement was confirmed with cytology. Our case had pleural involvement diagnosed by thoracoscopy showing distinctive black spots on the pleura.

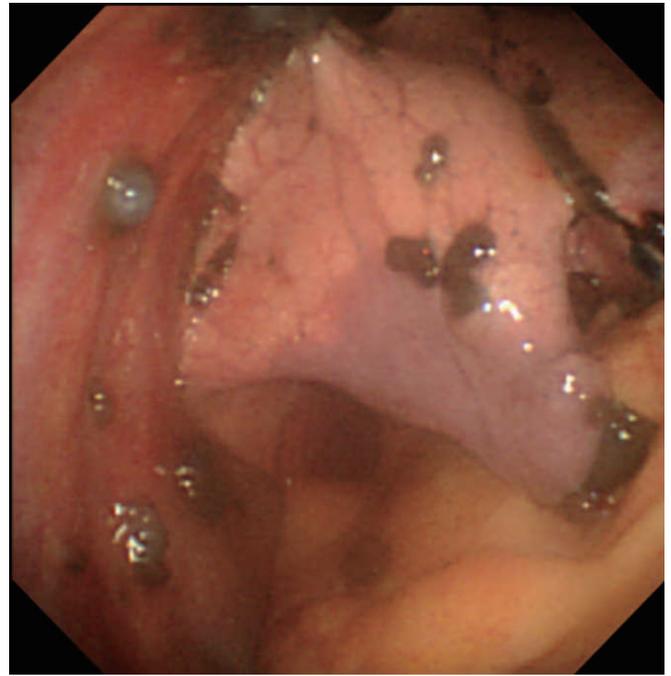


FIGURE 1. Thoracoscopy revealed scattered, intrapleural black spots.

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