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AIM: TO SHOWCASE A REPORTED RARE CASE OF MALIGNANT MELANOMA IN THE POSTERIOR MANDIBLE, LACKING A DISCERNIBLE PRIMARY SOURCE AND TO DELVE INTO ITS POTENTIAL ORIGINS

INTRODUCTION

Metastasis of distant tumours to oral cavity - RARE
1-3% of all oral malignancies. Particularly the mandible are affected twice as frequently as the rest of the oral cavity. Breast, lung, and kidney tumours are the most common primary tumours

CLINICAL FEATURES

- Complains of pain in right lower back region of jaw x 3-4 months
- O/E - ulcerated region in right retromylohyoid region wrt 45, 46, 47
- Localized area of bony hard swelling

PRE-OP PHOTOS



RADIOGRAPHIC EVIDENCES



IMAGING FEATURES – PRE –EXISTING ODONTOGENIC CYST (? MYELOBLASTOMA) WITH SECONDARY INFECTION AND OSTEOMYELITIS FINAL DIAGNOSIS USING HPE.

OPG & 3D CT

BIOPSY RESULTS

- SARCOMOID LESION / MUCOEPIDERMOID CARCINOMA / MYOEPITHELIAL CARCINOMA

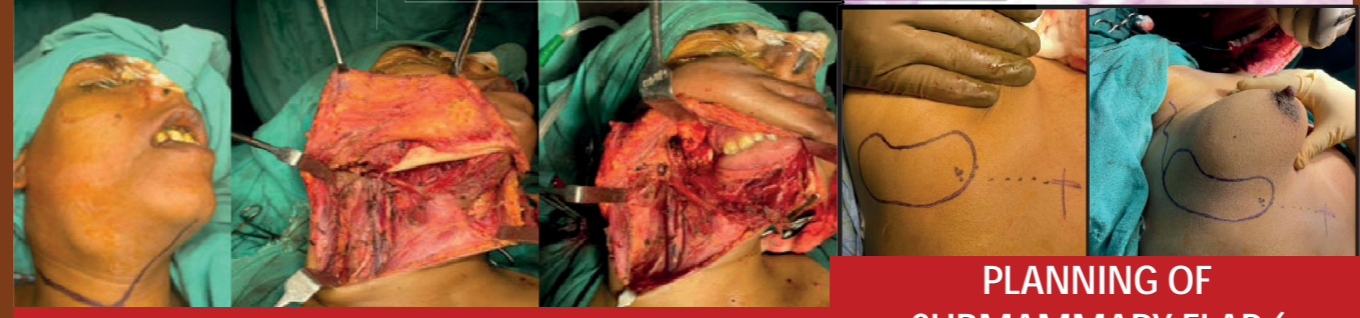
FNAC RESULT - IB

DONE FROM RIGHT SUBMANDIBULAR LN POSITIVE FOR MALIGNANT CELLS

PROVISIONAL DIAGNOSIS

- Dentigerous Cyst
- Ameloblastoma
- Oral squamous cell ca.
- Vascular lesion
- Giant cell lesion

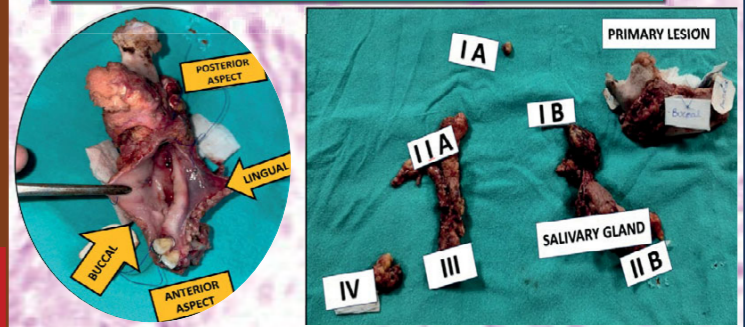
SURGICAL INTERVENTION



WLE +RIGHT Ext.SOHND + Recons RECON PLATE

PLANNING OF SUBMAMMARY FLAP (12X7cm)

FINAL HISTOPATH REPORT



PERINEURAL INVASION ABSENT , ENE -ve

IHC RESULT

CK8/18 , S100 , HMB45 , Melan A , SOX 10 , Ki67 (70 -75%) POSITIVE

MANAGEMENT :

RADIOTHERAPY WAS INITIATED AFTER 6 MONTHS

POST OP PHOTOS & 6 MONTH FOLLOW



POST OP PHOTOS AND OPG OF THE PATIENT AFTER 6 MONTHS

PET SCAN

NO DISTANT DISEASE PRESENT

SOLID TUMOUR MADE UP OF ATYPICAL MELANOCYTES CONTAINING MELANIN PIGMENT MOSIDERIN-CONTAINING HISTIOCYTES SEEN

CONCLUSION

1. MM of unknown origin is considered lesion primary of the oral cavity or as being metastatic. Partial regression -13.8% to 50% Complete regression -0.23%