

Ungueal melanoma and a generalized vitiligo: Is this a rare association?

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ABSTRACT

We report an observation of a good prognosis ungueal melanoma showed up 10 years after the onset of a generalized vitiligo. It's a 66ans years old male, with a history of a rapidly progressing vulgar vitiligo showed up 10 years earlier. The patient has been referred to us for the management of a nail melanoma, retained on clinical and histological data, with a vitiligo extended to 70% Body Surface Area. The assessment of locoregional and distant extension was without abnormalities. Several authors have reported the association of vitiligo and other autoimmune disorders, non-melanoma skin cancers, or as part of a particular syndrome. The association of ungueal melanoma and generalized vitiligo was rarely reported in literature. Across this observation, we illustrate that The association of cutaneous melanoma and vitiligo is not rare and may be a factor of good prognosis.

Key words: Vitiligo; Melanoma; Ungueal melanoma

INTRODUCTION

Vitiligo is an autoimmune skin disease which is manifested by achromic patches, due to destruction of melanocytes. We report through this observation a case of a good prognosis ungueal melanoma showed up 10 years after the onset of a generalized vitiligo.

CASE REPORT

It's a 66ans years old male, with a history of well-balanced diabetes and rapidly progressing vulgar vitiligo showed up 10 years earlier. The patient has been referred to us for the management of a nail melanoma, retained on clinical and histological data, with a Breslow thickness at 3mm (Fig. 1). Clinical examination had found a conscious patient, well oriented in time and space, with a vitiligo extended to 70% Body Surface Area (Fig. 2).

Dermatological examination also identified a dark crust in the outer portion of the right thumbnail and in the lateral nail fold associated with paronychia, without any transit lesions, no palpable lymphadenopathy was apparent (Fig. 3).

Dermoscopy has showed crusts and scals with the destruction of the lateral nail fold, with lack of the chaos aspect and no atypical vascularization (Fig. 4).

The assessment of locoregional and distant extension was without abnormalities, including the ultrasound of the right upper limb lymph nodes, cerebral and thoraco-abdominal-pelvic scan and also a pet-scann. The excision of the tumor was performed with margins of 2 cm.

DISCUSSION

Ungueal melanoma is an infrequent disease. Usually overlooked by the patient and diagnosed at late stages.

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Figure 1: Clinical examination has shown large hypopigmented patches extended to 70% Body Surface Area, the Vitiligo Extent Score (VES): 42.96.



Figure 2: A distal longitudinal melanonychia in the center of the nail of the 5th left finger.

Vitiligo is a very common autoimmune disease, it affects 2% of general population [1].

Several authors have reported the association of vitiligo and other autoimmune disorders, non-melanoma skin cancers, or as part of a particular syndrome [2].

The association «vitiligo» and «cutaneous melanoma» was initially considered as rare. Later, it turned out that the occurrence of melanoma in patient with vitiligo was more frequent than general population [2].

In a related German study that evaluated 623 patients with cutaneous melanoma, 3.7% had vitiligo [3]. It can be diagnosed before or after the diagnosis of melanoma.

For more than 40 years, many published studies have shown that patients with both melanoma and vitiligo have better prognosis and a longer lifetime [4].



Figure 3: Dermoscopy has showed crusts and scabs with the destruction of the lateral nail fold, with lack of the chaos aspect and no atypical vascularization.

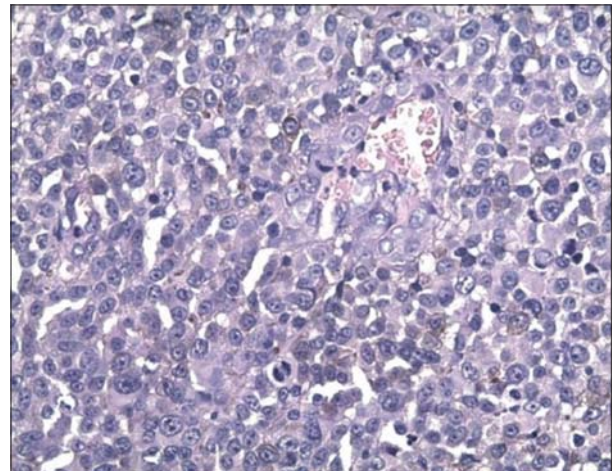


Figure 4: A pagetoid migration of isolated cells and a migration through the nail tablet of melanic pigment and tumor cells.

The association of ungueal melanoma and generalized vitiligo was rarely reported in literature [5].

CONCLUSION

Across this observation, we illustrate that The association of cutaneous melanoma and vitiligo is not rare and may be a factor of good prognosis. Its association with ungueal melanoma is not quite reported.

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information

to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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