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Cutaneous Metastasis of Uveal Melanoma

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A 65-year-old male with a past medical history of stage IV ocular melanoma with liver metastasis presented to the dermatology department with a 1-week history of a new growths on the crown of the scalp. On exam, he was found to have a smooth, uniformly bluish-black papule with surrounding telangiectasias on the posterior crown (Fig. 1). Punch biopsy of the lesion revealed epithelioid melanocytes with significant atypia, staining positive for MelanA/PDL-1 and negative for BRAF, consistent with cutaneous metastasis of a uveal melanoma. The patient was started on an experimental combination immunotherapy regimen consisting of systemic administration of durvalumab as well as intratumoral injections of polyICLC and tremelimumab. After an initial response to this therapy, he developed progressive metastatic disease and ultimately died a few months later.

While uveal melanomas and cutaneous melanomas are both derived from melanocytes, they differ both clinically and biologically. Uveal melanomas are associated with GNAQ/GNA11 mutations as compared to the BRAF/NRAS mutations of cutaneous melanoma.¹ Additionally, uveal melanomas hold a worse prognosis and are more likely to metastasize, most commonly to the liver.² Only 11% of cases metastasize to the skin, however.² Due to the rarity of uveal melanoma with secondary cutaneous metastasis, most standards of treatment for this disease are adapted from studies of primary cutaneous melanoma though uveal melanoma is known to be less responsive to this therapy.³ We present this case in order to document a rare example of cutaneous metastasis of uveal melanoma as well as a new experimental treatment approach.

References:

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3. Mallone F, Sacchetti M, Lambiase A, Moramarco A. Molecular Insights and Emerging Strategies for Treatment of Metastatic Uveal Melanoma. *Cancers (Basel)*. 2020 Sep 25;12(10):E2761.