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Atypical presentation of a giant melanoma of the vertex: A case report

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Abstract
We report the case of an 82-year-old female patient with a history of hypertension and a pacemaker, who presented to the emergency department with a large scalp tumor evolving over 9 months. Clinical examination revealed a painful, ulcerative, and exophytic tumor on the left parietal scalp, bleeding on contact, surrounded by satellite nodules and associated with peripheral lymphadenopathy. Dermoscopic examination and skin biopsy confirmed the diagnosis of invasive nodular melanoma. The extension workup revealed regional lymph node involvement without distant metastasis. The patient was referred to the oncology department for specialized management. This represents an extensive scalp melanoma with in-transit metastases.
This case highlights the importance of dermatological evaluation for any chronic skin lesion that is resistant to treatment and increasing in size, in order to allow early diagnosis and timely management.

Keywords: Nodular melanoma, scalp, dermoscopy, skin biopsy, lymphadenopathy, early diagnosis

Introduction
Cutaneous melanoma is a malignant tumor arising from melanocytes and represents one of the most aggressive forms of skin cancer. Although scalp melanoma is rare, it is known for its often-poor prognosis due to delayed diagnosis and rapid progression [1, 2]. This location poses specific diagnostic and therapeutic challenges, notably because of the scalp's thickness and rich vascularization that favor early dissemination [3]. Early diagnosis relies on clinical examination supplemented by dermoscopy, which helps identify warning signs and better characterize pigmented lesions [4].
Any chronic skin lesion that resists treatment and progressively increases in size requires dermatological consultation to establish an accurate diagnosis and ensure prompt management. Dermoscopy plays a key role in the non-invasive evaluation of suspicious lesions [5].
We report the case of an invasive nodular melanoma of the scalp in an 82-year-old patient, illustrating diagnostic challenges and the importance of early management.

Case report
This is an 82-year-old female patient with a medical history of hypertension treated with amlodipine and a pacemaker implanted in 2018. She presented to the emergency department with a large scalp tumor located in the left parietal region, evolving over the past 9 months.
On general examination, the patient was conscious, asthenic, and hemodynamically and respiratorily stable, with a Glasgow Coma Scale (GCS) score of 15.
Dermatological examination revealed a large, ulcerative and exophytic tumor on the left parietal scalp, painful and bleeding upon contact, measuring 72 x 60 mm. The lesion was surrounded by multiple nodular lesions, the largest measuring 17.5 x 13 mm, along with multiple palpable lymphadenopathies in the cervical, axillary, and inguinal regions.
Dermoscopy showed an atypical pigmented network with irregular meshes, inhomogeneous color, abrupt peripheral cutoff, blue-white veil, ink spot, regression areas, and irregularly distributed dots and globules.
A skin biopsy confirmed an invasive nodular melanoma with a mitotic index of 2 mitoses per 10 high-power fields.
The extension workup included:

- Ultrasound of lymph node areas, revealing lymphadenopathies in the left level V chain.
- Thoraco-abdomino-pelvic CT (TAP CT), which was unremarkable.

- Brain CT showing a tumoral tissue mass of the left parietal scalp with adjacent nodular lesions, but no evidence of secondary cerebral lesions.

The patient was referred to the oncology department for further management.

A

B

Fig A-B: Scalp melanoma with in-transit metastases.

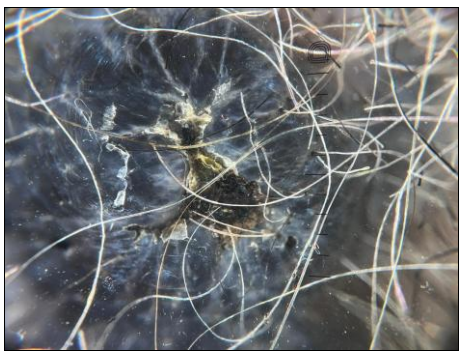

Fig C: Dermoscopic image showing a blue-white veil suggestive of nodular melanoma.

Discussion

Although scalp melanoma is uncommon, it is characterized by an aggressive course and a higher mortality rate than melanomas located elsewhere on the body [6]. Nodular melanomas, in particular, tend to grow rapidly, complicating early detection [7]. In this case, the patient presented with a tumor evolving over nine months, measuring over 7 cm, with multiple satellite nodular lesions and palpable lymphadenopathies, indicating advanced local extension.

Dermoscopy is an essential tool in melanoma evaluation. It reveals specific structures such as an atypical pigmented network, blue-white veil, regression areas, and irregular globules, which suggest malignancy [8]. These criteria observed in our patient supported the clinical suspicion before histological confirmation.

The extension workup with lymph node ultrasound and computed tomography revealed no visceral metastases, which is favorable. However, the presence of regional lymphadenopathies indicates an advanced disease stage requiring specialized oncological management [9].

Several studies emphasize the importance of early melanoma diagnosis as a key factor to improve prognosis. Indeed, delayed management, often due to lack of awareness or late consultation, increases morbidity and mortality [10, 11]. It is therefore crucial to alert clinicians and patients about the importance of promptly consulting for any chronic skin lesion that resists usual treatments and grows over time. Dermoscopy should be systematically used to better guide diagnosis, especially in challenging areas such as the scalp [12].

Statement of Ethics

Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

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