

Hong Kong Urological Association The 27th Annual Scientific Meeting Kerry Hotel, 38 Hung Luen Road, Hung Hom Bay, Kowloon, Hong Kong 6th November 2022

Abstract No.:

Management of urethral melanoma: our initial experience

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Introduction

Primary urethral melanoma is a rare disease in both males and females and with less than 200 indexed cases in the literature. The optimal surgical treatment for this condition remain unclear and the prognosis for these patients remains poor. Studies have found that the recurrence rate were as high as 60%-70% within the first year and 5-year survival had been recorded at 11%.^{1,2}

We aimed to report consecutive patients with urethral melanoma, the surgical treatments involved and their outcomes in our locality.

Methods

Prospective patients with histopathologically confirmed urethral melanoma were enrolled between September 2021 to September 2022. Clinical presentation, surgical treatment, pathology and oncological outcomes were analysed.

Urethral mass

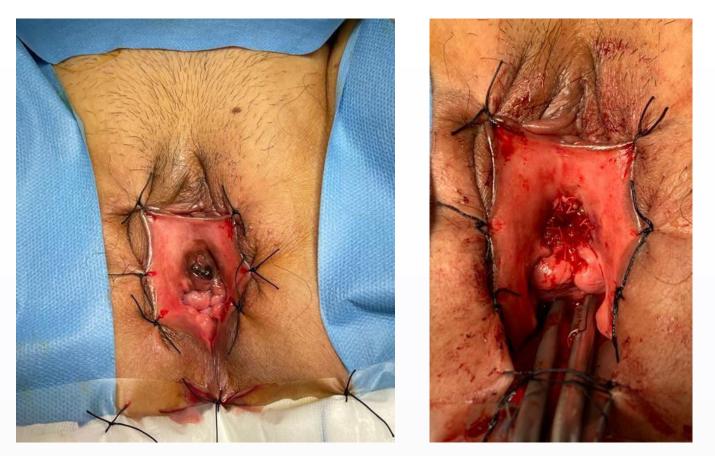
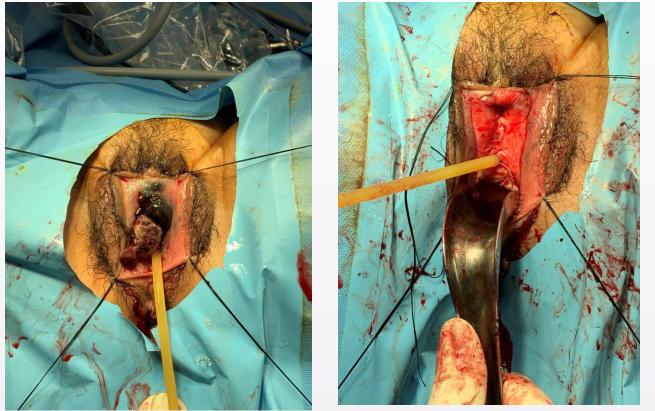
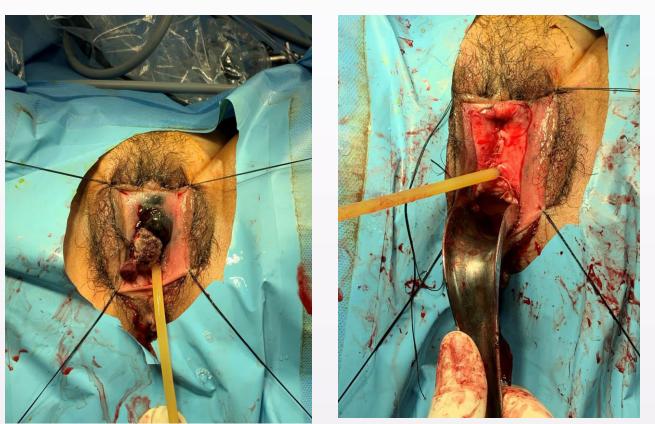


Fig 2. Intraoperative photo of pre- & post-operative photo of patient who underwent distal urethrectomy







Examination under anaesthesia & cystourethroscopy to determine extent and location of disease

> **Incisional biopsy** for pathological diagnosis

MRI pelvis for local staging **PET-CT** to exclude distant metastasis Fig 1. Diagnostic workflow for patient presenting with urethral mass¹

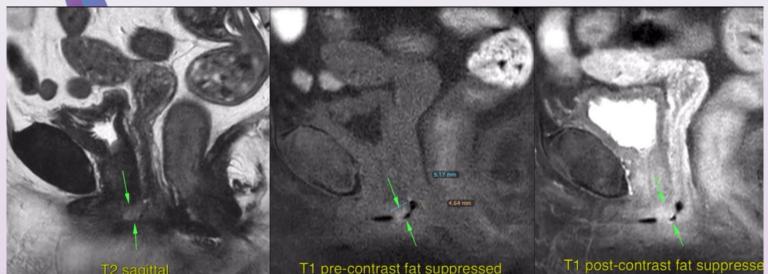


Fig 1. MRI pelvis demonstrating localised urethral mass

http://www.hkua.org/

Fig 4. Intraoperative photo of pre- & post-operative photo of patient who underwent distal urethrectomy

Results

3 patients were eligible. All patients were female and age range from 69-85 at time of diagnosis. The tumor involved the distal urethra in all patients. 1 patient had localised Levine stage A malignant melanoma in distal urethra, underwent distal urethrectomy and bilateral sentinel inguinal lymph node dissection. Another patient had a history of recurrent localised Levine stage A malignant melanoma in vulva and vagina with wide local excision done in 2012 & 2020, she had recurrence at the urethral meatus 2 years after the last operation and underwent distal urethrectomy. 1 patient had synchronous Levine stage A malignant melanoma in distal urethra and bladder, underwent distal urethrectomy and transurethral resection of bladder tumor. This patients had positive surgical margin, rapid progression to metastatic state and died 1 month after the operation. All other patients had negative surgical margin and remained disease-free on follow-up.

References

- Davuluri, M., Long, B., Semple, S., Villanueva-Siles, E., & Aboumohamed, A. (2019). Primary Urethra Melanoma: A Case Report and Literature Review. Urology, 126, 1-4.
- 2. Piura B. (2008). Management of primary melanoma of the female urogenital tract. The Lancet. Oncology, 9(10), 973-981