# An interesting case of anal melanoma caused liver metastases due to misdiagnosed as hemorrhoids

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Dear Editor,

Nearly one in every three tumors has potential distant metastasis; the liver is one of the most common metastatic sites for all, different cell type of cancers such as bone, thyroid, neuroendocrine, and testicular cancer (1). Therefore, it can be a challenging job to find the primary tumor origin on encountering a metastatic liver lesion. If the primary site of the tumor is not found, this case is called cancer of unknown primary (CUP). Consequently, CUP always has poor prognosis because such type of cases are commonly treated with non-selective empirical therapy (1). Before investigating the origin of liver metastasis with further complex procedures such as positron emission tomography (PET) and magnetic resonance imaging (MRI), a thorough physical examination should first be meticulously performed (1). Rare but important skin cancers can easily be recognized especially if some private areas such as genitourinary system are carefully examined in daily clinical practice (2). Herein, we present a case of malignant melanoma of the anal canal in a patient who presented with multiple metastatic nodules in the liver owing to a misdiagnosis of external thrombosed hemorrhoids 10 months ago. The diagnosis of anal malignant melanoma was made without further advanced examination.

An 89-year-old man presented with itching and jaundice. The most remarkable thing about his medical history was the diagnosis of thrombosed external hemorrhoids that presented with rectal bleeding 10 months ago. Despite warm sitting and repeated medical treatment, rectal discomfort was not entirely solved. Abdominal computed tomography revealed multiple metastatic nodules in the liver (Figure 1, arrow). The patient was referred to us for gastrointestinal screening for the detection of primary tumor location, but he did not undergo a thorough physical examination, especially of the genitourinary system. At the beginning of the colonoscopy, a dark black pigmented nodular lesion (size: 2×2 $cm^2$) was noted at the entrance of the anal cavity (Figure 2, arrows). The diagnosis of malignant melanoma was made using excisional biopsy of the skin lesion and the liver. Because of advanced age and liver metastasis, the patient died 4 months later without receiving chemotherapy.

In this article, we first emphasize that the physical examination was the essential key of medicine in the past; however, now, with the growing reliance on advanced technology, complicated and expensive methods such as PET and MRI are more frequently used (1). Actually, when looking for a metastatic location, the genitourinary system examination should be particularly performed before further investigation. In this case, a complete physical examination was not conducted by the primary physician. Second, the anal melanoma is not only an exceptionally rare neoplasm but also particularly an aggressive disease

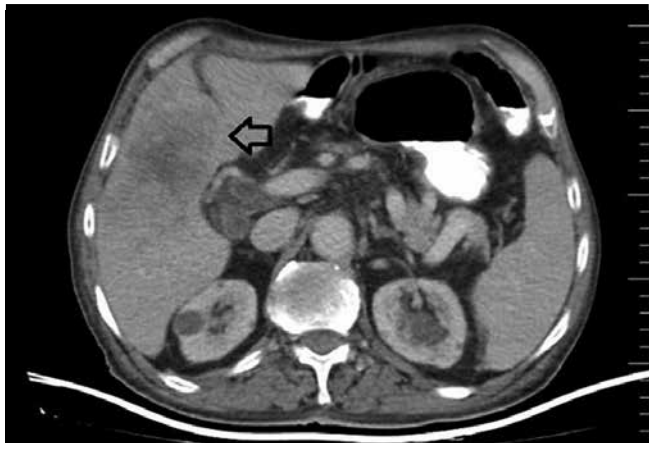

**Figure 1.** An abdominal computed tomography showed multiple metastatic nodular lesions, the largest of which was 6 cm in size (arrow)

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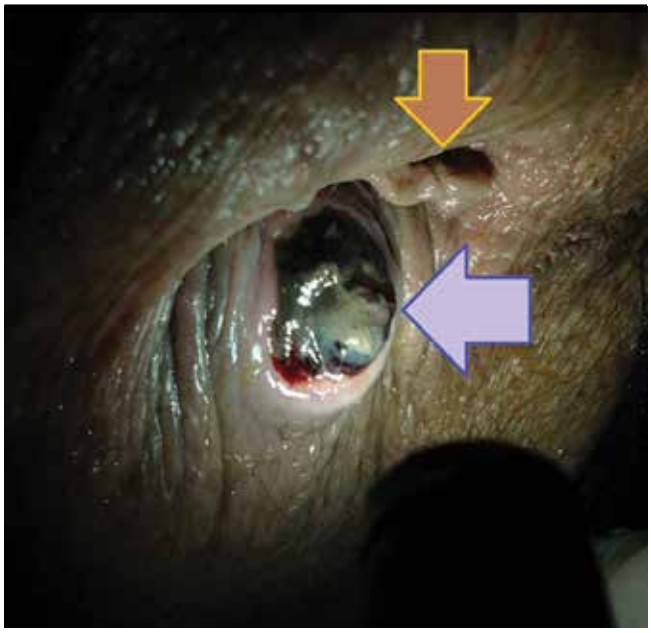

**Figure 2.** This dark black pigmented nodular lesion (size: 2×2 $cm^2$) was seen at the entrance of anal canal cavity under the colonoscopic light; while blue arrow indicates the melanoma lesion, the brown arrow shows skin tags that is the sign of the anal canal

that tends to appear in the elderly population with poor prognosis due to high risk of distant metastases (3). The perianal region should therefore be well-examined, as it may contain important skin diseases. Third, unfortunately, another critical point is that the anal melanoma is being mistakenly diagnosed and treated as a thrombosed external hemorrhoid or mucosal skipped lesion with increasing frequency in recent years (4). To the best of our knowledge, only five or six case reports have been previously reported (3,5,6). This case is the first report of anal melanoma misdiagnosed as hemorrhoids in a patient in Turkey. Gastroenterologists and general surgeons with interest in proctology should pay more attention to this topic.

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