Introduction

Mucosal melanomas represent only 0.8-3.7% of all melanomas; 1,2 55% of which are located in the head and neck region.3

The incidence of head and neck mucosal melanoma (HNMM) has remained stable,2 however the 5 year survival outcome remains very low at between 15% and 20%.4

Objectives

To review the management of patients with mucosal malignant melanoma in different head and neck subsites.

To compare the outcomes of patients treated with various commonly used protocols for HNMM.

Results

Patient Demographics

<table>
<thead>
<tr>
<th>Age range</th>
<th>63-84 years</th>
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</thead>
<tbody>
<tr>
<td>Ethnic Origin</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Caucasian</td>
<td>12 (50%)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (8%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>10 (42%)</td>
</tr>
<tr>
<td>Gender</td>
<td>M : F</td>
</tr>
</tbody>
</table>

The average follow-up period was 19 months (range: 3wks-10yrs).

2 patients had regional or distant metastases at presentation.

Overall, 5 year survival rates for HNMM were very poor with only a 13% survival rate at 5 years.

Fig 1: CT Head illustrating mucosal thickening in the left maxillary antrum and nasal cavity. The patient underwent a craniomaxillofacial resection. Figure 2 shows the postoperative results with some residual soft tissue remaining in the left maxillary antrum.

Method

Retrospective case note analysis.

All patients with histological diagnosis of HNMM (n=24) between the period 1990 and 2009 at St George's Hospital, London were identified using the pathologist’s database.

Data was analysed using Excel.

Conclusions

The prognosis of patients with HNMM is poor.

Patients have a high rate of distant metastases and a low rate of local control.

Adjuvant radiotherapy achieved better local disease control than surgery alone but does not improve survival.

Non-sinonasal HNMM has a higher preponderance of regional metastases. Prophylactic neck dissection should be considered in this group.