## Primary Malignant Melanoma of the Male Urethra

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**Key Words.** Primary malignant melanoma · Urethra, male · Urinary cytology

Abstract. We report a case of primary malignant melanoma of the male urethra, increasing the total number of reported cases to 31. The experience with our case suggests that urinary cytology is a diagnostic method for malignant melanoma and essential in the preoperative diagnosis of this disease.

Primary malignant melanoma of the male urethra is a rare disease, with only 30 cases previously reported in the literature [1-7]. We report a new case of male urethral melanoma.

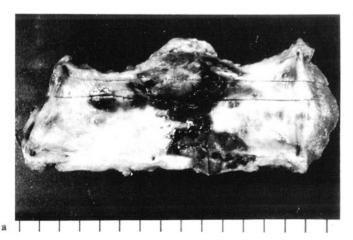
## **Case Report**

A 68-year-old Japanese male was seen in February 1985 with complaints of urethral bleeding for the last 2 months and dysuria of recent onset. A palpable mass was noted in the area of the pendulous urethra. The inguinal lymph nodes were not enlarged on palpation. There was no evidence of nevi or other cutaneous lesions. Labora-

tory findings were normal except that urinary cytology was positive for malignancy, initially suspected to be a transitional cell carcinoma. Urethrocystogram showed a filling defect in the proximal pendulous urethra and cystourethroscopy revealed a black nodular lesion. The bladder mucosa was unremarkable. Metastatic evaluation, including physical examination, chest X-ray, excretory urogram and abdominal computerized tomography scan, was negative.

Partial urethrectomy and construction of suprapubic cystostomy were performed.

The resected specimen showed an irregular black tumor with nodular formation, and several submucosal satellite lesions (fig. 1). Histological examination confirmed malignant melanoma (fig. 2). Polygonal cells, containing large nucleoli and heavy accumulation of



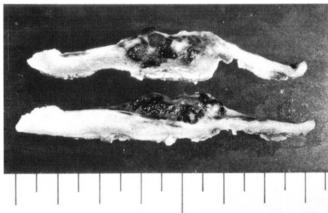


Fig. 1. a Macroscopic appearance of surgical specimen showing a pigmented tumor. b Cut surface.

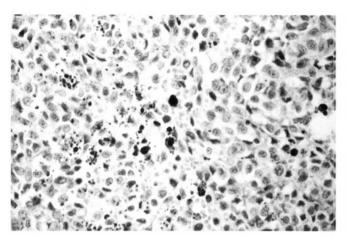


Fig. 2. Histological section of the urethral melanoma. HE. Reduced from  $\times$  200.

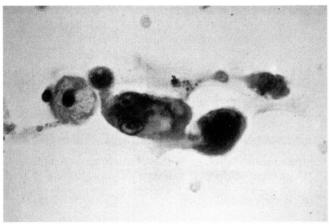


Fig. 3. Malignant melanoma cells in the urinary cytology specimen. Papanicolaou stain. Reduced from  $\times 400$ .

melanin pigments, were proliferating with nestal structures. The tumor invaded deeply into the corpus spongiosum and displayed venous involvement. The preoperative urine cytology specimen was reviewed postoperatively and those cells diagnosed before the operation as a malignancy proved to be melanoma cells, the cytoplasm of which was stained light green with Papanicolaou stain and contained melanin granules (fig. 3).

Although he was subsequently treated with combined chemotherapy consisting of dacarbazine, nimustine hydrochloride, pepleomycin and vincristine, and immunotherapy with  $\alpha$ -interferon, the disease progressed rapidly and he died of multiple pulmonary metastases 4 months after the operation.

## Discussion

A review of the literature on primary malignant melanoma of the male urethra revealed only 30 cases, including 1 case reported in the Japanese literature [1–7].

In most of these 30 cases biopsy was performed before the operation and there have been no cases in which urinary cytology was helpful in the preoperative diagnosis of this disease. In our case, however, melanoma cells were demonstrated in the preoperative urinary cytology specimen, suggesting that urinary cytology is as useful as biopsy for the diagnosis of malignant melanoma of the male urethra.

Urinary cytological examination is of importance before the operation because a probe biopsy from a malignant melanoma should be avoided.

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