

23 Occult melanoma

Melanoma is among a number of cancers in humans where the primary tumour cannot always be found. In some patients the primary may be in an obscure site such as the eye, ear or the intestine, but in the majority it is likely that the primary tumour has been destroyed by the host's immune system via lymphocyte activation.^{1,2} It is likely that total regression occurs in 10–20% of melanomas, though only those where there have been metastases are diagnosable (about 5% of melanomas). Partial regression of primary tumours is more common and is often reported on pathology reports (30–50%). Two recent studies have shown that those patients with metastases and an occult primary melanoma have a better prognosis than those with metastases and a known primary melanoma.^{3,4} This suggests an intrinsically superior host tumour interaction in those with occult primary melanoma.

Evidence summary	Level	Reference
Patients with occult primary melanoma usually present with lymph node disease, a soft tissue metastasis, or widespread systemic disease, in the absence of a primary tumour and the diagnosis is made by pathological examination of the lymph node, or metastasis which shows the characteristics of melanoma. Such patients should be examined carefully to exclude the possibility of a hidden primary by examination of the eyes, inner ears and scalp, and possibly colonoscopy. The presenting lymph nodes or metastases should be treated appropriately regardless of the inability to detect the primary tumour and a PET scan should be performed	IV	1, 2

Recommendation	Grade
1. Patients with metastases and no obvious primary tumour be examined for primary melanomas in obscure sites. If none are found, assume that the primary melanoma has completely regressed	D

References

1. Tefany FJ, Barnetson RS, Halliday GM, McCarthy SW, McCarthy WH. Immunocytochemical analysis of the cellular infiltrate in primary regressing and non-regressing malignant melanoma. *J Invest Dermatol* 1991; 97(2):197–202.
2. Lowes MA, Bishop GA, Crotty K, Barnetson RS, Halliday GM. T helper 1 cytokine mRNA is increased in spontaneously regressing primary melanomas. *J Invest Dermatol* 1997; 108(6):914–919.
3. Vijuk G, Coates AS. Survival of patients with visceral metastatic melanoma from an occult primary lesion: a retrospective matched cohort study. *Ann Oncol* 1998; 9(4):419–422.
4. Lee CC, Faries MB, Wanek LA, Morton DL. Improved survival after lymphadenectomy for nodal metastasis from an unknown primary melanoma. *J Clin Oncol* 2008; 26(4):535–541.