

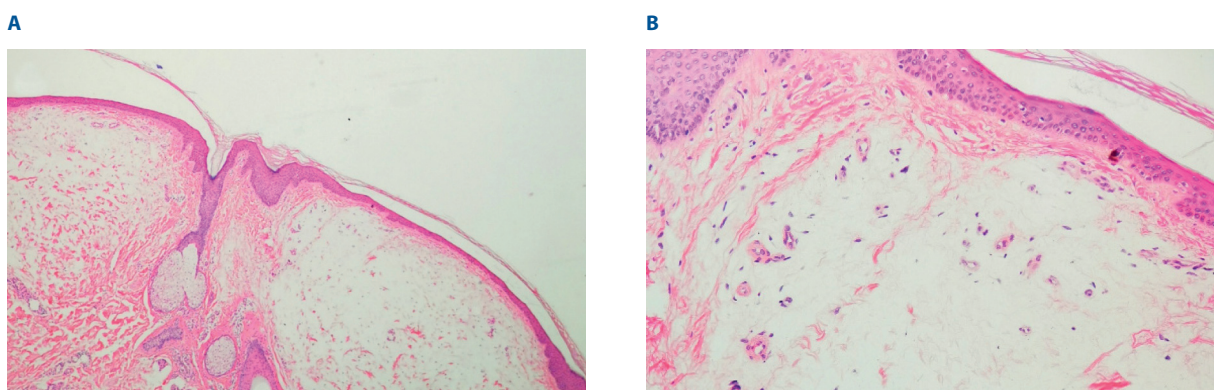
## Solitary cutaneous focal mucinosis during immunotherapy for melanoma

Przemysław Baran<sup>1</sup>, Wojciech M. Wysocki<sup>1, 2, 3</sup>

<sup>1</sup>Department of General and Oncological Surgery, 5<sup>th</sup> Military Clinical Hospital, Krakow, Poland

<sup>2</sup>Chair of Surgery, Faculty of Medicine and Health Sciences, Andrzej Frycz Modrzewski Krakow University, Krakow, Poland

<sup>3</sup>Maria Skłodowska-Curie National Research Institute of Oncology, Warsaw, Poland



**Figure 1.** Microscopic presentation of hematoxylin and eosin-stained sections of a solitary cutaneous focal mucinosis on the right lower leg of a 40-year-old woman. Pallor of the dermis is a consequence of increased amounts of interstitial mucin. (A) x40, (B) x200

A 40-year-old woman was diagnosed with pT3b melanoma of the right thigh (fig. 1). The patient underwent wide local excision and sentinel node biopsy with clinically occult metastases; subsequently an inguinal lymphadenectomy was performed and adjuvant pembrolizumab introduced. Ten months since the start of immunotherapy, an asymptomatic, plateau-shaped, white-colored lesion of the right lower leg was noted. An excisional biopsy was taken and a diagnosis of “cutaneous focal mucinosis” was established. “Solitary cutaneous focal mucinosis” is a rare skin lesion characterized by the increased presence of mucin in the dermis and is mostly an idiopathic condition. The lesion typically presents as an asymptomatic dome-shaped papule or nodule on the extremities. The color varies from flesh-colored to white to red. It occurs in adults with a male predominance. The lesion has been reported

in less than 200 individuals. It is rarely clinically diagnosed due to variable morphologic presentation and the necessity of a surgical biopsy to establish the diagnosis [1]. Association of this infrequent skin lesion with immunotherapy has been previously observed in a very few cases [2]. Typically, a surgical biopsy provides adequate treatment of the solitary cutaneous focal mucinosis; additionally the lesion does not tend to recur. There are additional studies necessary.

### References

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2. Lesiak A, Włodarczyk M, Sobolewska A, et al. Can biologic treatment induce cutaneous focal mucinosis? *Postepy Dermatol Alergol*. 2014; 31(6): 413–416, doi: 10.5114/pdia.2014.40944, indexed in Pubmed: 25610359.

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