

## Late melanoma metastasis to the urinary bladder mimicking bladder primary tumor

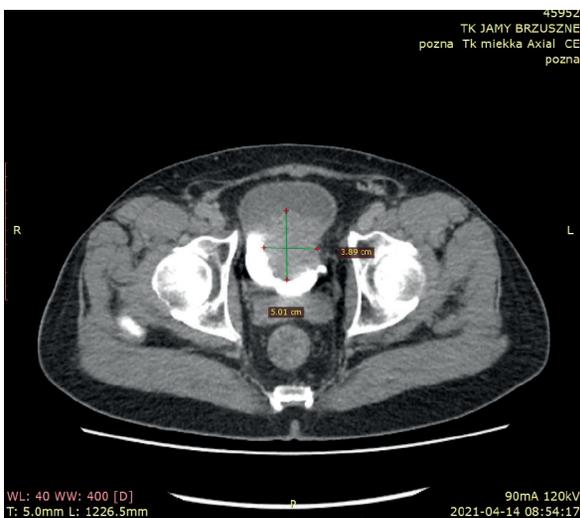
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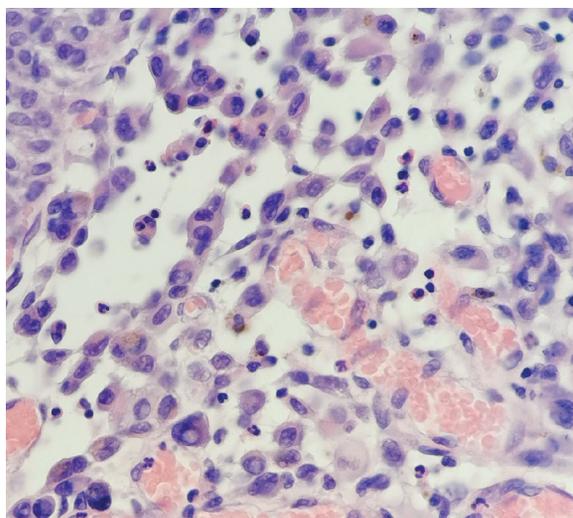
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**Figure 1.** A CT scan of an extensively infiltrating 5 cm mass in the urinary bladder



**Figure 2.** Microscopic image of melanoma submucosal infiltration in urinary bladder wall (HE 20x, courtesy of Dariusz Pabis MD)

A 60-year-old patient was diagnosed by CT with an extensively infiltrating 5 cm mass in the urinary bladder, in search of primary focus due to multiple brain metastases.

No known risk factors for urinary bladder carcinoma were present, however, in 2011 the patient underwent treatment for melanoma (Breslow 1.9 mm mitotic index 5/mm<sup>2</sup>, SNB positive 2/3, completion axillary lymph node dissection 0/18, no adjuvant treatment).

The patient was referred for a transurethral bladder resection. On the left bladder wall a large mass was seen, partially ulcerated, with concomitant minor similar changes on the posterior wall and fundus. On histology a metastatic melanoma was diagnosed, with positive BRAF status. The patient was referred to brain irradiation for an unresectable brain foci and immunotherapy [1]. The urinary bladder is rare location

for secondary seeds (up to 2–3% of all bladder malignancies), and melanoma is extremely seldom among them (5% of all bladder secondary malignancies) [2]. An upfront correct diagnosis is difficult from a clinical perspective (melanoma is a “great mimicker” of other diseases, like a primary bladder tumor in this case). Detailed history taking (including remote in-time medical details) and understating melanoma’s ability to produce late-onset systematic recurrence might improve diagnostic specificity.

### References

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