Primary Malignant Vaginal Melanoma: Single Institution's Experience Of 52 Cases

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Background

- Malignant melanoma of the vagina is a rare malignancy with aggressive behavior and a poor prognosis
- Represents less than 1% of all melanomas in women.¹
- Approximately 500 cases have reported worldwide.²

Objectives

To assess clinical and pathologic features that impact outcome in patients with vaginal melanoma.

Methods

- Retrospective review
- Single institution between 1990 – 2015
- Progression-free survival (PFS) and Overall survival (OS) were calculated from the first treatment date

Results

- Fifty-two patients with median age of 60.5 years (32.0-86.0) were identified.
- Using the AJCC pathological staging, the majority were stage I-II (see table 1)
- Median tumor size was 3.0 cm with median tumor thickness 8.0 mm.
- 81% experienced disease recurrence, 41% local recurrence, 24% distant recurrence and 36% both local and distance
- Median PFS was 8.9 months (5-year PFS =16%) and median OS was 19.8 months (5-year OS of 18%)
- 44 patients underwent surgery as part of their primary therapy while 8 women did not have surgery.

Table 1. Distribution of stage at diagnosis

Characteristic	N	(%)
TUMOR STAGE		
IA	2	(3.8%)
IB	2	(3.8%)
IIA	3	(5.8%)
IIB	14	(26.9%)
IIC	19	(36.5%)
IIIB	3	(5.8%)
IIIC	4	(7.7%)
IIID	2	(3.8%)
IV	3	(5.8%)

Figure 1. Patients who underwent surgery had a median OS 20.7 VS 9.3 months for those who did not ($p<0.01$).

Figure 2. Patients who were diagnosed as stage I-II had significantly longer survival than patients who were stage III-IV (median OS 24.5 VS 12.1 months, $p<0.01$).

Conclusions

- Though vaginal melanoma most commonly presents at an early stage, it is associated with poor outcomes
- Patients who have localized disease have improved OS
- Patients who undergo primary surgical treatment have longer OS.

References

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