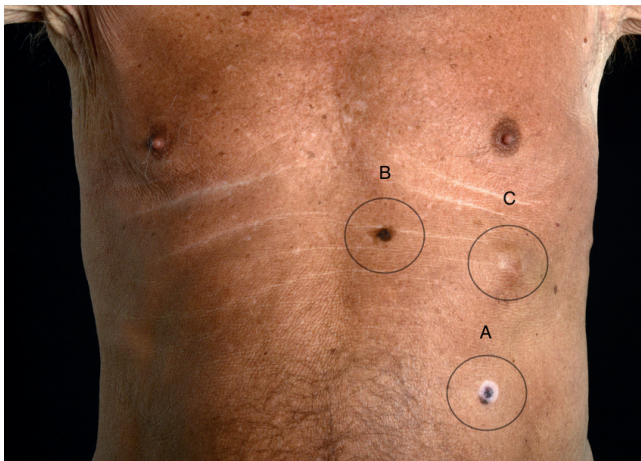


## In-transit metastases: the migration of melanoma

A 76-year-old man was referred to dermatology with a pigmented lesion on his abdomen. Physical examination revealed extensively sun-tanned skin with multiple cutaneous lesions (Figure 1). First, a 19 mm diameter purple-brown nodule with a halo of depigmentation and adjacent pigmentation just beyond was seen on the left lower abdomen (Figure 2). Above this, a second pigmented lesion was noted and a third hard subcutaneous nodule was seen on the left lower costal margin.



**Figure 1.** Physical examination of left abdomen revealed (A) a purple-brown nodule with a halo of depigmentation, (B) a further pigmented lesion above this and (C) a subcutaneous nodule on the left lower costal margin, all on a background of extensively sun-tanned skin.



**Figure 2.** Left lower abdomen, purple-brown nodule with halo of depigmentation and adjacent pigmentation just beyond, measuring 19 mm in diameter.

Ultrasound of the latter nodule demonstrated a heterogeneous, lobulated mass measuring 17 × 15 mm. Excisional biopsy of the lesions confirmed nodular malignant melanoma, lentigo maligna (malignant melanoma in-situ) and in-transit metastases respectively. The patient was confirmed to have BRAF-negative malignant melanoma with in-transit metastases. No lymphadenopathy or sites of further metastases were identified on computed tomography. Melanomas commonly metastasise via the lymphatic system but can occasionally be identified distant from the primary site (>2 cm) and not within the lymph nodes – these are referred to as in-transit metastases. Following wide excision the patient was commenced on adjuvant immunotherapy with pembrolizumab.

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