

## Recurrent Malignant Melanoma With In-Transit Metastases: A Case Report On Surgical Approach And The Evolving Role Of Lymph Node Biopsy

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### INTRODUCTION:

Malignant melanoma is a highly aggressive neoplasm with significant recurrence potential. Despite wide local excision (WLE) and clear surgical margins, recurrence in the form of satellite lesions and in-transit metastases poses a major challenge. We present a case of recurrent malignant melanoma of the left lower limb with multiple satellite lesions and regional lymph node involvement. The case highlights the role of surgery and the evolving management of nodal metastases..

### REPORT:

A 67-year-old woman with hypertension, dyslipidemia, type 2 diabetes mellitus, and persecutory-type delusional disorder presented with multiple nodular lesions over the left lower limb. She had previously undergone WLE with split-thickness skin graft (SSG) for left heel melanoma in 2020, with histopathology confirming clear margins. However, she defaulted follow-up and presented in 2024 with recurrent lesions. Clinical examination revealed 4 isolated lesions with varied size, located respectively at left leg and heel with palpable inguinal lymph node. Wide resection of the lesions was performed, followed by SSG using the ipsilateral thigh. The inguinal lymph node was not biopsied.

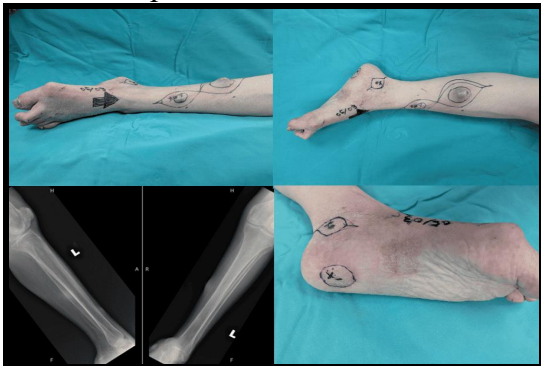


Figure 1: Clinical and radiographic findings of recurrent malignant melanoma in the left lower limb. X-ray imaging shows no underlying osseous involvement.



Figure 2: Post-excision surgical site with split-thickness skin graft (SSG) coverage. The defect created by the wide excision was reconstructed using an ipsilateral thigh graft.

### CONCLUSION:

This case highlights the risk of recurrence in malignant melanoma despite prior clear surgical margins. The decision not to biopsy the inguinal lymph node was based on the presence of in-transit metastases, which already indicated disease progression. This case emphasizes the importance of long-term follow-up in melanoma patients and the role of clinical judgment in nodal assessment.

### REFERENCE:

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