

## Primary melanoma with satellite lesions

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### DISCLOSURE

Neha Goel and Jeffrey M. Farma have no conflicts of interest or financial disclosures to report.

### CLINICAL IMAGE DESCRIPTION

An 80-year-old-woman initially presented with a 5-year history of a lower extremity pigmented lesion, which had been stable in appearance until a pigmented nodule appeared. Within 3 months, two additional nodules appeared proximal to the main lesion. Punch biopsies of the primary lesion and satellite nodule revealed a 2.2-mm nodular melanoma with no ulceration and dermal mitosis (3 mm<sup>2</sup>) with a positive satellite nodule. Preoperative positron emission tomography/computed tomography had an fluorodeoxyglucose (FDG) avid inguinal lymph node (LN) consistent with melanoma on cytology. She underwent a left superficial inguinal LN dissection and wide local excision of the melanoma and satellite nodules. Final pathology revealed a 1.8-mm primary melanoma with 4/9 positive inguinal LNs. She received adjuvant radiation and soon after was found to have two in-transit nodules, which were resected in August 2015 and consistent with melanoma. She started pembrolizumab in September 2015. She has remained with no evidence of disease.

