

Outcomes of Anorectal Malignant Melanoma: Experience in a Tertiary Care Hospital

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60

patients with ARMM

71.7%

underwent surgery

98.3%

received CT / RT

41.7%

developed recurrence

36.7%

recurrent / metastatic at presentation

BACKGROUND

Anorectal malignant melanoma (ARMM) is rare (<1% of melanomas; ~0.05% of colorectal cancers) and aggressive. Vague symptoms (bleeding, mass, altered bowel habit) mimic haemorrhoids or polyps, delaying diagnosis. Typical survival is 12-24 months, with 5-year survival rarely above 20%.

OBJECTIVE

To evaluate the clinical presentation, treatment modalities, recurrence patterns and outcomes of patients with ARMM.

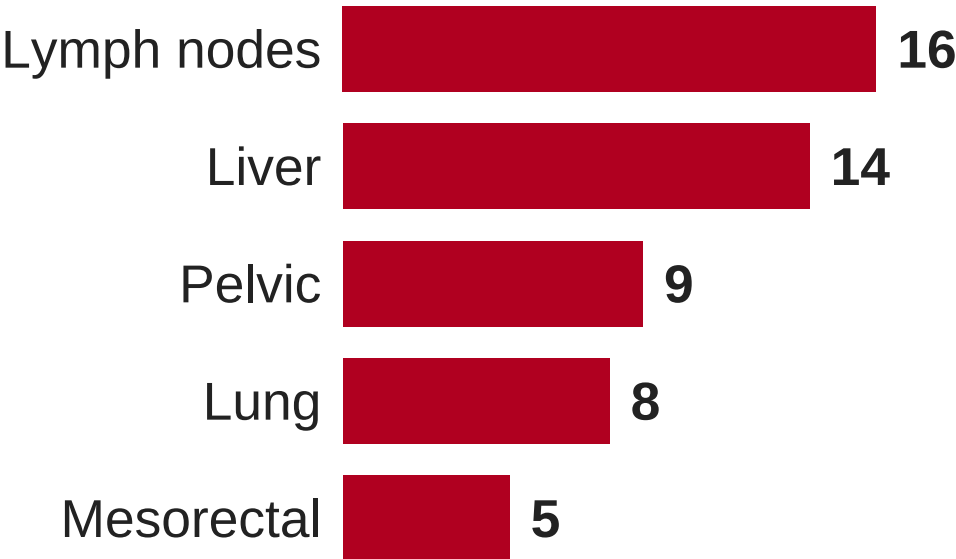
METHODS

- **Design:** retrospective observational study, tertiary care oncology centre; patients identified from hospital records by ICD-O codes
- **Included:** age 18+ years, histologically confirmed ARMM, surgical or systemic treatment with follow-up and complete records
- **Excluded:** cutaneous or non-anorectal melanoma, incomplete records / lost before treatment, coexisting malignancy
- **Data:** demographics, symptoms, tumour features, imaging staging, treatment, recurrence, survival
- **Analysis:** SPSS v26; descriptive statistics; Kaplan-Meier and cross-tabulations; $p < 0.05$ significant. Primary outcome: overall survival

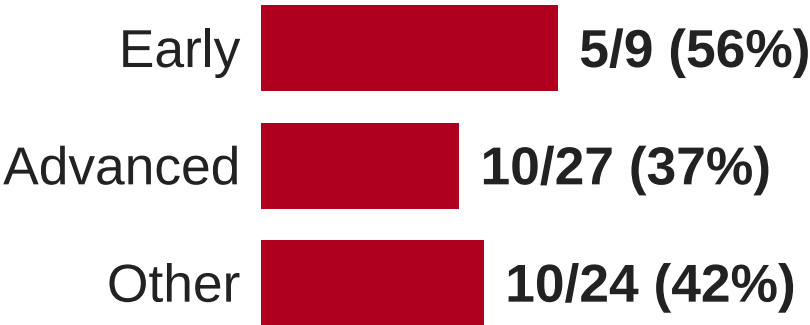
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SITES OF METASTASIS (patients)



RECURRENCE BY STAGE GROUP



KEY FINDINGS

- Mean age 51.75 ± 13.2 years; 55% male; commonest stage T3N1; most tumours 2-4 cm; APR was the commonest operation (31.7%)
- Recurrence occurred only in surgically treated patients (25/43); none in the 17 non-operated patients
- Recurrence was not limited to advanced disease: early-stage patients relapsed too, so stage alone is a limited prognostic tool
- Multimodal treatment (surgery plus CT/RT) was standard, yet recurrence remained high

CONCLUSION

ARMM remains highly aggressive with a poor prognosis despite multimodal treatment. High recurrence and early metastatic spread call for **earlier detection** and **more effective systemic therapies** (immunotherapy, targeted therapy, molecular profiling).