Malignant Pleural Effusion in a Patient with Melanoma 1 2 -Clinical Images-Wei-Chih Liao MD, Chia-Hung Chen MD, and Chih-Yen Tu MD 3 Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, 4 China Medical University Hospital 5 6 7 **Corresponding Author:** 8 Chih-Yen Tu, MD Department of Internal Medicine, China Medical University Hospital, 9 #2, Yude Road, Taichung City, Taiwan 10 Telephone: +886-4-2205-2121 ext. 2207 11 +886-4-2203-8883 12 Fax:

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Case Report

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- 2 A 71-year-old woman presented with left-sided chest pain for a period of 20 days. The patient
- 3 had a medical history of melanoma over her left leg 3 years earlier, and suffered from both
- 4 hypertension and type 2 diabetes. She was diagnosed with melanoma (pT1N0M0 stage I)
- 5 three years previously. She underwent conservatively with radial excision of the melanoma
- 6 in left inguinal area. Four months ago, she was diagnosed as recurrent melanoma by left
- 7 inguinal lymph node excision, and then she was treated by interleukin-2.
- 8 On physical examination, the patient was afebrile, and her vital signs were normal. There was
- 9 a dull percussion note and decreased breathing sounds over the left lower lung field. A chest
- 10 radiograph demonstrated a left pleural effusion (Figure A). Subsequent chest ultrasound
- 11 revealed left complex, non-septated pleural effusion (Figure B) and ultrasound-guided
- 12 thoracentesis yielded a black fluid (Figure C). Cytologic examination of the fluid by means of
- 13 "Diff-Quick" stain showed melanin pigment deposits within enlarged cells with hyperchromatic
- 14 nuclei and conspicuous nucleoli (Figure D). She was diagnosed as having melanoma with
- 15 left-sided malignant pleural effusion. Conservative management with a 12 F pigtail catheter
- 16 implant led to resolution of the symptoms within days. She declined further treatment of her

- 1 metastatic melanoma by chemotherapy.
- 2 Pleural fluid appearance is related to the causes of pleural effusion. Serous and blood tinged
- 3 presentations were the most common types of appearance noted for pleural fluid at
- 4 thoracentesis. However, black pleural effusions have been rarely reported, only in cases of
- 5 infection or hemorrhage and have also been described in pleural effusions due to fungi or
- 6 molds.^{2,3} Metastatic melanoma to the thorax with pleural effusion is very rare (2%).⁴ Metastatic
- 7 melanoma also has caused other instances of black fluid, such as black ascites.⁵ Malignant
- 8 effusions are complications of metastatic malignant melanoma and black pleural effusion can be
- 9 a presentation of metastatic pleural effusion in melanoma.

1 References

- 2 1. Villena V, Lopez-Encuentra A, Garcia-Lujan R, et al. Clinical implications of appearance
- of pleural fluid at thoracentesis. *Chest* 2004;125:156-9.
- 2. Rojas-Solano JR, Light RW, Brenes-Dittel A. Black pleural effusion. Arch
- 5 Bronconeumol 2009;45:103-4.
- 3. Lai CC, Liaw SJ, Hsiao YC, et al. Empyema thoracis due to Rhizopus oryzae in an
- 7 allogenic bone marrow transplant recipient. Med Mycol 2006;44:75-8.
- 8 4. Chen JT, Dahmash NS, Ravin CE, et al. Metastatic melanoma in the thorax: report of 130
- 9 patients. AJR Am J Roentgenol 1981;137:293-8.
- 5. Murali R, Loughman NT, McKenzie PR, et al. Cytological features of melanoma in
- exfoliative fluid specimens. J Clin Pathol 2009;62:638-43.