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Topic: Cutaneous oncology

Giant Melanoma of the Right Hemiface: An Impressive Case

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Introduction

Melanoma is an aggressive cutaneous tumor of melanocytic origin. Certain atypical forms may evolve slowly and remain unnoticed for several years. We report a rare case of giant melanoma of the hemiface, discovered at a locally advanced stage but without metastatic disease.

Materials and Methods

We report the case of an 82-year-old woman with no significant past medical history, who presented with a pigmented facial lesion evolving over six years, progressively enlarging and recently complicated by local pain and oozing. Clinical examination revealed a large, asymmetric, blackish pigmented plaque with heterogeneous coloration and irregular borders, measuring approximately 12 cm in its longest axis, involving the right hemiface in an X-shaped pattern. The lesion extended from the temporal region to the chin, involving the cheek, nasogenian region, border of the upper lip, and the labial commissure. It was surmounted by a 2-cm ulcerated and hemorrhagic nodule located on the upper lip.

Dermoscopy showed an atypical pigment network with obliteration of follicular openings, the presence of a blue-white veil, ink blotches, and chrysalis structures. Histopathological examination of the nodule after biopsy confirmed the diagnosis of ulcerated nodular melanoma. Staging investigations did not reveal secondary localizations. The patient was discussed in a multidisciplinary tumor board, and treatment with pembrolizumab was initiated, with good tolerance.

Results

Superficial spreading melanoma (SSM) is the most common histological subtype of cutaneous melanoma. It is initially characterized by a radial growth phase, often slow, which may last for several months or even years. In our case, the six-year evolution illustrates this prolonged phase, before progression to a vertical nodular growth phase, marking a worsening prognosis.

This clinical transformation toward an ulcerated nodular form is classic in the natural history of untreated SSM; however, it is rarely observed with such an impressive size. This giant presentation, in the absence of metastatic involvement on staging, is exceptional and may be explained by particular tumor biology or by a host immune response that may have limited dissemination.

The delayed diagnosis is probably related to initial trivialization of the lesion or delayed access to care, as is often observed in very elderly patients. This case highlights the importance of melanoma screening, including in elderly individuals, in whom evolving lesions should receive particular attention.

The decision to initiate immunotherapy with pembrolizumab was based on the locoregional extension of the lesion, the difficulty of achieving complete surgical excision, and the absence of major contraindications despite advanced age. Recent studies suggest that elderly patients may benefit from these treatments with a generally acceptable safety profile; however, multidisciplinary assessment remains essential.

Conclusions

A giant melanoma, even after several years of evolution, may remain localized. This case emphasizes the importance of individualized management, particularly with new therapeutic options such as immunotherapy.

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