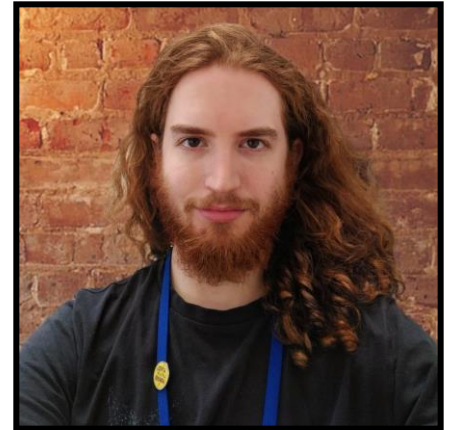




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Lecturer – Dr Nathan Asher

I am a Consultant Pathologist at University College London Hospital where my work includes vulval dermatopathology.





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Vulvo-Vaginal Update Course

- ☐ **Case based discussion of challenging melanocytic lesion**
- ☐ **Nathan Asher**
- ☐ **UCLH**
- ☐ **29/11/24**



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Speaker disclosures

☐ **I have no financial conflicts of interest to disclose**



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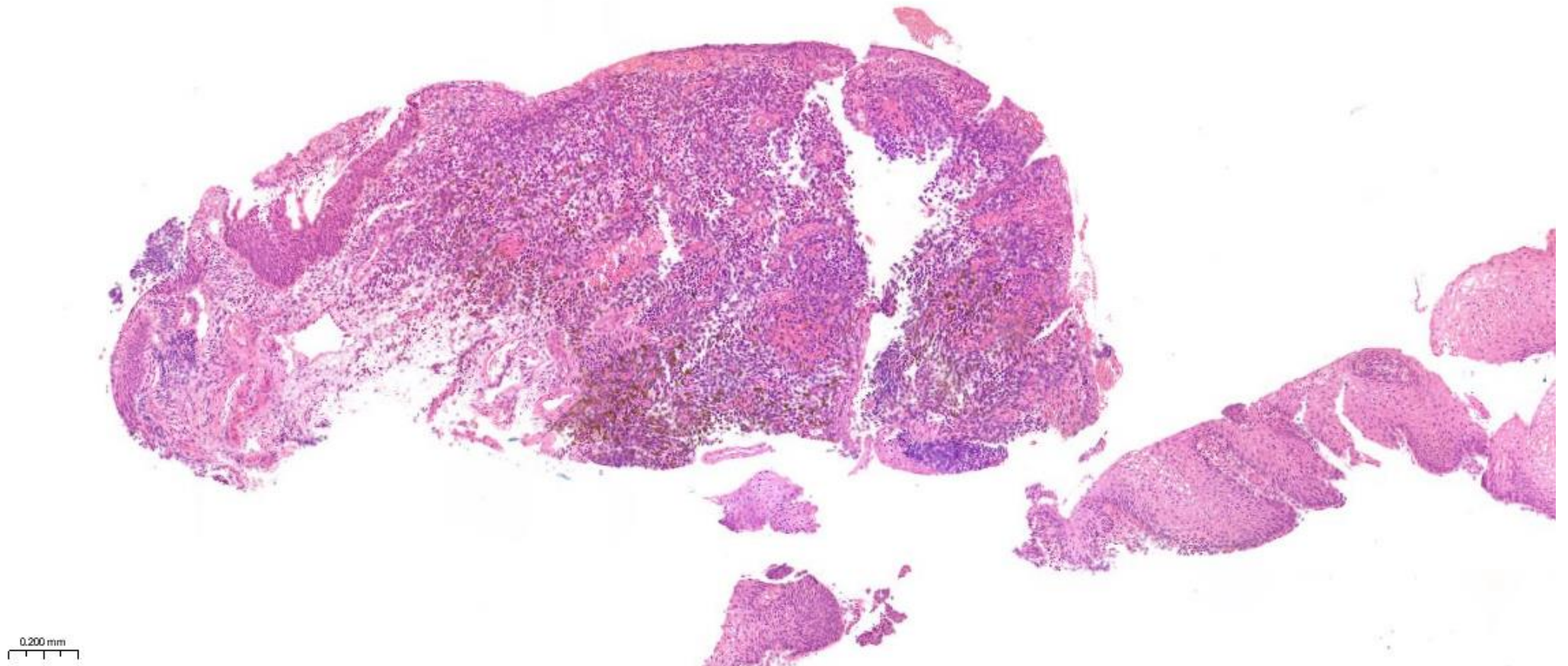
Case:

55 year-old cisgender woman with black nodule between urethra and vaginal opening



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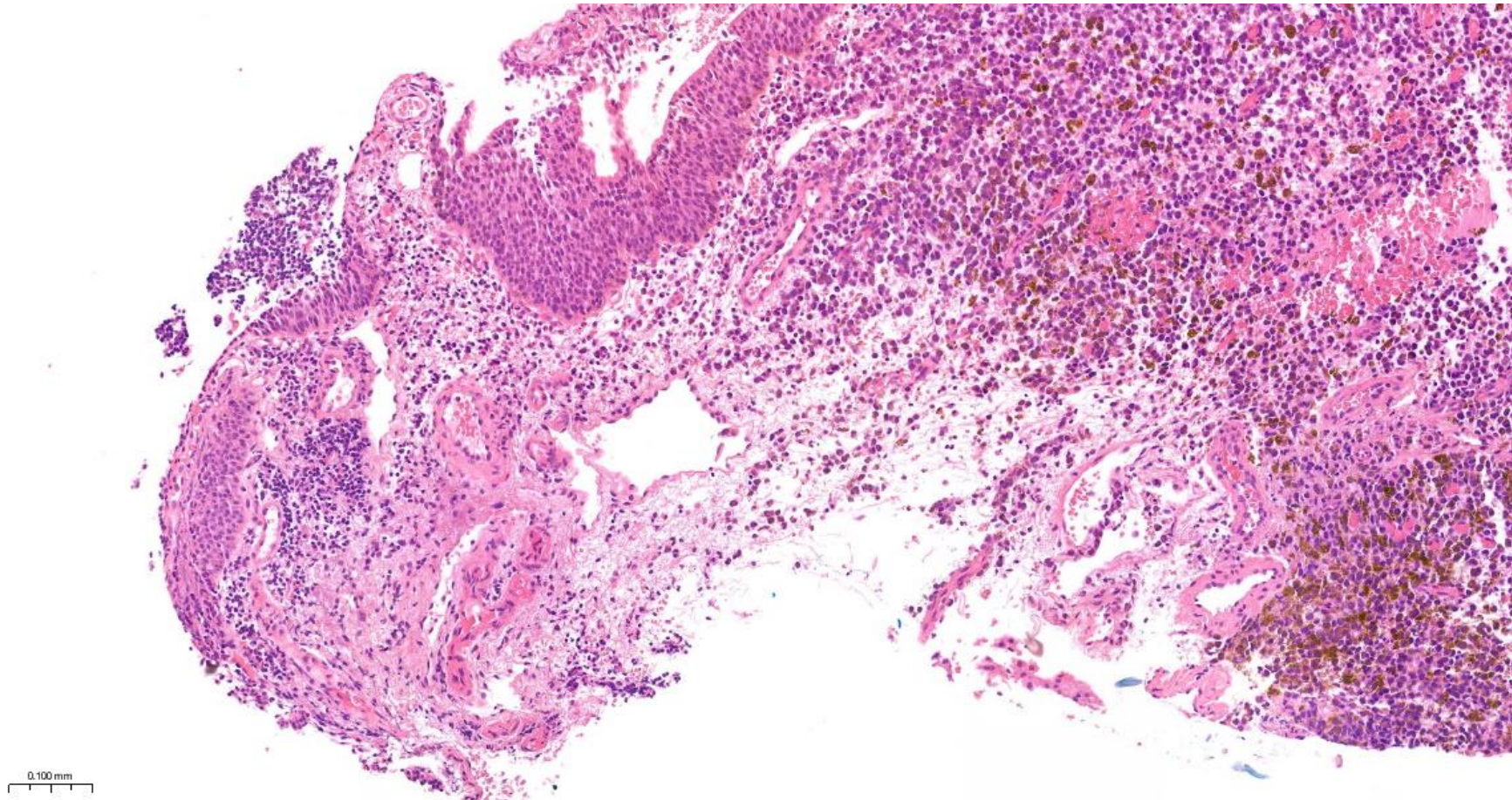
Biopsy:





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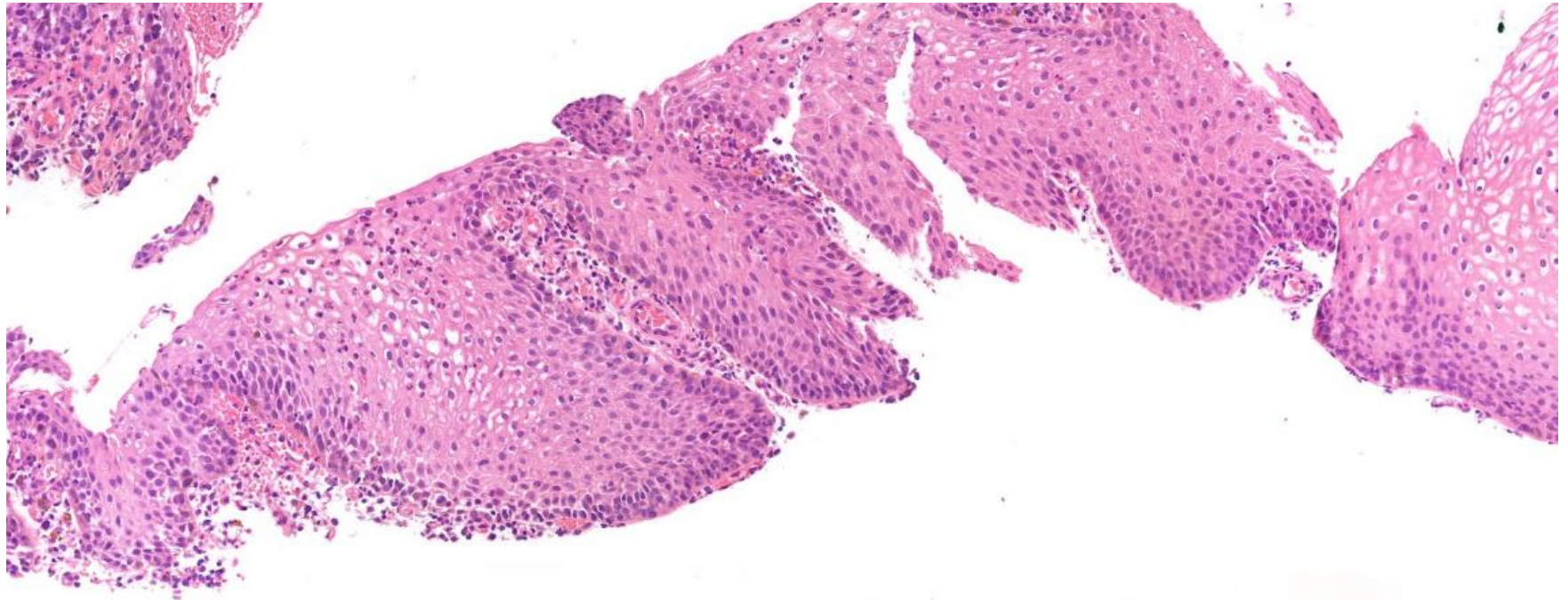
Biopsy:





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Biopsy:

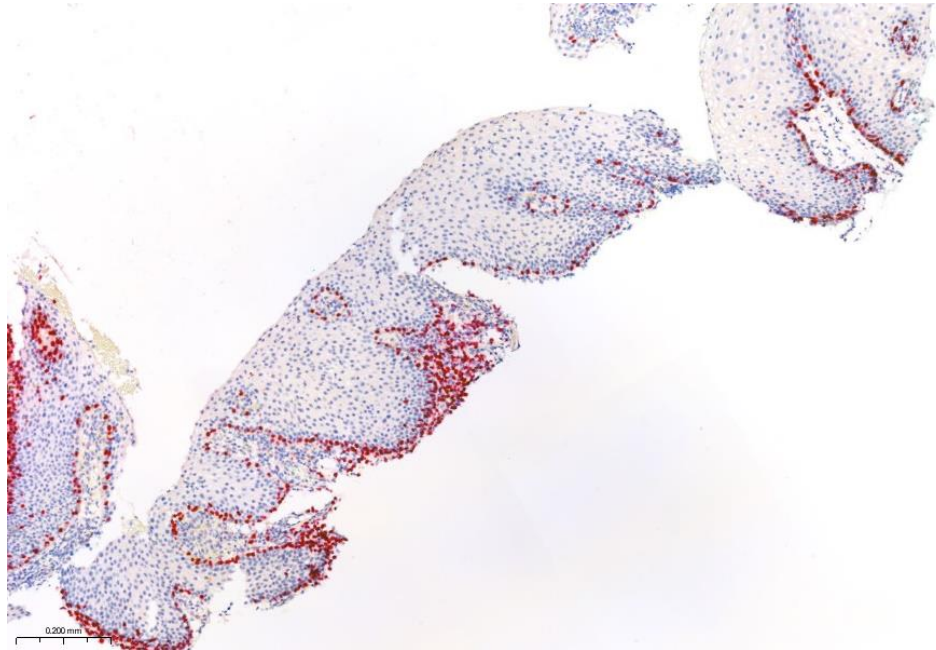
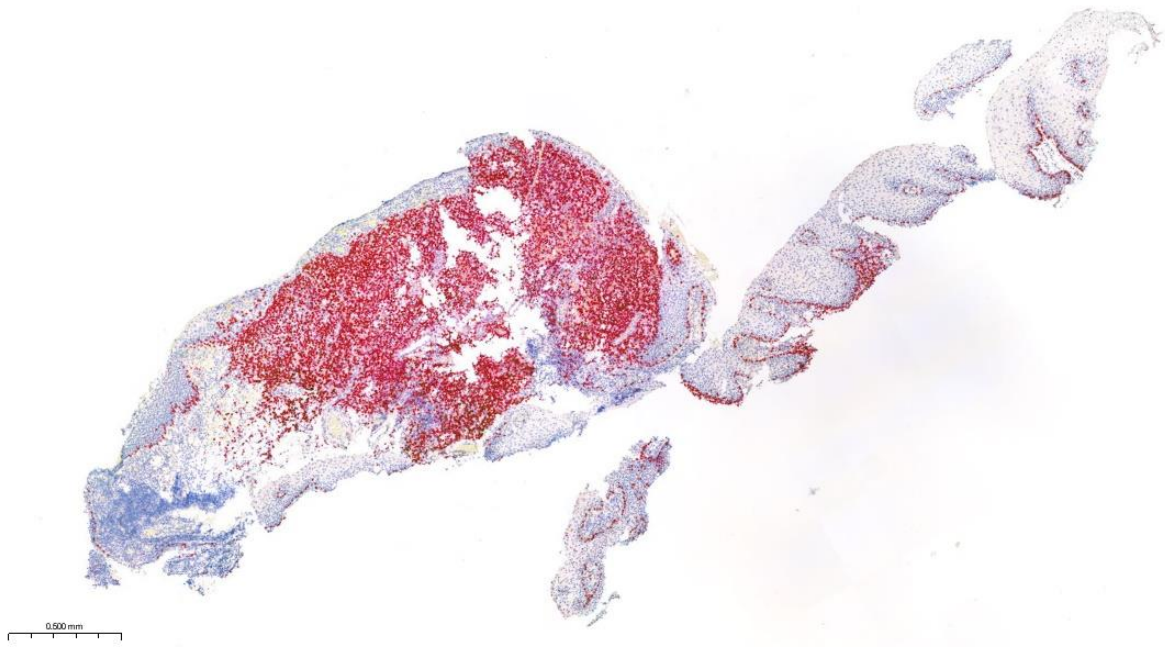


0.100 mm



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Biopsy:





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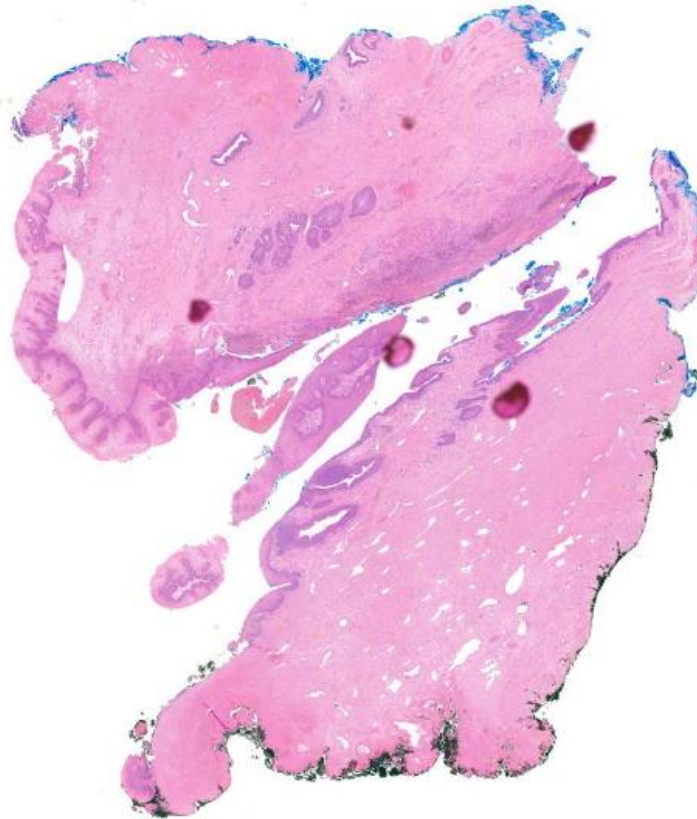
Case:

Detailed examination demonstrated extension of clinically-visible pigmentation into peri-urethral mucosa and urethral meatus



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Resection of proximal urethra and adjacent vulvovaginal mucosa:



2.000 mm



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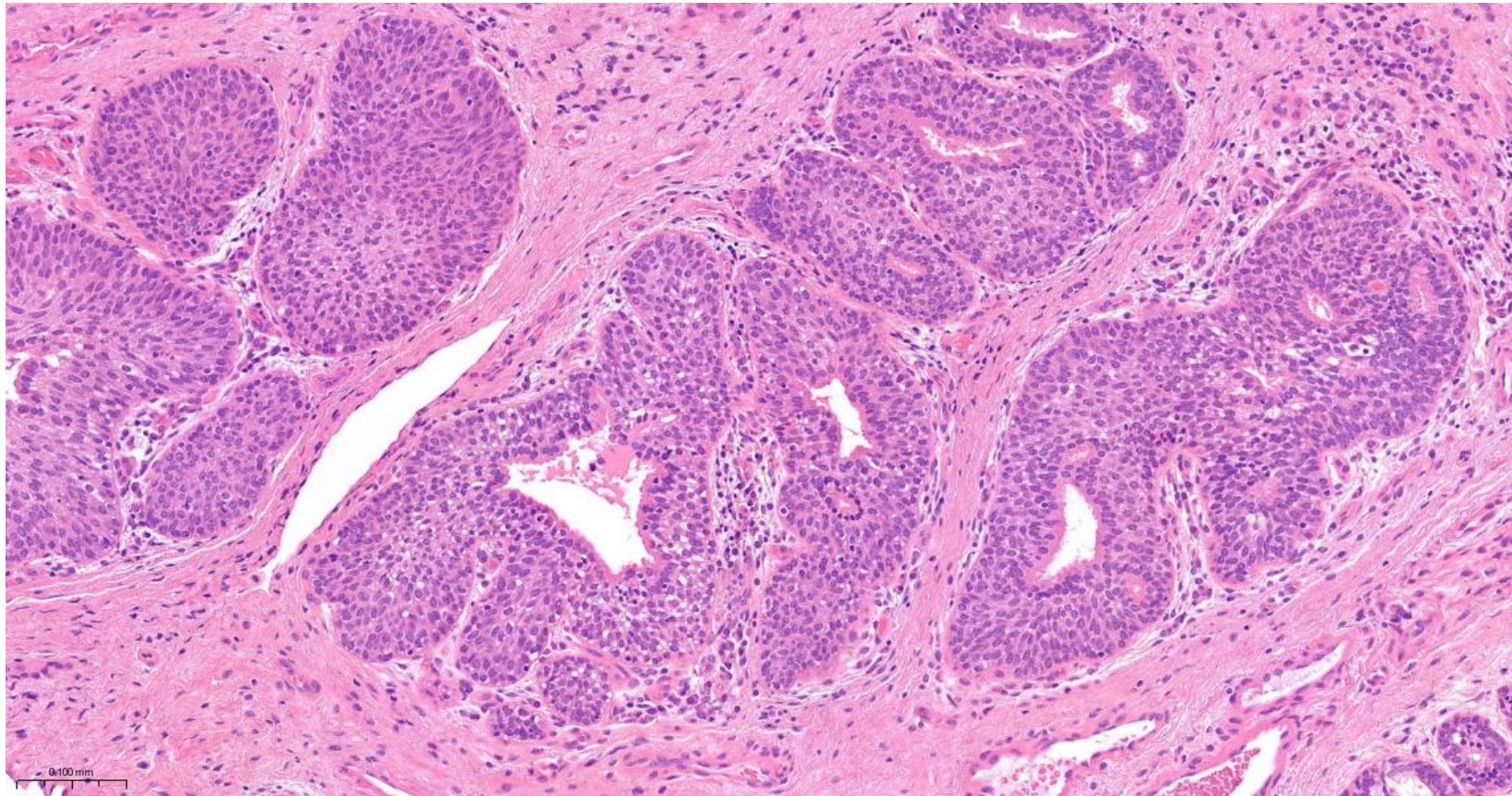
Resection of proximal urethra and adjacent vulvovaginal mucosa:





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Resection of proximal urethra and adjacent vulvovaginal mucosa:





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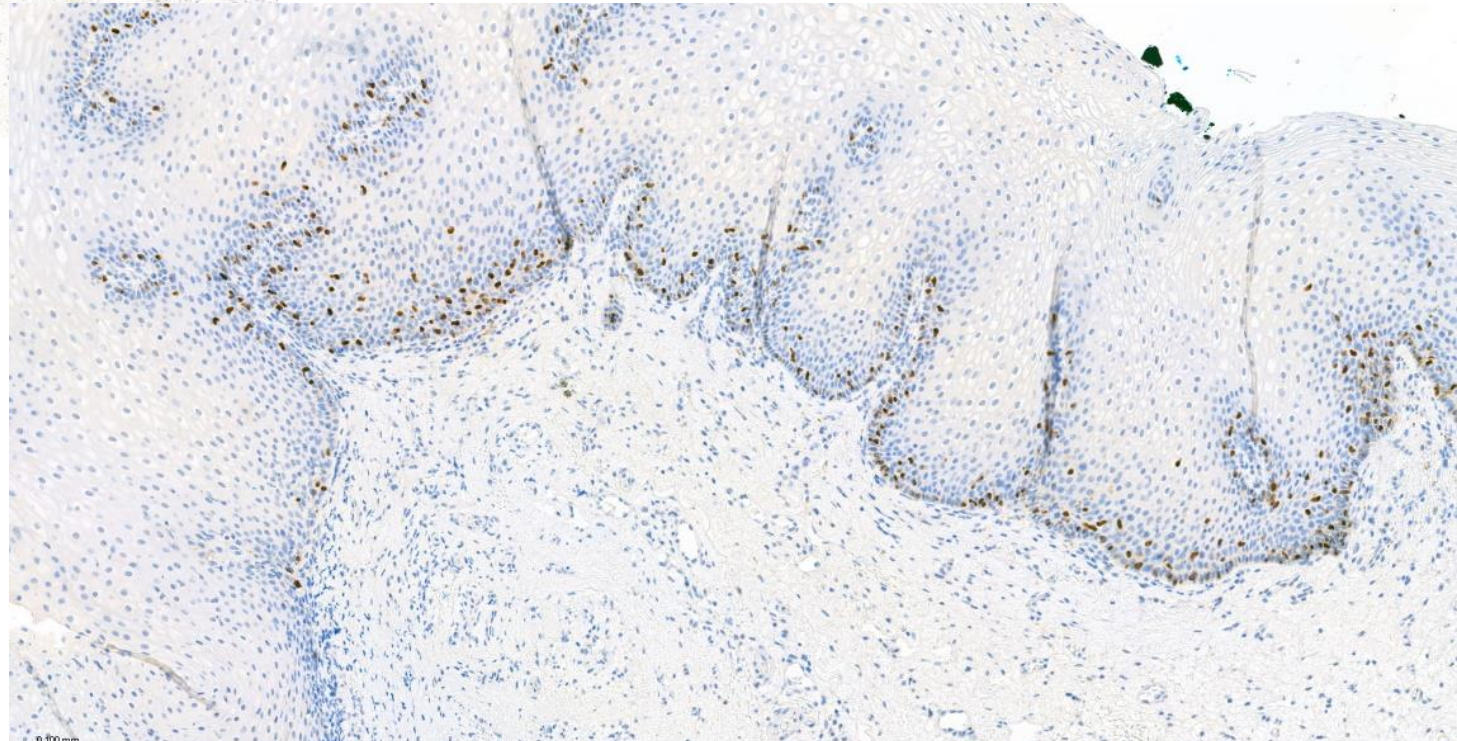
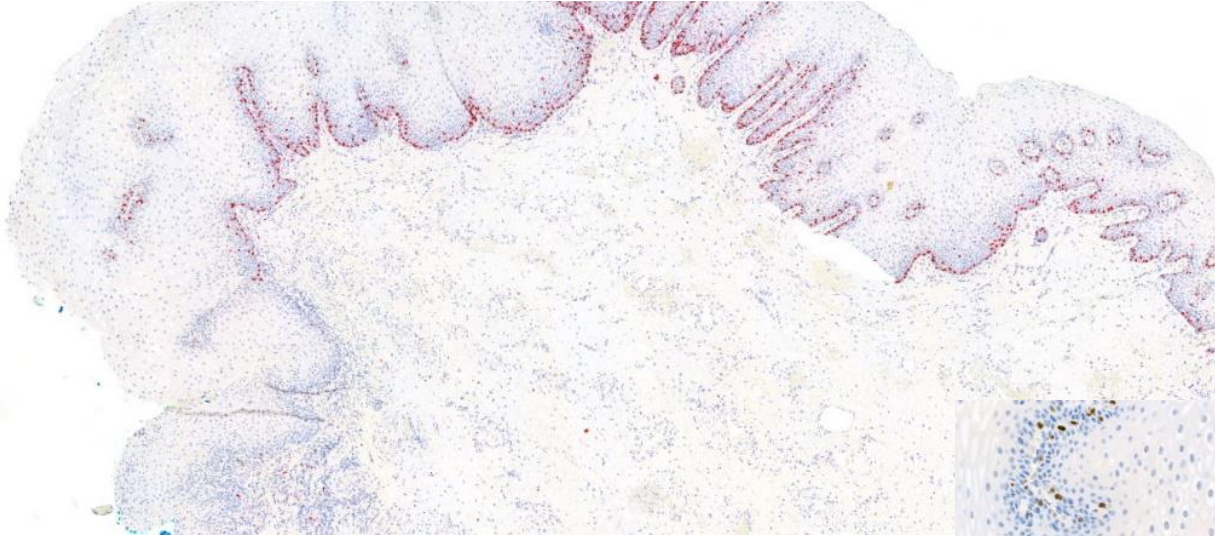
**Poll question 1: on the basis of the
H&E, do you think there is any
residual disease?**

-Yes

-No

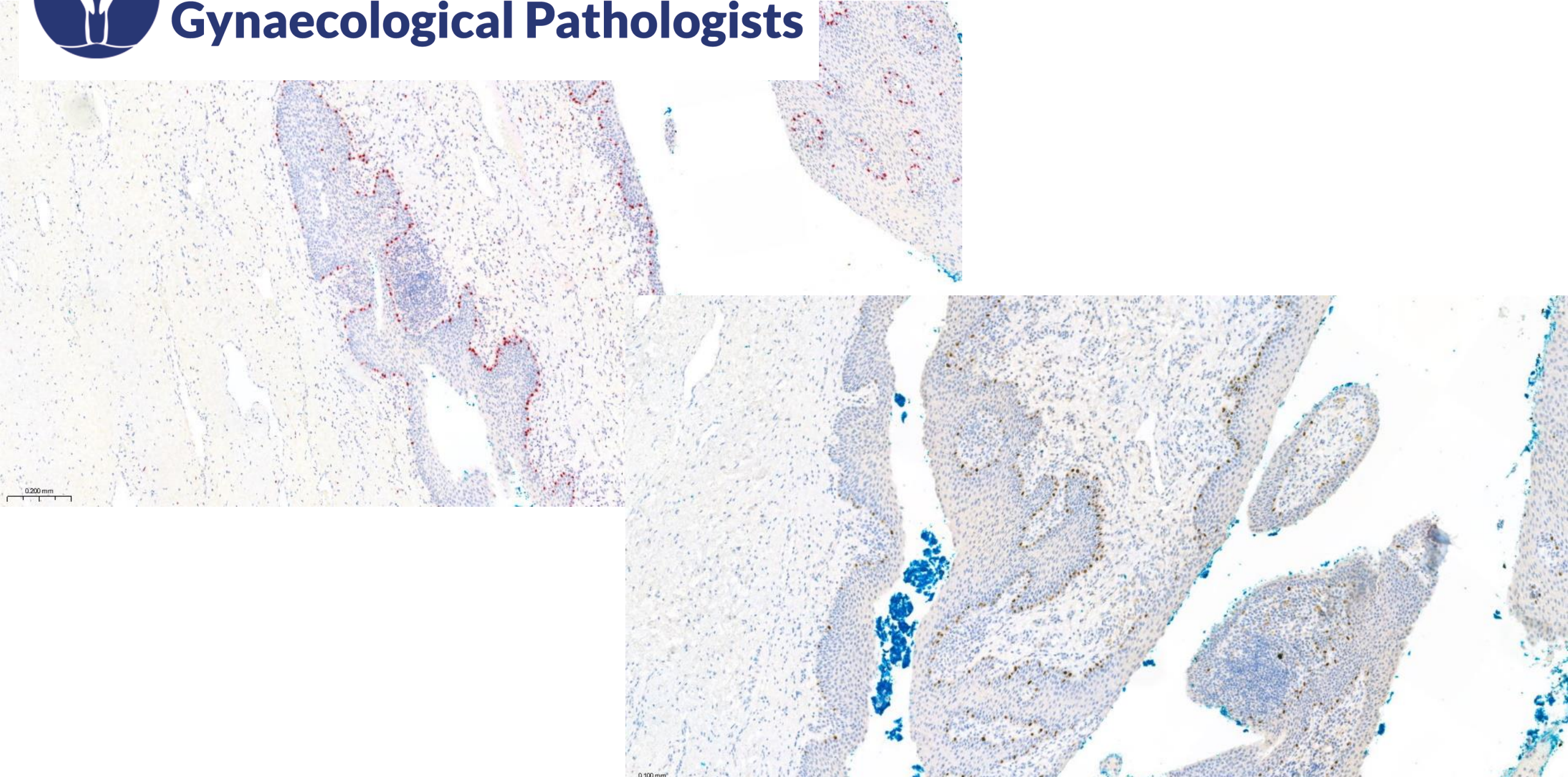


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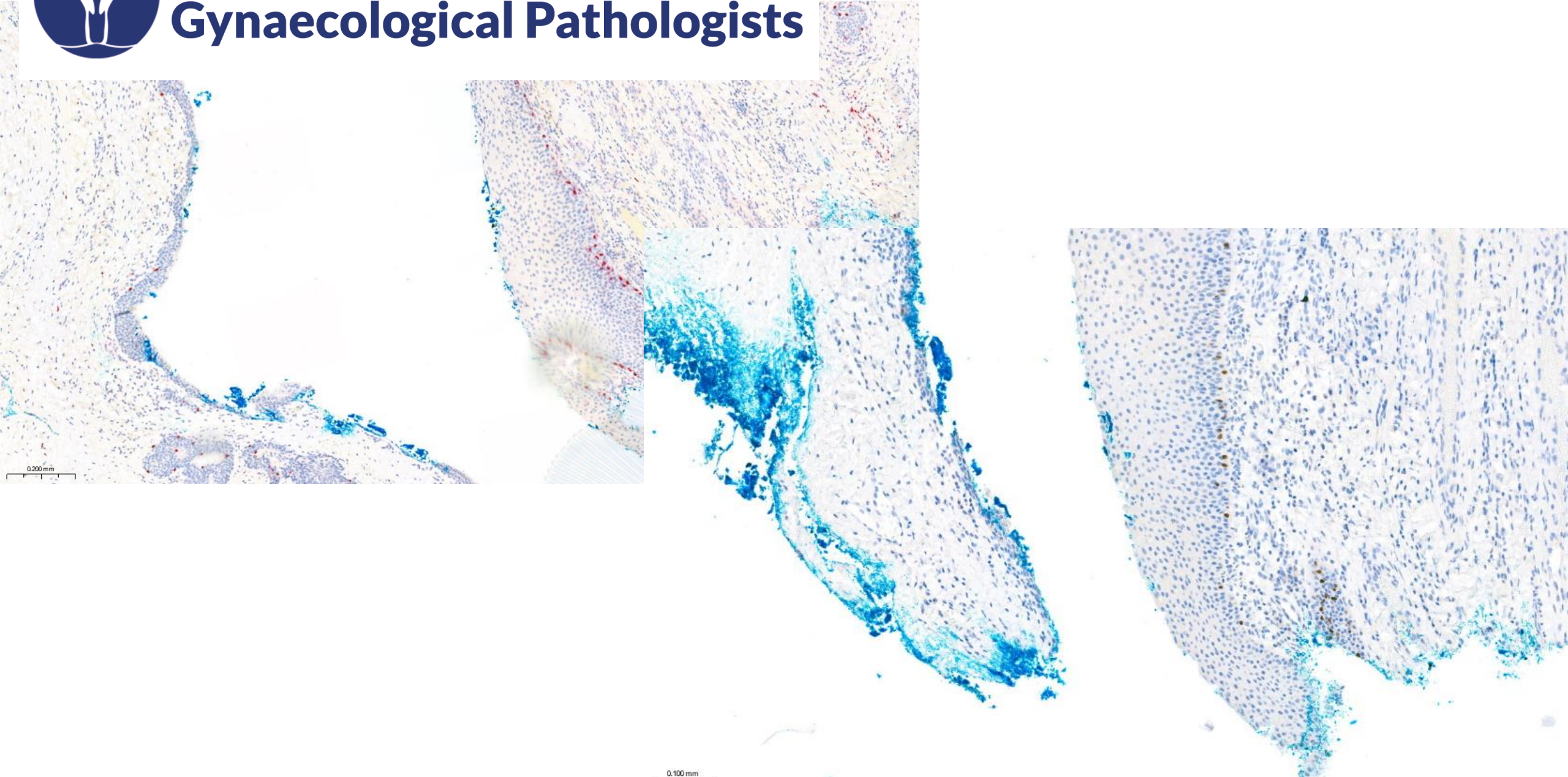


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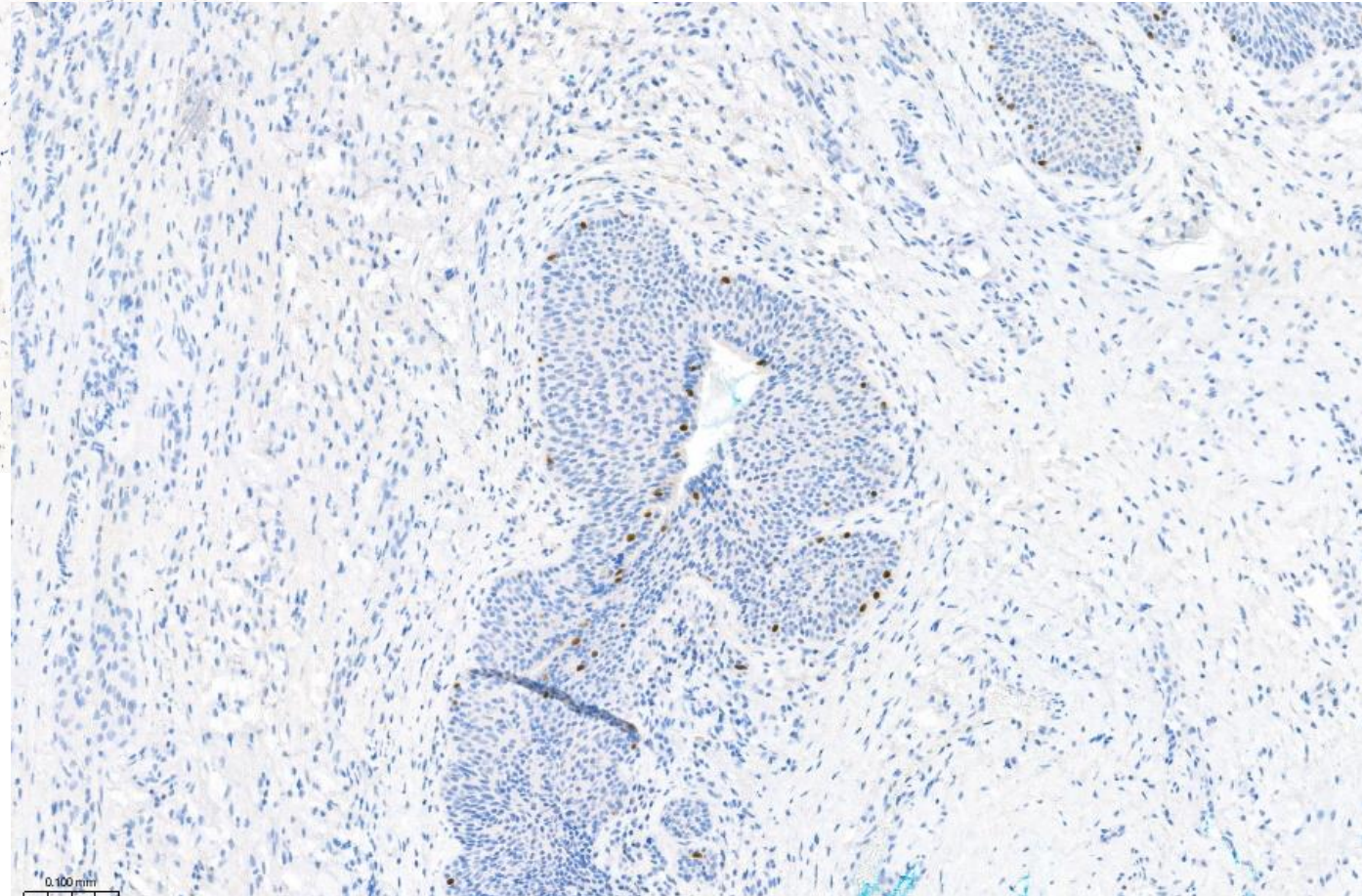
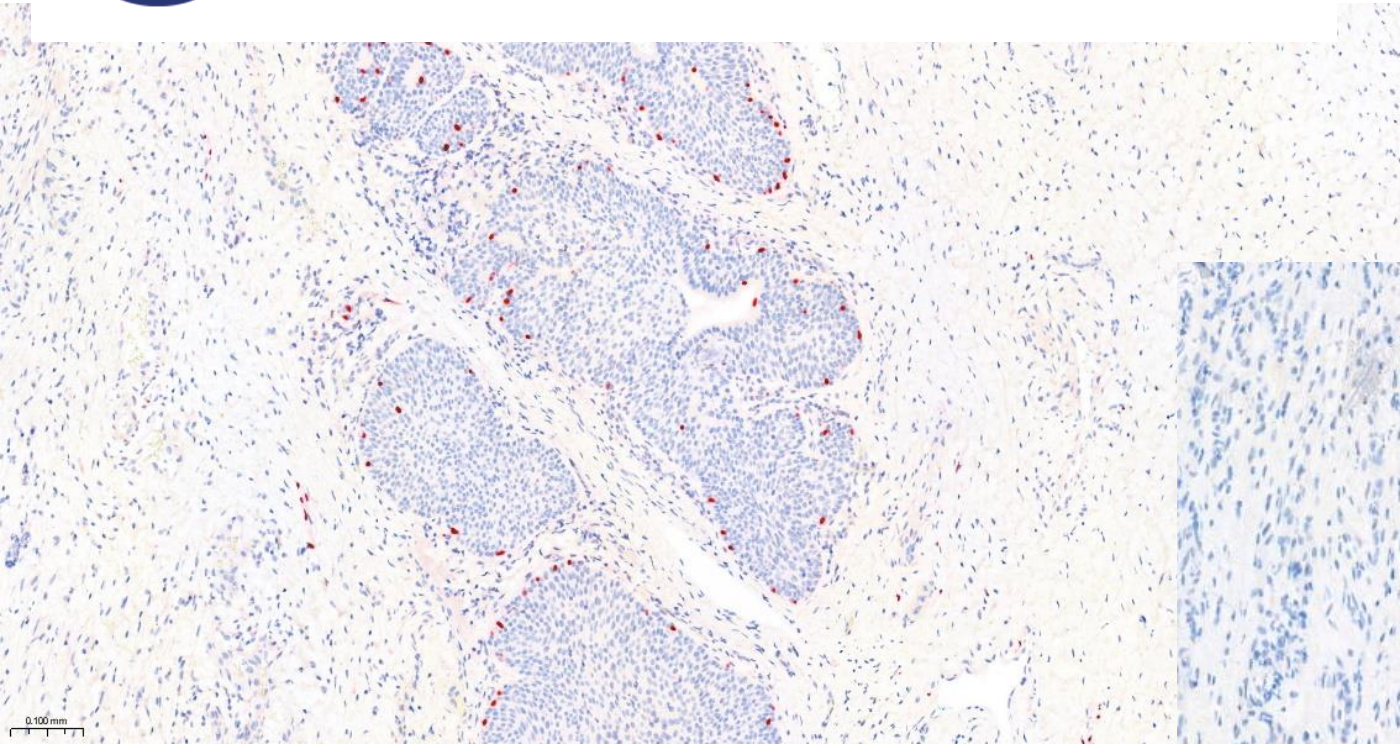


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Case:

Diagnostic interpretation: residual in-situ melanoma on excision specimen, extending to distal resection margin of urethral mucosa

Clinical discussion followed about whether or not to offer further, radical, surgery



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**Poll question 2: is PRAME
available in your lab?**

-Yes

-No



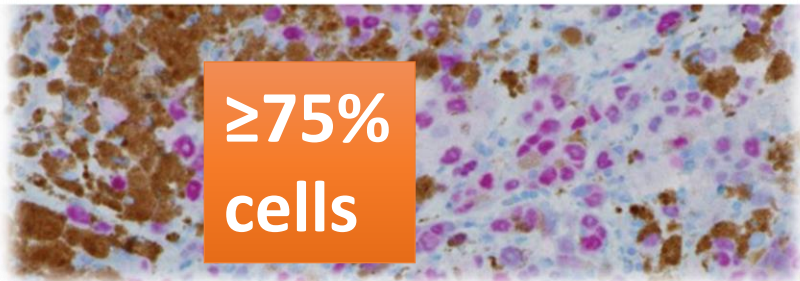
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PReferentially expressed Antigen in MElanoma

Anti-PRAME (EPR20330)

Rabbit Monoclonal Primary Antibody

Anti-PRAME (EPR20330) is a ready-to-use IHC antibody that enables you to evaluate the expression of PRAME protein with clinical confidence



PRAME immunohistochemistry

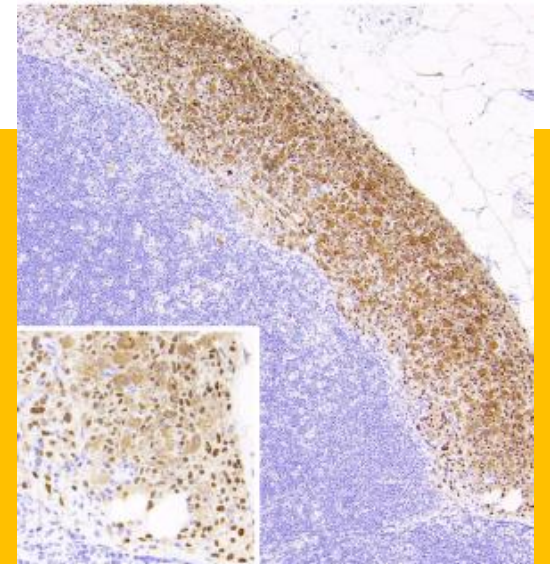
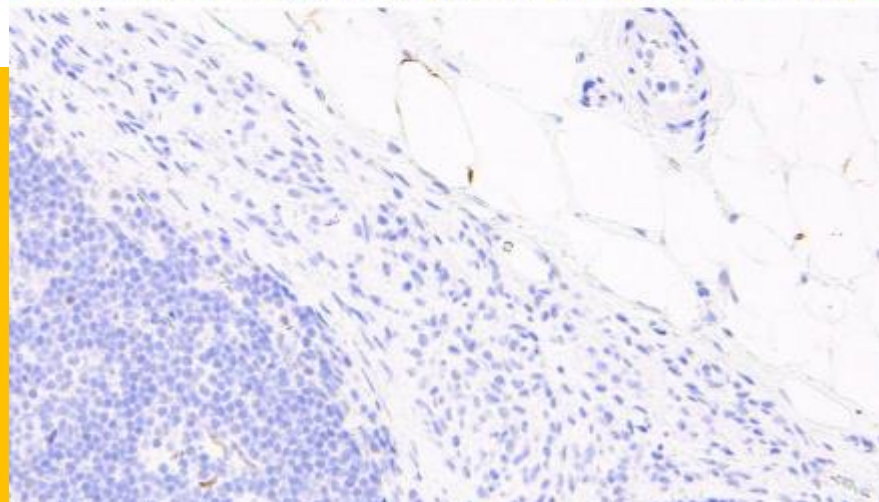
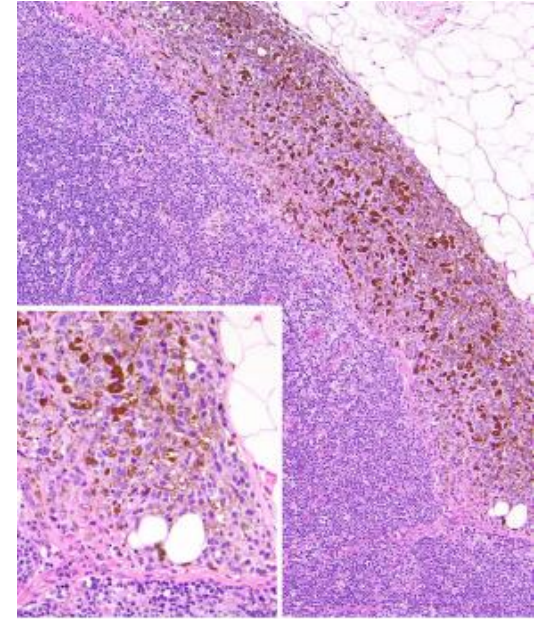
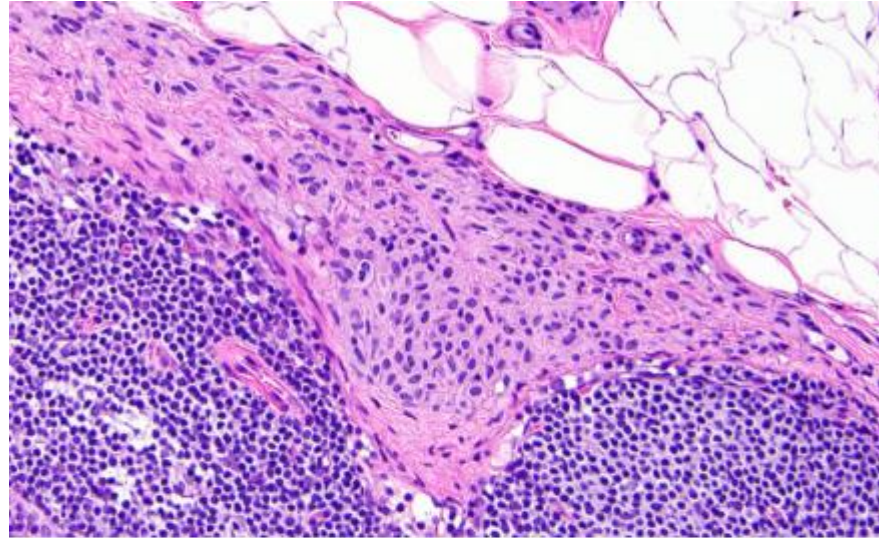
Test	Cost per use
PRAME	£24
ER	£18
TTF-1	£15



Nodal naevus

Nodal melanoma

PRAME – example uses



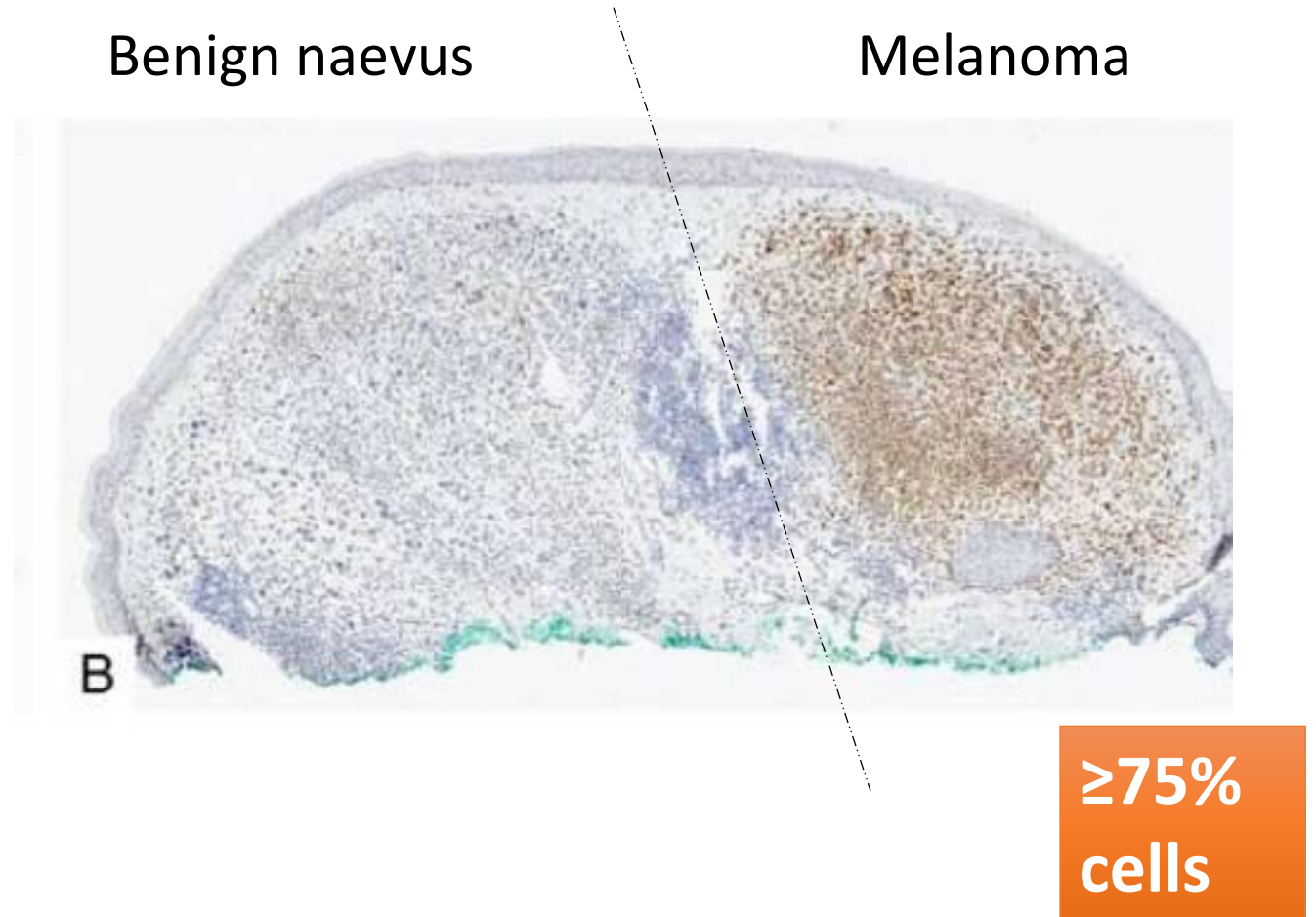
**Nodal naevus
Vs.
Nodal melanoma**

PRAME – example uses

Pre-existing naevus

Vs.

Melanoma arising therein





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PRAME Immunohistochemistry for Distinguishing Vulvar and Vaginal Melanoma From Benign Melanocytic Nevi

Martin, Spencer D. M.D., Ph.D.; Martin, Karina C. M.D.; Gilks, C. Blake M.D.; Crawford, Richard I. M.D.; Hoang, Lien N. M.D.

[Author Information](#) ⓘ

International Journal of Gynecological Pathology 43(4):p 389-396, July 2024. | DOI: 10.1097/PGP.0000000000001004

BUY

 Metrics

Abstract

Vulvovaginal melanoma (VVM) is a rare but deadly disease, accounting for 5% of all vulvar malignancies, with a 5-yr survival rate of only 47% for all stages of the disease. VVM is a distinct subset of melanoma, with a unique genomic profile and underlying pathogenesis unassociated with sun exposure. Distinguishing these rare malignancies from very common pigmented lesions of the vulva and vagina is challenging as histologic features often overlap between entities. PReferentially expressed Antigen in MELanoma (PRAME) is a melanoma-associated protein, and immunohistochemistry (IHC) for PRAME distinguishes cutaneous, oral mucosal, and retinal melanoma from atypical nevi. Given the biological differences between VVM and cutaneous melanoma, the utility of PRAME IHC for the diagnosis of VVM is unknown. We accrued a cohort of 20 VVM and 21 benign vulvar melanocytic nevi. We found that nuclear PRAME IHC staining with 4+ intensity was present in 85% of the VVM and 0% of the nevi. With the assistance of PRAME IHC, we found evidence of close or positive margin involvement in 3 of 10 cases where margins were originally diagnosed as negative for melanoma in situ. Our study is the first to assess PRAME IHC in a cohort of VVM cases and provides confidence for using PRAME IHC to assist with diagnosis and margin assessment in this rare disease.



Conclusions

- Vulvovaginal melanoma in-situ is often extremely subtle and usually lacks many features of cutaneous counterpart, and frequently show occult extension/colonization beyond visible lesion;
- Combination of SOX10 and PRAME may be helpful in assessing margins and guiding surgical intervention, although this is currently somewhat anecdotal/based on local experience;
- May be of further relevance in future as PRAME itself becomes therapeutic target for unresectable melanoma;
- These cases benefit from combined gynae path/dermpath expertise.

Questions?





THANK YOU

A string of nine colorful paper flags is hanging from a thin twine line against a dark, textured wooden background. Each flag is secured with a small wooden clothespin. The flags are arranged to spell out the words 'THANK YOU' in a handwritten, blue ink font. The colors of the flags are: red for 'T', light blue for 'H', lime green for 'A', light blue for 'N', yellow for 'K', light green for 'Y', yellow for 'O', and light green for 'U'. The flags are slightly tilted and overlap each other.