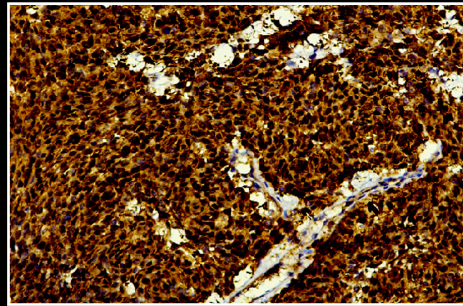
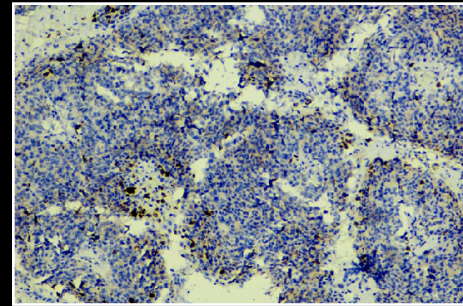


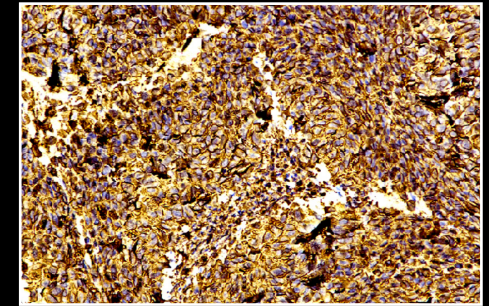
PR



S100



SYNAPTOHYSIN



VIMENTIN

radiological findings, a metastatic melanoma was favoured over a primary CNS melanoma.

DISCUSSION

Central nervous system (CNS) melanoma is a rare type of neoplasm and accounts for 0.07-0.17% of all intracranial neoplasms.¹ It can be primary or metastatic. The majority of melanocytic lesions in the brain are metastatic. CNS primary malignant melanoma only accounts for ~1% of all cases of melanoma.² It is generally diagnosed following the exclusion of a primary cutaneous or mucosal/retinal malignant melanoma, as differential histological diagnosis between primary and metastatic origins is often difficult.³ Melanocytes are of neural crest origin, and during development, migrate to the skin, uvea, mucous membranes, and leptomeninges. On rare occasion, the relatively few melanocytes that remain in the CNS can become neoplastic, and are thought to originate from melanocytes in the pia mater, with the medulla as the most common site of disease.⁴ Differentiating whether a melanocytic tumor is primary or metastatic in origin can be difficult. A CNS melanoma is more likely to be primary if there is no evidence of melanoma outside the CNS. The presence of leptomeningeal involvement, intramedullary spinal lesions, hydrocephalus, pineal region tumors or a solitary brain lesion also suggest a CNS origin.⁵

Malignant melanoma represents the third most common cause for cerebral metastases after breast and lung cancer. Central nervous system (CNS) metastases occur in around 10 to 40% of patients with melanoma and are characterized by solitary or multiple brain lesions.⁶ Most of