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Picture Prognosis

A 47-year-old man with a 9-month history of a progressively enlarging non-pigmented ulcerative oral lesion involving the hard palate and maxilla presents with tooth mobility, intermittent bleeding, and bilateral cervical lymphadenopathy. Initial biopsy suggests a spindle cell malignancy. Immunohistochemistry shows S-100, SOX10, and Melan-A positivity, with cytokeratin negativity. He later develops brain metastases despite pembrolizumab. What's Your Diagnosis?

1. Poorly differentiated squamous cell carcinoma
2. Pyogenic granuloma
3. Oral mucosal melanoma
4. Spindle cell sarcoma

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Answer: Oral mucosal melanoma

The lesion is non-pigmented, mimicking other tumors, but S-100, SOX10, and Melan-A positivity confirms melanocytic origin. The case also shows aggressive progression with cervical lymphadenopathy and brain metastases, consistent with mucosal melanoma. The tumor is cytokeratin-negative, which argues against epithelial origin, as squamous cell carcinoma would typically be cytokeratin-positive. Initial biopsy suggested a spindle cell malignancy, but immunohistochemistry confirmed melanocytic markers, ruling out a true sarcoma. Although Pyogenic granuloma may present as a bleeding oral lesion, this case shows progressive enlargement, lymphadenopathy, and metastasis, which are not features of a benign vascular lesion.