J Clin Case Rep 2016, 6:3(Suppl)
http://dx.doi.org/10.4172/2165-7920.C1.006

Intraoral melanoma located at the interproximal mandibular teeth gingiva

Alberto J Peraza Labrador
Pontificia Universidad Javeriana, Colombia

Melanomas are malignants neoplasms arising from melanocytes, originating from the neural crest cells, it account for 1-3% of all malignants tumors and the incidence is increasing in Western Countries up to 6-7% yearly. Most of the intraoral melanomas had radial growth phases similar to Acral Lentiginous Melanoma (ALM) of the skin. The most common site for mucosal melanoma is the head and neck region (55%), followed by the anal/rectal region (24%), female genital tract (18%) and urinary tract (3%). Oral melanomas comprise 50% of head and neck melanomas and the most frequent site of intraoral melanoma is the palate, followed by maxillary gingiva. In a previous study, mandibular gingival melanomas comprised 7% of 703 cases. Sortino-Rachou et al. reported a total of 124.436 oral cancer and 319 cases of primary oral melanoma from 67 cancer registries in five continents from 1998 to 2002, the result showed that OMM accounts for 0.26% of all oral cavity cancers. A 37 years old woman reported to the Comprehensive Dental Center in Acarigua-Venezuela referred by a general dentist who saw an unusual type of lesion in the lingual mandibular gingiva of 2 months of evolution with an insidious onset and growing in size, it was asymptomatic, non-ulcerated. She was on healthy condition, on examination a nodular single 2×1.5 cm black-brown mass smooth surface indurated with sessile base and surrounded the interproximal distal space between tooth 15 and 16 and end with small 5 mm mass on the buccal interproximal gingiva. The pigmentation was only seen on the lingual area. A re-motion of the first lower molar was demanded for a good sample. The lesion was positive for melanoma level III according with Prassad *et al.* The patient received oncologic treatment.

ajpl26@yahoo.com

A rare case of malignant anomalous origin of the right coronary artery

Anantha Chentha and Shyamala Arani
University of Illinois at Urbana Champaign, USA

Case Description: A 19 year old Caucasian male with no relevant medical history presented to the emergency department (ED) complaining of a one-day history of nausea, vomiting and multiple episodes of diarrhea. He denied any chest pain and shortness of breath at this time. Examination showed sinus tachycardia at 200 beats per min and diffuse tender abdomen. Abnormal labs included leukocytosis at 17,700/uL with an absolute neutrophilic count of 16,410/uL, elevated creatinine of 1.29 mg/dl and hyperkalemia with a potassium of 5.3 mmol/L. Cardiac enzymes were normal. Triage electrocardiogram (EKG) showed ST elevation in V3, V4 and T-wave inversion in lead III and aVF. ST elevation was resolved after he was hydrated with 3 liters of 0.9% normal saline but T-wave inversions persisted. The patient was discharged with a diagnosis of viral gastroenteritis and acute kidney injury. A day later, he presented to the ED with left sided chest tightness associated with shortness of breath that is worse on standing, on exertion and gets better with lying down. He was an active individual and never had chest pain or shortness of breath on exertion. He denied smoking and use of recreational drugs. The physical examination and labs were unremarkable. EKG showed ectopic atrial rhythm with early repolarization and some inferior T-wave inversions. Cardiac computed tomography (CT) scan showed the malignant origin of the right coronary artery (RCA) which emanated from the left coronary cusp and coursed between the aorta and pulmonary artery.

Discussion: Our case demonstrates that clinicians need to recognize such presentations of the anomalous coronary artery which is a lethal anomaly and may cause sudden death. AORCA is a rare congenital anomaly which was described by White and Edwards in 1948. In patients undergoing angiography the incidence of the RCA originating from the left sinus of Valsalva (LSV) is 0.03-0.17%. Though pathophysiology is unclear, the usual explanation is the mechanical compression of the RCA by the great vessels (aorta and pulmonary artery) during its course to normal position causes vascular compromise. The anomalous origin may have inter-arterial, retro-aortic, pre-pulmonic or septal (sub-pulmonic) course, the most common being inter-arterial as in our case. The incidence of sudden death with this anomaly is estimated at 25-40%. According to the American College of Cardiology and American Heart Association (ACC/AHA) guidelines for congenital heart diseases, surgical correction is a class IB indication for documented ischemia and also recommended in the absence of ischemia. These include the coronary artery bypass grafting, re-implantation of the coronary ostia and unroofing of the coronary artery.

achentha@illinois.edu