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RMDO-2, Olig-2 and Synaptophysin Expression Is a Frequent Event in Malignant Melanoma: Diagnostic Pitfalls in Glial Tumor

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BACKGROUND:

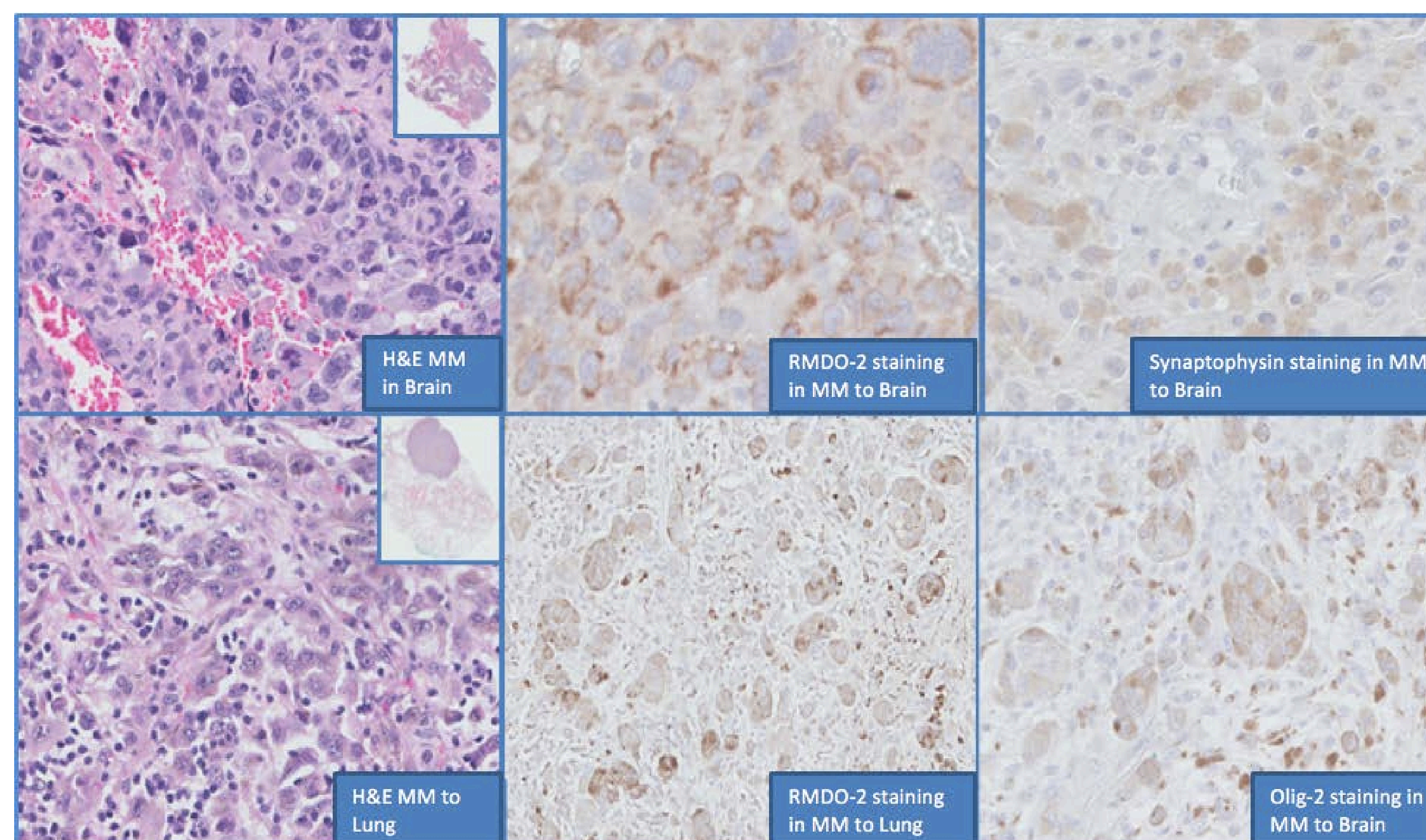
Malignant melanomas (MM) are known to express S-100, HMB-45 and Mart-1 and vimentin among intermediate filaments. RMDO-2 (non-phosphorylated Neurofilament, NF) expression by MM has never been reported in literature and this phenomenon is not well-known.

The diagnosis of MM can be challenging because melanoma is notorious for mimicking other tumors. Immunopositivity in MM for antigens associated with other tumors may further obscure the diagnosis, particularly when there is no prior history of melanoma. The purpose and aim of this study is to determine the frequency of positivity for antigens associated with primary central nervous system tumors; RMDO-2 protein (non-phosphorylated NF), CD 56, Synaptophysin and Olig-2 in MM.

DESIGN:

Twenty-four cases MM (N= 24) including Brain (N=14), MM other sites (N=10) were retrieved from LIS of Westchester Medical Center, Valhalla, NY; included 19 cases from males and 5 cases from females.

Prior diagnoses were confirmed by re-review of hematoxylin and eosin sections and relevant IHC studies (e.g., S100 protein, HMB45 and Melan-A). In addition, representative sections from each case were subjected for IHC stain for CD56 (Cell Marque, 1:100 dilution), RMDO-2 (Sigma, 1:100 dilution), Synaptophysin (Ventana, 1:100 dilution) and Olig-2 (Cell Marque, 1:100 dilution).



IMMUNOHISTOCHEMICAL STAINS	MM to Brain	MM to Other Sites	Total Cases
S100 protein	13/14 (93%)	7/10 (70%)	(20/24) 83%
RMDO-2	13/14 (93%)	1/10 (10%)	(14/24) 58%
Olig-2	1/14 (7%)	4/10 (40%)	(5/24) 21%
Synaptophysin	3/14 (21%)	4/10 (40%)	(7/24) 29%
CD-56	2/14 (14%)	5/10 (50%)	(7/24) 29%

RESULTS:

1) All cases were positive for S100 and at least one of the melanocytic markers (e.g. HMB-45 or Melan-A). IHC results for other antigens are shown in table below:

CONCLUSIONS:

- 1) Heterogeneous expression of RMDO-2, Olig-2 and synaptophysin was found in significant subsets of MM in brain, representing potentially serious diagnostic pitfalls.
- 2) MM showing anomalous RMDO-2 and synaptophysin expression may easily be mistaken for primary CNS gliomas and neuroendocrine tumors. Awareness of this phenomenon and an appropriate melanocytic iHC panel should facilitate the diagnosis of metastatic melanoma with unusual immunophenotypes.

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