

# Clinical case of treatment of metastatic melanoma.

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- Patient J. 1985
- August 25, 2015 surgery - extensive node-clearing excision of a tumor of the skin of the back with a reconstructive plastic component.
- Pathology histological test No. 134569-74 of August 31, 2015 showed the nodular pigment melanoma from spindle-shaped and nevus-like cells without ulceration, 2 mm height Breslow, Clark invasion II level, against previous nevus, mitosis is 1 per mm<sup>2</sup>, severe lymphoid infiltration.
- There is no tumor growth along the cut-off lines. Dynamic observation is recommended.

- March 2016: There has been the progression of the process into the axillary lymph node on the right and on the left.
- Surgery: axillary-subscapular lymphadenectomy on the right.
- Axillary lymphadenectomy on the left. BRAF mutation was detected.
- There was radiation therapy on the right and left axillary regions. The immunotherapy with Interferon alpha 3-5 million IU is recommended.
- Patient J. received immunotherapy for 1 year.

- July 2017: there is acceleration of the disease to the cervical lymph node on the right.
- August 4, 2017 there was a surgery: right-side posterior-lateral cervical lymphatic dissection.
- Immunotherapy with dose escalation up to 9 million IU is recommended.

September 13,2017 CT - metastatic lesion of the lymph nodes of the mediastinum and perinephric fat were found.

There were formation of an unclear etiology in the thyroid gland. No lesions of the brain substance were detected. Treatment with BRAF + MEK inhibitors is recommended. Since September 2017, she has been taking Dabrafenib in combination with Trametinib.

PET-CT was on November,29 2017. The information of active specific tissue at that moment of the study were not received. There are postoperative fibrotic changes in the axillary region from both sides. Therapy with Dabrafenib and Trametinib is continuing.

Taking into account the young age of the patient, continuing the consolidation therapy of PD-1 inhibitors is recommended. She had been taking Nivolumab since July 2018. According to PET-CT on February 20, 2019, May 18 2018, July 31 2018, January 22 2018 there was no negative dynamics.

January 22, 2019. There was negative dynamics due to the appearance of the formation of parapancreatic fiber with pathological metabolism on PET-CT. Treatment with BRAF + MEK inhibitors is recommended.

Since February, therapy with Dabrafenib and Trametinib has been started. PET-CT from April 16 2019 - there is multidirectional dynamics of the tumor process. Targeted therapy is recommended to continue.