Primary Melanocytoma Arising From Trigeminal Nerve

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A 12-year-old girl presented with a 3-week history of left-sided hemifacial pain. Physical examination revealed hemifacial numbness, hypoesthesia and chewing weakness without signs of Nevus of Ota. Neuroradiologic examinations showed a dumbbell-shaped lesion in middle and posterior fossa along the distribution of trigeminal nerve (Figure 1). Intraoperatively, a well-defined black extra-axial lesion firmly attached to trigeminal nerve was observed. Pathological examination confirmed a melanocytoma (Figure 2). Extra-axial melanocytoma may have a tendency to distribute along trigeminal nerve similar to Nevus of Ota. For lesions involving trigeminal nerve with hyperdensity on CT and hyperintensity on T1, hypointensity in T2 imaging, melanocytoma should be considered.¹

Reference

CT demonstrated a well defined, hyperdense mass in middle and posterior fossa (A). MRI revealed the tumor was characterized by hyperintensity on T1-weighted imaging (B) and hypointensity on T2-weighted imaging (C). Enhanced MRI showed heterogeneous enhancement (D).
HE staining section showed nodular hyperplasia of melanin-rich cells (A). Immunohistochemical staining of Melan-A (B), S-100 (C), Vimentin (D) were positive. Original magnification ×100 (A, B, C, and D).