Metastases of Malignant Melanoma due to Interferon Alpha-2A?

K.		Bork
W.		Bräuninger
W.		Röhrborn

Mainz

K. Bork, MD, W. Bräuninger, MD, W. Röhrborn, MD, Department of Dermatology, University of Mainz, D-6500 Mainz (FRG)

Interferon alpha-2a has been used in hairy cell leukemia with great therapeutic success. In malignant melanoma, however, several studies have revealed that its efficacy is questionable, but at least some patients seem to benefit from it [1,2]. On the other hand, tumor enhancement by interferon has until now not been reported. In some patients with metastatic malignant melanoma treated with interferon alpha-2a tumor progression was observed after ending the therapy [1]. We focussed on the problem of tumor enhancement by interferon after the clinical observation of a female patient with latent melanoma who subsequently devel-

250

Letters to the Editor

oped metastases after receiving interferon alpha-2a for hepatitis.

Report of a Case. In September 1981, a malignant melanoma (superficial spreading type, tumor thickness: 0.96 mm) was surgically removed from the left knee of a 55-year-old woman. We then followed up the patient at 3-monthly intervals. Clinical and laboratory examinations did not reveal signs of metastases until 1987. Besides the melanoma, the patient had suffered, since 1983, from a chronic active HBsAg- and HBeAg-positive hepatitis. She thus received 1.5 million IU interferon alpha-2a (Roferon A3, Roche, Basel) 3 times weekly from November 1986 to February 1987. In August 1987 three lymph node metastases (inguinal, parailiacal, and in the left hilus of the kidney) were registered and surgically removed.

In patients with high-risk melanoma widespread metastases usually appear within 2-3 years after removal of the primary tumor. In single rare cases, however, the first metastases of malignant melanoma may not appear until 4-6 or 10 years after primary excision. Obviously, such late metastases do not result from continuous tumor growth. It is more likely that they develop from widespread tumor cells, which may have persisted previously for years in a latent phase. In our patient we considered the time interval between interferon therapy and the appearance of metastases to be short and thus a possibility of metastases enhancement due to interferon therapy must be taken into account. Interferon alpha-2a has been shown to exhibit various effects concerning the modulation of host defense mechanisms, therefore it could act directly or indirectly as an activator of latent melanoma cells.

References

Elsässer-Beile U, Schöpf E, Neumann HA, et al: Rekombiniertes Leukozyten-A-Interferon beim metastasierten malignen Melanom. Dtsch Med Wochenschr 1987;112:373-377.

Legha SS: Interferons in the treatment of malignant melanoma. A review of recent trials. *Cancer* 1986;57(suppl):1675-1677.