

Endoscopic Findings of Gastrointestinal Metastases from Malignant Melanoma

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Metastases from malignant melanoma (MM) to gastrointestinal (GI) tract can show a wide range of clinical feature, many of which can mimic primary GI malignancy. The area of the GI tract that can be involved and their frequencies are as follows: small bowel (58-71%), stomach (20-27%), colon (22%), esophagus (5%) and rectum (2%)¹. Metastasis to the GI tract can present both at the time of primary diagnosis or several years later as the first sign of recurrence². Reported here is the case of metastatic MM of GI tract presented with obstructive jaundice.

A 51-year-old man presented with abdominal discomfort and progressive jaundice. He lost his weight about 4 kg within a month without history of GI bleeding. His medical history revealed MM of the left thumb receiving thumb amputation since 2006. An examination showed jaundice and hepatomegaly, no abnormal skin lesion. Laboratory revealed increased bilirubin and alkaline phosphatase: total bilirubin 5.4 mg/dl, direct bilirubin 4.0 mg/dl, alkaline phosphatase 607 U/L, GGT 622 U/L. Computer tomography (CT) and PET scan showed multiple metastases at liver, adrenal gland, pancreas, peripancreatic lymph nodes (Figure 1 & 2).

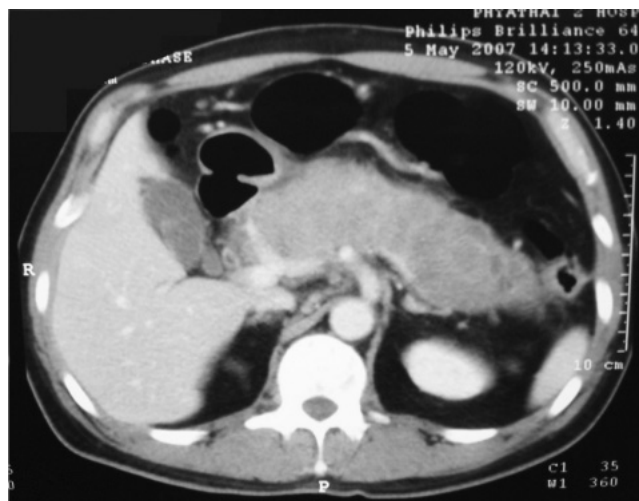


Figure 1 CT scan revealed diffusely enlarged pancreas with peripancreatic lymphadenopathy.

An upper GI endoscopy showed multiple black color nodules in stomach and duodenum (Figure 3). The result of biopsy showed MM metastases (Figure 4). Endoscopic ultrasonography showed huge pancreatic head lesion (Figure 5). ERCP with plastic stent placement was performed to relieve obstructive jaundice. Interferon alpha 2b 6 million units were

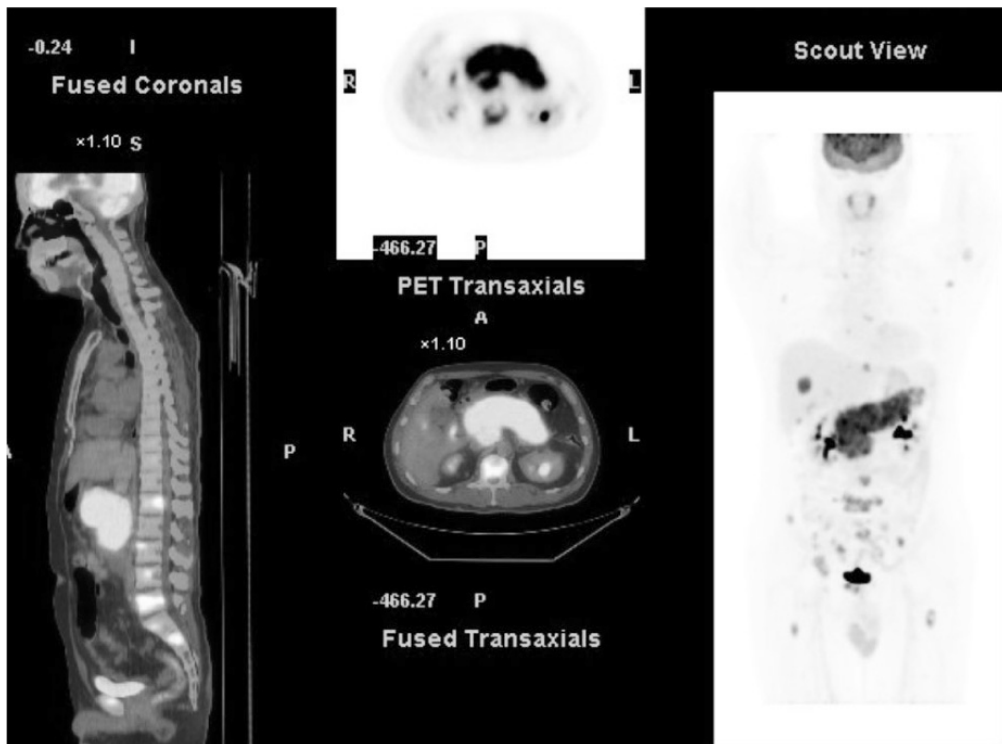


Figure 2 Multiple metastasis lesions from PET scan at pancreas, liver, left adrenal gland and bones were identified.

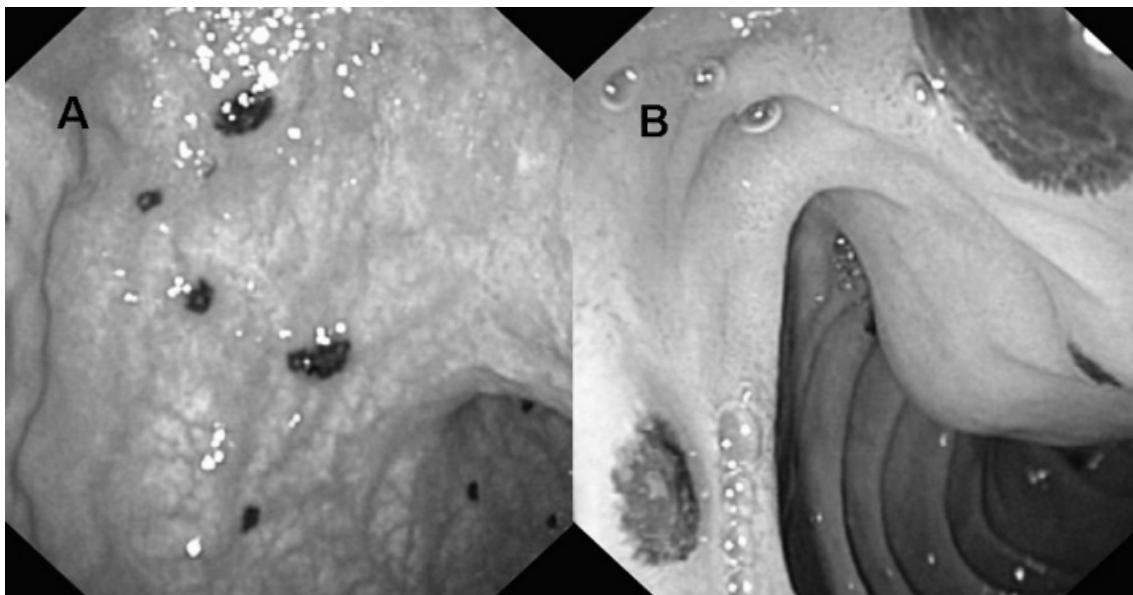


Figure 3 Multiple black color spots of MM were seen in stomach (A) and duodenum (B).

given three times a week as an adjuvant therapy. He died six months after the treatment.

MM is one of most common tumor metastases to GI tract and can present with non specific symptoms.

Metastases to esophagus, pancreas, spleen and gall bladder are rare.^{3,4} Most common clinical feature is a submucosal lesion which causes obstruction or ulceration resulting in GI bleeding.⁵

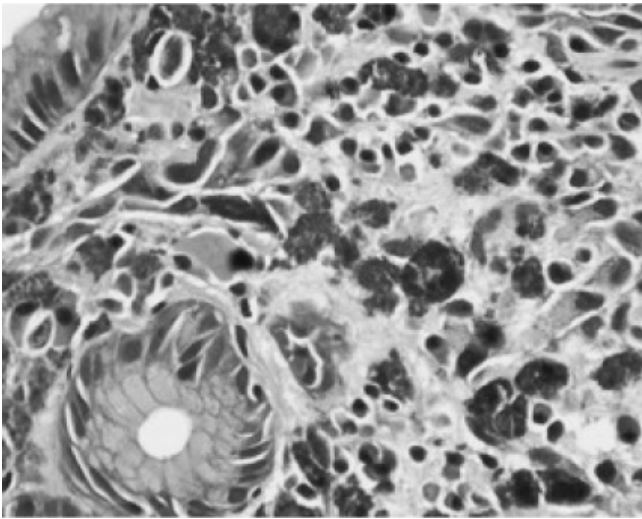


Figure 4 MM in stomach biopsy positively stained by immunohistochemistry (×400)

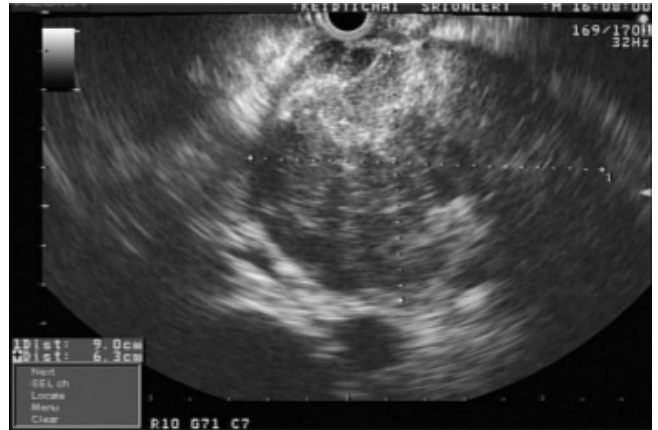


Figure 5 EUS finding of metastasis MM at pancreatic head area revealed large heterogenic lesion sized 9x6 cm.

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