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Case Report

Multiples Gastric Metastases of Malignant Melanoma

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Abstract

Malignant melanoma has been reported to affect all organs of the human body with the metastasis. Stomach metastases are quite rare. This report involves, a 46-year-old man suffering from melanoma of the upper limb, which was developed to gastric and liver metastases. The patient, who experienced abdominal pain with a recent history of melena, was referred to undergo endoscopy. Multiples black and white ulcers were found along the proximal gastric body and the antrum. Pathologic examination of gastric biopsy specimen confirmed the diagnosis of metastatic melanoma.

The patient was admitted to the hospital, but unfortunately his general conditions were deteriorated and he developed convulsion and deceased three days after admission.

Keywords: *Melanoma; Metastasis; Stomach*

Introduction

It has been known that malignant melanoma is capable of inducing metastasis, in most of the human organs [1,2]. Melanoma which involves the gastrointestinal (GI) tract could be either primary or metastatic. Gastric metastases are rare in and represent advanced disease [3]. The incidence of metastases to the stomach is difficult to assess; however, the number of cases of gastric metastases from melanoma is significant [3]. When present, symptoms are nonspecific and similar to those caused by other GI tumors: abdominal pain, altered bowel habits, hematemesis, melena and anemia. Using radiological and endoscopic methods, GI metastases are rarely diagnosed before death. GI metastases could be perceived in different morphological shapes [1]. Special immunohistochemical stains which include HMB-45 and S100 are important in confirming the diagnosis of metastatic melanoma [3]. Management includes surgical resection, chemotherapy, immunotherapy, observation or engaging in clinical trials. Gastric and small bowel metastases are commonly observed in individuals suffering with end stage of melanoma [1], and the prognosis is poor, with a median survival of 6 - 9 months [4]. Differentiating metastasis between a primary GI lesion and an occult cutaneous melanoma may be challenging in cases of solitary GI localization [1].

Here, we are reporting a case of melanoma at the upper limb, which was developed to gastric and liver metastases and probably ocular.

Case Report

A 46-year-old male patient was presented to the gastrointestinal unit with abdominal pain and asthenia. He had a history of black stools three weeks ago. He was pale with stable vital signs and haemoglobin of 9.3 g/dl. He denied other gastrointestinal symptoms such as vomiting and bleeding. However he reported a significant weight loss (8 kg in two months). The physical examination found an ulcerated dark nodular lesion of the left thumb finger, with approximately 3 cm, for which he first sought medical attention few days before, due to local pain (Figure 1). The biopsy specimen confirmed cutaneous melanoma (Figure 2). Furthermore an exophthalmos of the left eye appeared two months ago.

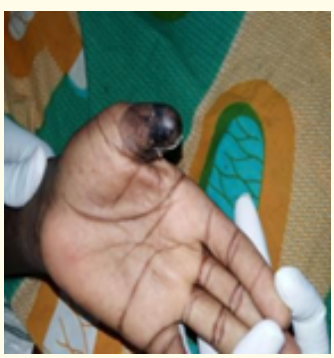

Figure 1: *Dark pigmented thumb lesion.*

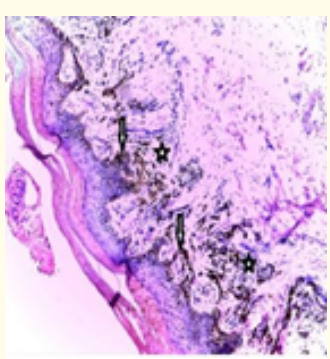

Figure 2: *Cutaneous melanoma (H and E). Melanocytic proliferation (Arrow) with dermal component (star).*

Upper endoscopy showed several nodular polypoid lesions, between 10 to 25 mm with central ulceration and dark pigmentation (Figure 3), along the proximal gastric body and the antrum, with no major bleeding stigmata. The biopsy specimen confirmed metastatic malignant melanoma (Figure 4 and 5).

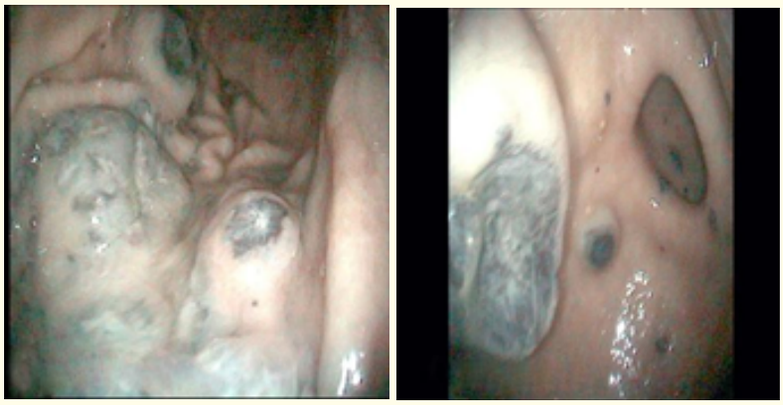

Figure 3: *Multiple nodular polypoid lesions of the antrum and the gastric body, with central ulceration and dark pigmentation.*

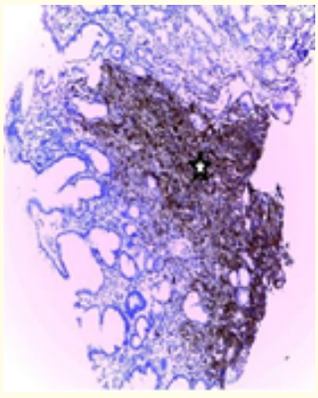

Figure 4: *Gastric mucosa with pigmented tumoral cells in deep lamina propria (H and E).*

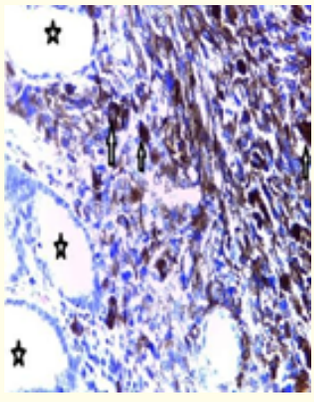

Figure 5: *High power with gastric pigmented tumoral cells (arrow) and mucus secreting glands (star).*

A computer tomography revealed metastases in his liver. Two days after his admission he was confused and unfortunately died the third day.

Discussion

In patient with history of melanoma, a high index of suspicion for metastases is required. And GI metastatic disease must be considered in the differential diagnosis of patients with acute anemia, GI bleeding or nonspecific complaints, such as abdominal pain, weight loss or anorexia [3].

Malignant melanoma is one of the most common malignancies associated with metastatic disease of the GI tract. Gastric metastases are frequently seen in cutaneous melanoma [5]. Those metastases are usually multiple ulcerated polypoid lesions, either pigmented or amelanotic, and may be present at the time of diagnosis or year later [3].

For symptomatic patients with GI tract' metastases, surgical intervention is required for both palliation of symptoms and improvement in mortality [3]. Recently, new therapeutic possibilities were developed, such as vemurafenib and ipilimumab. Inspite of their limitations, they are the beginning of a new generation of therapies. However, an interdisciplinary oncology team should be required for therapeutic decisions.

Conclusion

GI metastases of malignant melanoma are rarely diagnosed before death. In patients with abdominal pain, altered bowel habits, hematemesis, melena and anemia, do not forget about melanoma in addition to other GI tumors.

Confidentiality of Data

The authors declare that they have followed the protocols of their work centre on the publication of patient data and that all the patients included in the study received sufficient information and gave their written informed consent to participate in the study.

Conflict of Interest

The authors have no conflicts of interest to declare.

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