Letter to the Editor

Metastatic melanoma in stomach and large bowel

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Sir, malignant melanoma metastases to the gastrointestinal tract are not uncommon. Within the gastrointestinal tract, the small bowel is most frequently involved, followed by the stomach, large bowel, and esophagus.[1,2] Metastatic melanoma to the gallbladder is extremely rare.[3] Of interest in rare cases paraclinical examination cannot reveal any lesions or nodules as a primary site of the metastatic disease.[4] The vast majority of gastrointestinal melanoma is metastatic from a cutaneous primary; however, there is evidence that melanoma can arise de novo from within certain areas of the gastrointestinal system[5] and may sometimes be masquerading as a rectal polyp.[6]

Patients may present with acute complications such as bleeding, perforation, intussusception, and obstruction may require urgent surgical intervention. Small or large bowel resection for hemorrhage or obstruction provides symptomatic relief in 79-92% of patients with a postoperative mortality rate of 5%. Reported 1- and 5-year survival rates are 44% and 9-19%, respectively.[1]

Herein we report two patients with cutaneous melanoma who were diagnosed with metastatic lesions during emergent endoscopy for bleeding.

The first case is of 76-year old male with history of malignant melanoma diagnosed four years ago who was referred for endoscopy due to melena. Endoscopy revealed a black-pigmented ulcerated mass of the stomach corpus (Figure 1) with immunohistochemistry stains consistent with metastatic melanoma. Subsequent biopsies confirmed diagnosis of melanoma metastasis in the stomach. Due to poor performance status of the patient surgery was excluded and conservative therapy was initiated.

The second case is of a 82-year old male with history of malignant melanoma diagnosed 6 years ago who was referred for endoscopy due to bloody diarrheas. The patient also had evidence of melanoma metastatic lesions in the liver. Endoscopy revealed a black-pigmented ulcer in the sigmoid colon (Figure 2). Subsequent biopsies confirmed diagnosis of melanoma metastasis in the large bowel.

Malignant melanoma of the gastrointestinal tract is a rare entity among intestinal neoplasms. Primary intestinal melanoma is difficult to differentiate from metastatic melanoma, especially given that the primary cutaneous le-

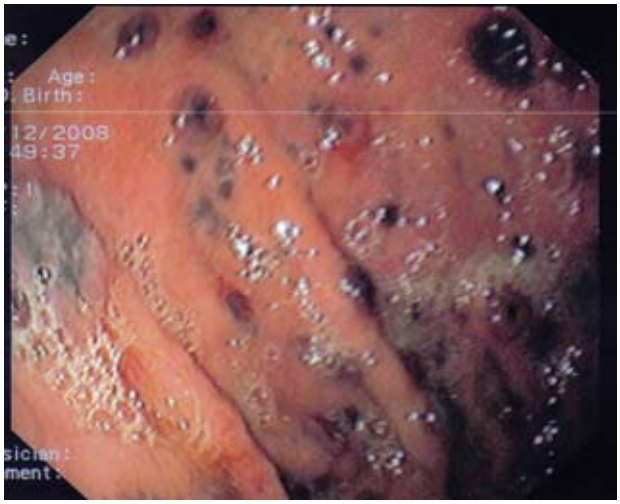

Figure 1. Metastatic malignant melanoma in stomach: a black-pigmented ulcerated mass in the stomach corpus.

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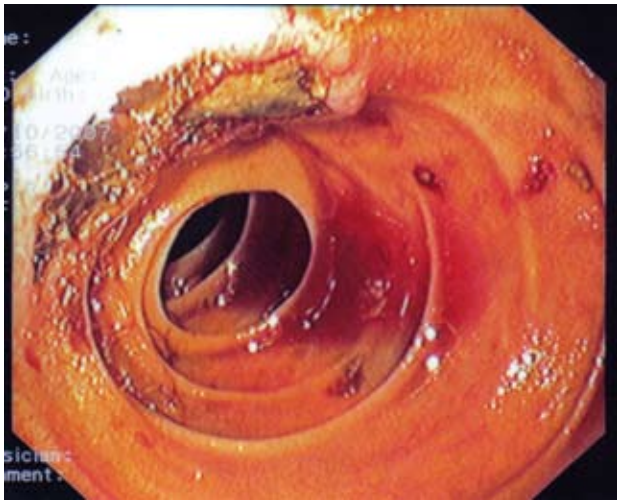

Figure 2. Metastatic malignant melanoma in colon: a black-pigmented ulcerated mass in the sigmoid colon.

sion has the potential to regress and disappear. In addition, melanoma by itself is a great mimicker of other neoplastic conditions and may create a major diagnostic challenge when presenting at an intra-abdominal location. [7]

Metastatic melanoma in the stomach is not infrequent and is usually presented as a black pigmented ulceration or diffuse black pigments in the gastric mucosa.[8] Intestinal melanomas can be primary tumors or metastases of cutaneous, ocular, or anal melanomas.[9] In total 2% to 4% of patients with melanoma will be diagnosed with gastrointestinal metastasis during the course of their disease.[3]

Primary intestinal melanoma is extremely rare, whereas metastatic melanoma of the small bowel is common. Routine barium examinations and CT have limited sensitivity, but PET imaging can improve detection of melanoma metastases to the small bowel. Metastatic disease should be suspected in any patient with gastrointestinal symptoms and a history of cutaneous melanoma.[10]

The symptoms are commonly nonspecific i.e asymptomatic iron deficiency anemia and not recognized ante mortem. Gut metastases signify an advanced stage of disease. Chemotherapy and immunotherapy have been ineffective in prolonging survival for these patients.[11] For patients with general good health and symptomatic metastases, their disease can be excised with limited morbidity and mortality while providing effective and lasting palliation.[12] Because of this, surgical resection is warranted in many patients with symptomatic gastrointestinal metastases from melanoma.[13] Patients with primary melanoma of the small intestine have a worse prognosis than patients with metastases of cutaneous melanoma.[9]

According a forty-year retrospective study from Mayo clinic the interval time between diagnosis of the primary and metastatic disease to the colon was 7.47 years. The most common presentation was bleeding. Non-operative candidates died within 7.8 months after diagnosis. One-year and five-year survival for resected patients was 37 and 21 percent, respectively. Patients with negative nodes had an average survival time of 34.7 months compared with 20.4 months in patients with positive nodes. Perforation and bowel obstruction directly correlated with poor survival, with an average life expectancy of ten months.[14]

In conclusion, we presented herein the particulars of two additional cases of metastatic cutaneous melanomas in the upper and lower gastrointestinal tact.

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