Malignant Melanoma – Metastases in GIT

Bozhkov V1*, Chernopolsky P1, Lisnichkov A1, Draganova V1, Stoev L2

1 Second Department of Surgery, University Hospital Varna Bulgaria
2 Department of General and Clinical Pathology, University Hospital Varna Bulgaria, Medical University – Varna

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*Corresponding author: Bozhkov V, Second Department of Surgery, University Hospital Varna Bulgaria

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1. ABSTRACT/SUMMARY
Melanoma is a malignant skin tumor which origin is from melanocytes that occurs after a DNA mutation, most often as a result of excessive sun exposure. Clinically, it is characterized by irregular shape, color variability and asymmetry. Sometimes exhibits ulceration and bleeding, which are associated with worse prognosis. Malignant melanoma is the most common neoplasm that metastasizes in the gastrointestinal tract, followed by breast and lung cancer. The small intestine is the most common metastatic location of melanoma in GIT. We present 4 cases of malignant melanoma metastases in GIT. The symptoms which led to the hospitalization of the patients were ileus in two cases, hematemesis and hematochezia. The operations that we performed were small intestinal resection because of intussusception followed by anastomosis in three patients and in one patient liver resection and bitruncular sigmostomy. All of the patients had previous operation for skin form of malignant melanoma and chemotherapy or immunotherapy. The patients had postoperative period without complications.

2. KEYWORDS: Malignant melanoma; Metastases; Ileus; Intussusception; Immunotherapy

3. INTRODUCTION
Malignant melanoma is the most common neoplasm that metastasizes to the gastrointestinal tract, followed by breast and lung cancer. [11] The small intestine is the most common metastatic localization of melanoma in GIT. [5] This is due to the high expression of the chemokine ligand CCR9 in the small intestine, which stimulate the transmigration and targeting of melanoma tumour cells known with significant surface expression of the chemokine receptor CCR9. [13]

4. MATERIAL AND METHODS
We report 4 cases of malignant melanoma metastasized in the GIT, operated in Second Department of Surgery of the University hospital of Varna for the period from 01.11.2021. until 01.02.2023 two males and two females.
symptoms that led to hospitalization were ileus, hematemesis et hematochezia. Three of the patients had past medical history for melanoma; the fourth had the clinical and imaging findings for rectal tumor with liver metastases. In three of patients CT scan was performed, one - had a PET – CT.

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<th>invagination</th>
<th>rectal tumor</th>
<th>liver metastases</th>
<th>pet tumor</th>
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<td><img src="image1" alt="invagination" /></td>
<td><img src="image2" alt="rectal tumor" /></td>
<td><img src="image3" alt="liver metastases" /></td>
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Intraoperative findings

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<th>intussusception</th>
<th>tumor</th>
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<td><img src="image6" alt="tumor" /></td>
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Histology

- **Melanoma cells enveloping small intestinal villi(H&E, x40)**
- **Pleomorphic tumor cells, showing rhabdoid features (peripheral nucleus and abundant intensely eosinophilic cytoplasm)(H&E, x400).**
- **Alveolar tumor growth with lymphocyte stroma(H&E, x200)**
5. DISCUSSION

Malignant melanoma is an epithelial cancer arising from melanocytes that can be found in a number of tissue types, including the eye, oral cavity, nasopharynx, anus, urinary tract, vagina, but most commonly occurs in the skin. [2,10] The primary melanoma of the small intestine is rare and remains a controversial diagnosis because it may be a metastasis from an unidentified or regressed primary cutaneous melanoma. [17] The period of time between the diagnosis of primary malignant melanoma and the metastases in GIT varies between 2 months and 180 months. [16] Gilg et al. Concluded that the melanoma lesions in the most of the cases are asymptomatic but can lead to a spectrum of symptoms which include: nausea, vomiting abdominal pain, weight loss, obstruction, perforation, and gastrointestinal bleeding. The chronic iron deficiency anemia may be the first signal for presence of metastasis from malignant melanoma in the GIT. [7]

The Ultrasound (US) of the abdomen is the first diagnostic procedure for patients with nonspecific abdominal symptoms, but it is not sufficient to make a diagnosis of a metastatic lesion in the gastro-intestinal tract. [12,18] In all of our patients we applied CT of the abdomen, which has shown the cause of the abdominal symptoms and can verify if there are lesions suspicious for metastatic- lymph nodes or liver lesions. The combination between past medical history for malignant melanoma, symptoms and the imaging findings can give us the diagnosis – metastatic malignant melanoma in GIT.

The patients with malignant melanoma are classified according to the TNM classification into those with local disease (stage I-II), those with lymph node involvement (stage III), and those with advanced/metastatic disease (stage IV). [6] Intestinal metastases from malignant melanoma are associated with a poor prognosis, and these patients have a median survival of 6months -10 months after surgery. [4,8]

The surgical treatment as the only method that lead to control of chronic anemia associated with bleeding from intestinal metastases of malignant melanoma and elimination of episodes of intestinal obstruction. Surgery for melanoma metastases can ensure increased survival in addition to improving quality of life in these patients. [1,9,14]

6. CONCLUSION

Malignant melanoma metastases in the GIT are initially asymptomatic, but in time they manifest with clinical presentation of ileus or bleeding from the GI tract. The CT scan can be defined as gold standard in the diagnosis of secondary lesions in the abdomen. The surgical treatment is the only method which eliminates the source of bleeding, or ileus and increase the survival rate in patients with malignant melanoma metastatic lesions of GIT.

REFERENCES


