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Physiology and Anatomy

Elixir Physio. & Anatomy 167 (2022) 56291-56292

ISSN: 2229-712X

Metastatic Melanoma Revealed by a Gastro-Intestinal Bleeding: A Rare Case Report

H. Tahiri , F. Chemanedji, M. Hameche and O.Kechen
Department of Gastro-enterology, Auxerre Hospital Center, France

ARTICLE INFO

Article history:
Received: 4 May 2022;
Received in revised form:
11 June 2022;
Accepted: 20 June 2022;

Keywords
Gastrointestinal bleeding,
Melanoma,
Metastasis,
Monitoring.

ABSTRACT

An elderly patient with a history of localized cutaneous melanoma cured by surgical skin resection, no longer followed by his dermatologist, presented to the emergency departement with an acute gastro-intestinal (GI) bleeding. Oesogastroduodenoscopy (OGD) showed a protuberant and ulcerated lesion, in the duodenal bulb, with pigmented spots in its center, very evocative of a melanoma. Histological results confirmed this hypothesis. CT scan identified multiple secondary locations. Latent metastasic melanomas revealed by GI bleeding after years of remission are rare and their outcome is severe. We highlight, in this paper, the importance of a regular lifelong monitoring patient with history of cutaneous melanoma, even localized, looking for any clinical sign that could suggest a recurrence or a digestive metastasis of his melanoma, in order to carry out the necessary examinations and treat the patient without delay.

Introduction

The incidence of melanoma has been increasing during the last decade, counting approximately 4% of all diagnosed cancers. Most patients are treated with only a surgical excision , if the diagnosis is made at an early stage. However, a minority of patients develop secondary locations. GI's metastasis counts for less than 2% of cases [1]. Most of them are asymptomatic , thus clinical diagnosis is made in only 4.7% of all patients [2]. Early patient mortality and the lost in follow-up contribute to its rarity [3]. Our main goal in this case is to recall the clinical and endoscopic characteristics with the therapeutic modalities in this particular localization and and to educate patients on the importance of a regular lifelong monitoring after treatment for cutaneous melanoma.

Case report

A 75 years old man with atrial fibrillation and a history of skin melanoma excision 5 years prior non longer followed by his dermatologist, was presented to the emergency departement of our hospital for an acute GI bleeding.

The patient was found to be slightly hypotensive at 100/50 with a pulse of 100 and discolored conjonctivae. Abdominal examination showed an epigastric tenderness with melaena at the rectal exam. Routine blood tests found anemia at 7 g/dL. The anticoagulation for atrial fibrillation (apixaban) was discountinued on admission. The patient was transfused and a proton pump inhibitors through an electric syringe pump was set up at a rate of 8 mg / h.

An emergency oesophogastroduodenoscopy (OGD) was performed and found a bleeding protuberant and ulcerated nodule with central pigmented spots in the duodenal bulb, very evocative of malignancy [Figure1]. Biopsy speciemens showed big shaped cells containing melanin pigment with different size of nuclei, very suggestive of melanomatous metastatic. Immunohistochemical confirmed the cells nature with a strongly reaction to Melan-A and S-100.

A CT Scan with contrast injection of the chest and abdomen showed secondary locations of the melanoma with multiple bilateral pulmonary nodules and two adrenal masses. The gastric lesion was not detectable.

With no further evidence of active bleeding, the patient was discharged home and adressed to the oncology departement for speciliazed follow-up. The risk of rebleeding outweighed the benefit of maintaining anticoagulation for atrial fibrillation and therefore apixaban was discontinued at the time of discharge.

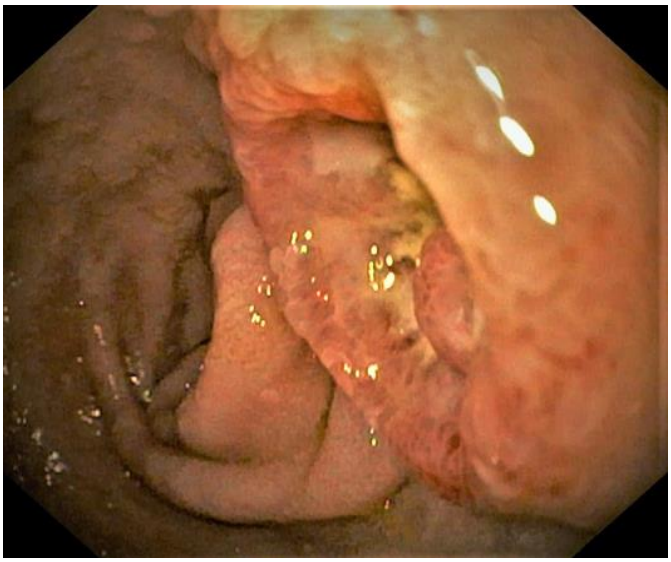

Figure 1 . Protuberant and ulcerated nodule with central pigmented spots in the duodenal bulb, very evocative of malignancy. Departement of gastroenterology, Hospital Center of Auxerre 2022.

Tele:
E-mail address: ht.houdatahiri@gmail.com

Discussion

In general, primary or secondary, GI melanomas are rare.[4] Their diagnosis is often difficult, specially when the latency time before the onset of metastasis is long. It could vary from two months to five years [5,6] Patel et al. demonstrated that the average time of GI metastasis was 52 months for those with known primary, specially in the small and large bowel. The time of metastasis in our patient was 60 months.

These metastasis are rarely isolated and most oftenly occur in multiple locations [5,7,8] which is the case with our observation.

It is diagnosed in only 9% of cases 3-7due to their non-specific and misleading symptoms. Approximatively 60% of cases are found at autopsy, in subjects of varying ages from 32 to 67 years old with a clear predominance of men [5,9]. GI tract metastatic melanomas are asymptomatic, unless complication occurs such as : obstruction, bleeding or perforation [7].

The OGD findings includs, metastatic nodules are the most common variety. The less common manifestations include sub-mucosal variety, presenting as an elevated nodule with ulcerations in the apex appearing as “bull’s eye,” which was the case of our patient and lastly mass lesions. [10]

True pigmented tumor are specific but represent less than 40% of digestive melanoma [5]. The differential diagnosis of GIT melanomas includes poorly differentiated adenocarcinoma and lymphoma. The immunohistochemical study is essential, it makes it possible to make the diagnosis of melanoma by showing positive reactions to S100, HMB45 and Melan A proteins [5,6,7], which was the case of our patient.

Surgery is indicated mainly in the event of a complication or when the lesion appears to be isolated, but oftenly it does not allow prolonged survival to be obtained [9,11]

Patients with extensive metastasis and poor performance status are considered inoperable, as in the case that we have presented here. The mean survival of the patients with metastatic melanoma is less than one year [7]. The clinical condition of our patient deteriorated considerably with a follow-up of 5 months. Thus, early patient mortality and some loss in follow-up also contribute to its rarity [12]

Therefore, considering the loss of sight of many patients after a simple surgical treatment of a localized cutaneous melanoma, it is essential to make each patient aware of the value of regular lifelong monitoring, given the non-negligible risk of recurrence rising to 7% at 5 years and persisting for 10 years [13]. It is also recommended to carry out a complete clinical examination every 6 months for 5 years, then every years to life. This follow-up will make possible to detect clinical signs of recurrence or even metastasis and to carry out the necessary additional examinations.[13]

Conclusion

GI metastasis melanoma is a rare condition. Non-specific symptoms and late clinical presentation are a real diagnostic challenges. As a result, a regular monitoring of all patients with history of cutaneous melanoma is crucial and detection of any persistent vague abdominal pain, fatigue, melena, and anemia must be screened for GI tract metastasis with an aggressive diagnostic approach because of the severe prognosis.

Competing Interests: The authors declare no competing interest

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