

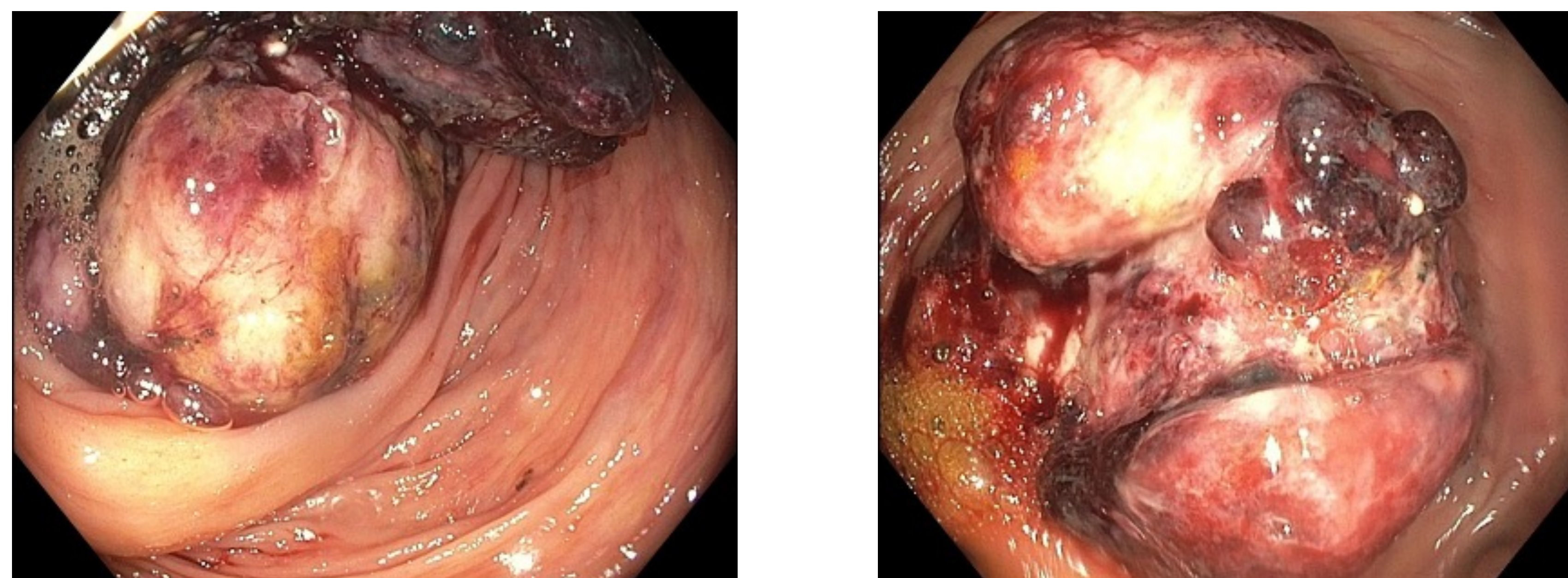
## Introduction

Primary melanomas of the GI tract although rare have been confirmed in the esophagus, small bowel and anorectum. The occurrence of primary malignant melanoma or secondary primary melanoma in the colon is very rare. In this case, we report secondary primary melanoma presenting as a lower GI bleed.

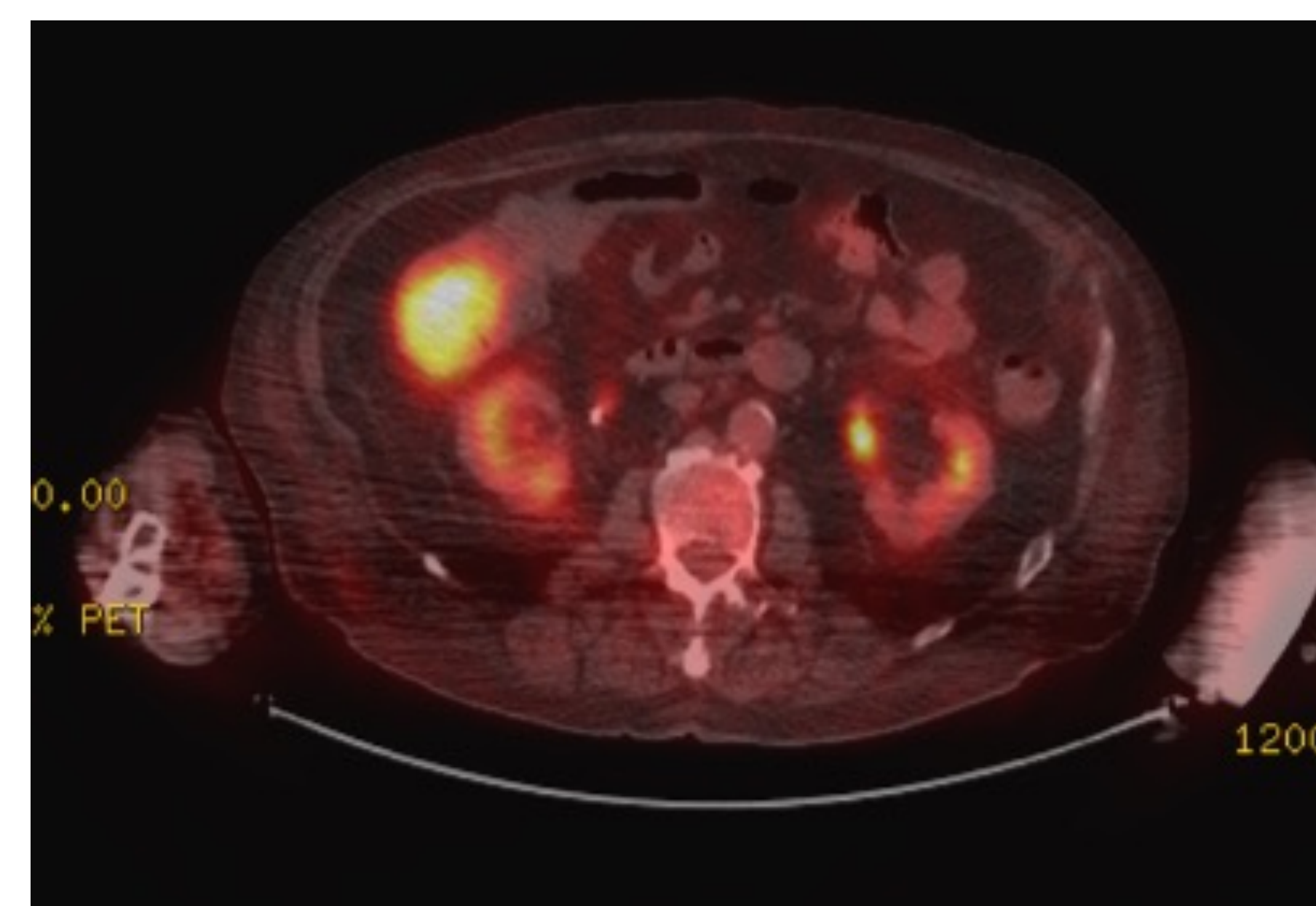
## Case Report

- 78-year-old male with history of melanoma of the scalp removed 10 years ago underwent colonoscopy for evaluation of GI bleed.
- Findings revealed a large circumferential ulcerative mass occupying the entirety of the cecum past the ileocecal valve.
- The biopsy showed sheets of malignant cells with prominent nuclear pleomorphism on a background of abundant necrosis. The pathology report was consistent with metastatic malignant melanoma based on morphology and immunophenotype.
- PET-CT showed abnormal focal uptake only within the right colon and no other primary lesion identified. MRI brain with contrast did not show any abnormal enhancing lesions.
- After extensive dermatological evaluation, it was concluded that the colonic mass is likely secondary primary melanoma.

## Images



Large circumferential ulcerative mass with blood occupying the entirety of the cecum



Abnormal uptake in the right colon

## Discussion / Conclusion

The occurrence of melanoma in the colon is atypical, because melanocytes are embryologically absent in the large colon. In a 2018 report, there were less than 35 cases of right colon melanoma reported up to that date. Primary melanoma survivors have an increased risk of second primary melanoma.

A population-based study conducted from 1973-2006 that included 89,515 patients showed overall subsequent primary cancer increased to 28%. One quarter of these were subsequent melanoma. They also had an elevated risk of breast, prostate and Non-Hodgkins lymphoma. There were no reports of second primary colonic melanoma.

Currently, there are no guidelines for screening for second primary colonic neoplasm. This case demonstrates that even though it is rare, health care providers have to be cognizant about a possible second primary colonic melanoma in the setting of prior history of melanoma.

## Contact

Fitsum Woldesellassie  
ETSU Quillen College of Medicine  
Email: [woldesellass@etsu.edu](mailto:woldesellass@etsu.edu)

## References

- 1 Kaya E, Aksoy T, Güner AL, Temiz H, Vardareli E. Colonic Malignant Melanoma: <sup>18</sup>F-FDG PET/CT Findings. *Mol Imaging Radionucl Ther*. 2018 Oct 9;27(3):144-145. doi: 10.4274/mirt.65807. PMID: 30317855; PMCID: PMC6191734.
- 2 *Arch Dermatol*. 2010;146(3):265-272. doi:10.1001/archdermatol.2010.2