A RARE CASE OF MALIGNANT MELANOMA OF THE STOMACH

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Introduction

Malignant melanoma with metastasis to the stomach is rare and seldom diagnosed before death.
The most common gastrointestinal (GI) metastatic sites are the small intestine, followed by the colon, rectum, and stomach.

Presentation

A 55-year-old female presented to our hospital with chief complaints of hematochezia, fatigue, dizziness, and abdominal pain of one day

Past medical history

History of right eye choroidal melanoma (status post enucleation of the right eye) with metastasis to liver, bone, and lungs and on therapy with daily trametinib.

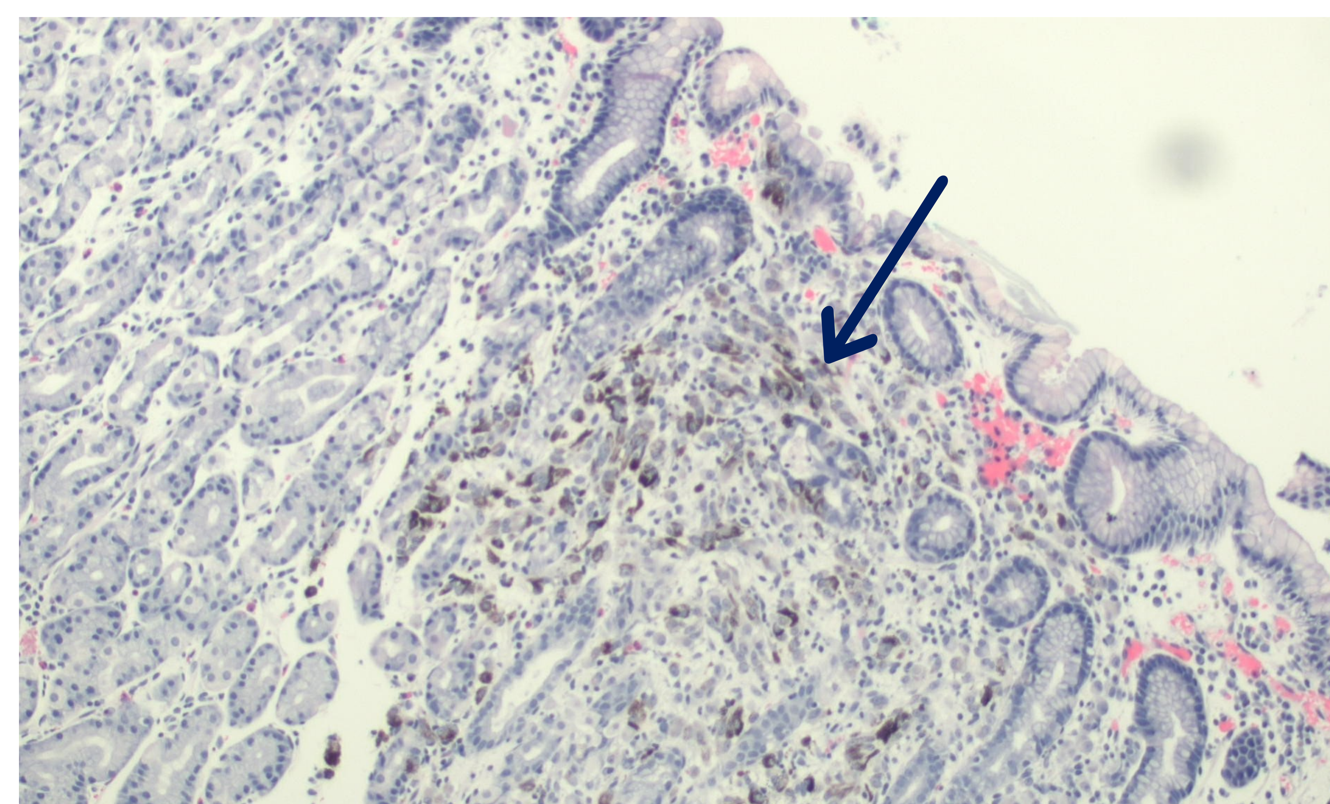
Objective data

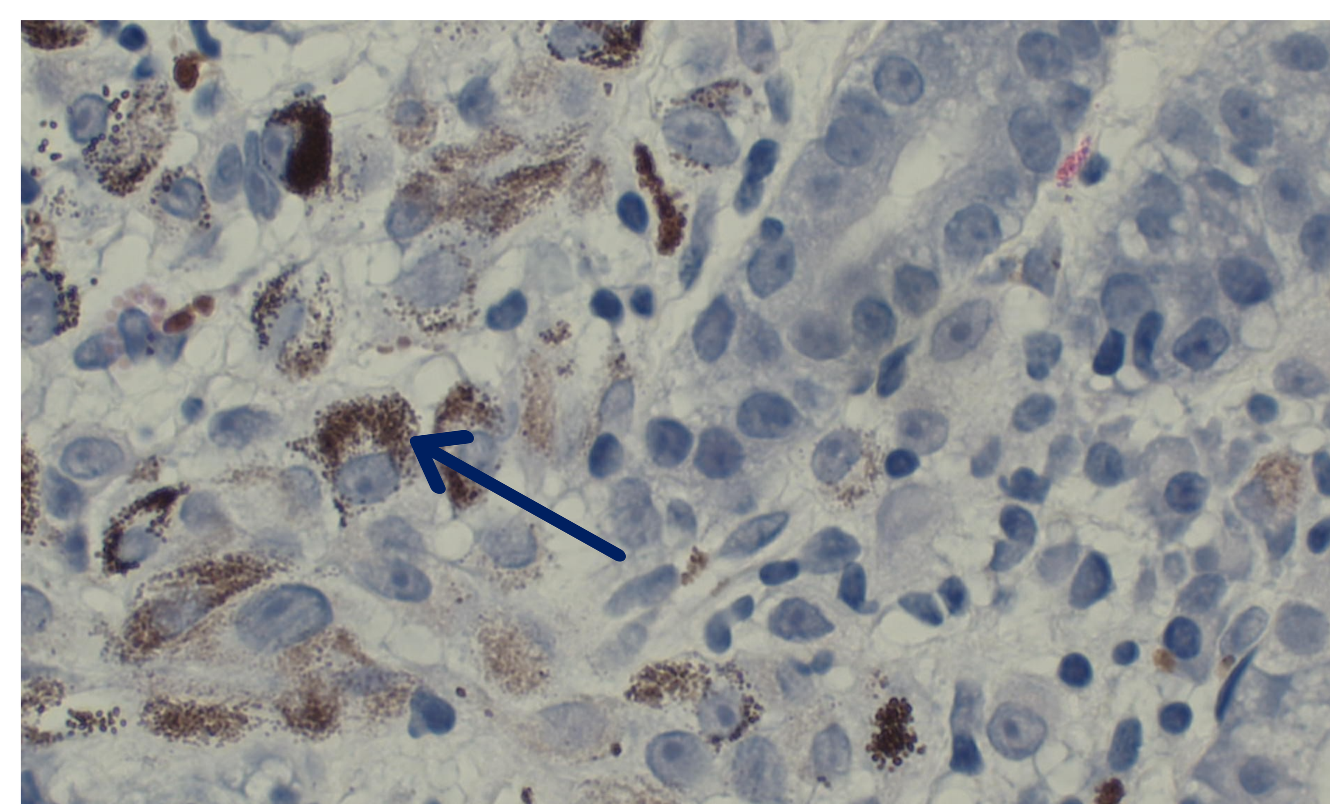
Vitals on admission:
T: 36.8 °C, **HR:** 103, **BP:** 59/40 mmHg, **RR:** 16, **SpO2:** 99% (on room air)

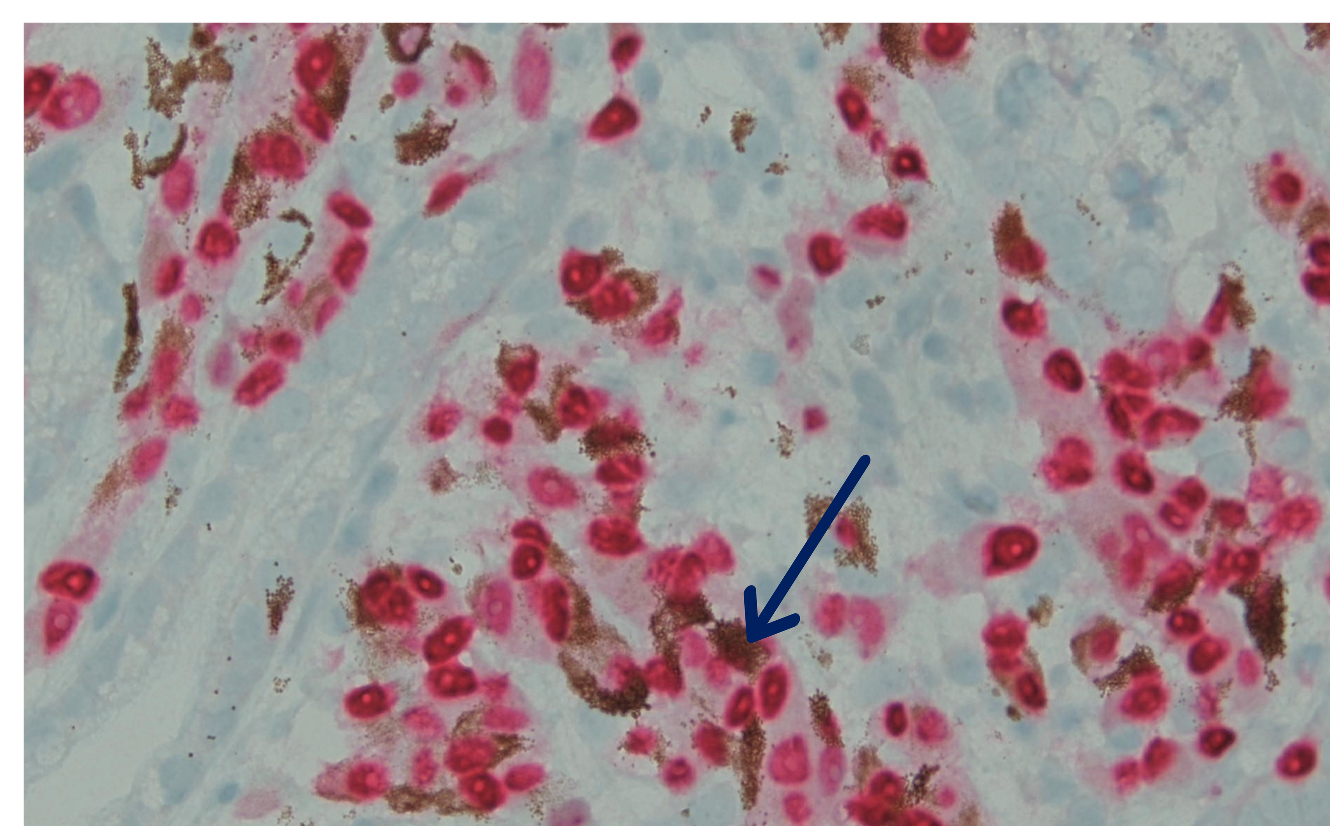
Pertinent physical exam:
General appearance: awake, oriented
Abdomen: Soft, not tender, normal bowel sounds

Initial labs:
WBC: 11.7 x 10^3/uL, Hgb: 11.3 g/dL, Platelets: 121, INR: 1.9, BUN: 22 mg/dL, Total Bilirubin: 2.8 mg/ dL, ALT 445 IU/L, AST 296 IU/L, ALP 162 IU/L

Imaging:
Computed Tomography Angiography (CTA) abdomen showed a small area of active bleeding at the gastroesophageal junction (GEJ).







Clinical course

The patient was admitted to the intensive care unit and was started on intravenous proton pump inhibitors, octreotide, and pressor support. She did not report any further episodes of overt GI bleeding post-admission.

Esophagogastroduodenoscopy (EGD) demonstrated a benign-appearing stricture at GEJ and an associated Mallory Weis tear with a visible nonbleeding vessel. Additionally in the stomach, multiple small, pigmented lesions were visualized and biopsied. Biopsy demonstrated gastric mucosa with brown-black pigmented epithelioid cells in lamina propria with immunochemistry stain positive for S-100, and MART-1, diagnostic of malignant melanoma.

Following the goals of care discussion, the patient declined further aggressive treatment and transitioned to hospice.

Discussion

Metastatic melanoma to the stomach is rare, mostly asymptomatic, and thus evades detection, often not being detected until autopsy. For suspicious metastasis to the GI tract, EGD, colonoscopy, and, if needed, capsule endoscopy should be performed, with subsequent biopsy of lesions.

Most metastatic melanomas have a poor prognosis with a median survival of four to six months. Due to the rich lymphatic and vascular supply of gastric mucosa, gastric metastases are particularly aggressive. Early diagnosis is critical for the timely evaluation of patients for treatment options like surgical resection, immunotherapy, and targeted therapy.

It is thus vital to keep gastric melanoma as a differential diagnosis when evaluating patients with a history of melanoma, presenting with non-specific abdominal symptoms like nausea, vomiting, GI bleeding, weight loss, and anemia.