



Gastric Nodules Demonstrating Relapsed Melanoma in Abdominal Pain Evaluation



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Introduction

- Melanoma is the third most common cutaneous malignancy in the United States, and fifth most common overall.
- The Gastrointestinal (GI) tract is a common site for metastasis and GI metastasis is associated with worse outcomes.
- Metastasis to GI tract often remain asymptomatic.
- Despite the high risk for GI metastasis, there is no current screening recommendation for patient's who had malignant melanoma.
- 5-year overall survival in patients with malignant melanoma (MM), treated with immunotherapy is approximately 52%.

Case Presentation

Patient Description

- 57-year-old male diagnosed with stage IIIA subungual melanoma in 2008
- Treated with interferon therapy with remission since 2013
- Presented on 02/2022 for epigastric abdominal pain & nausea

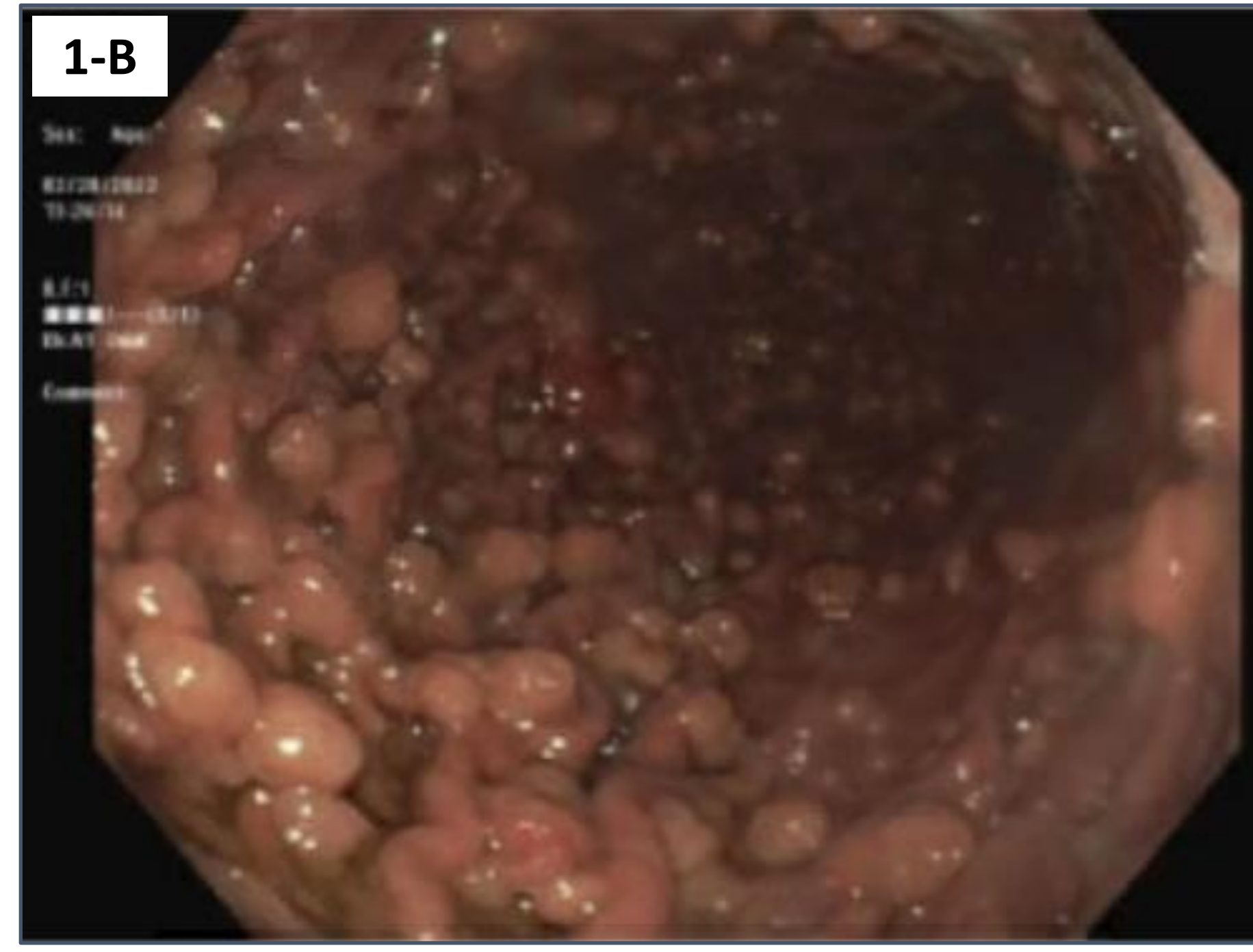
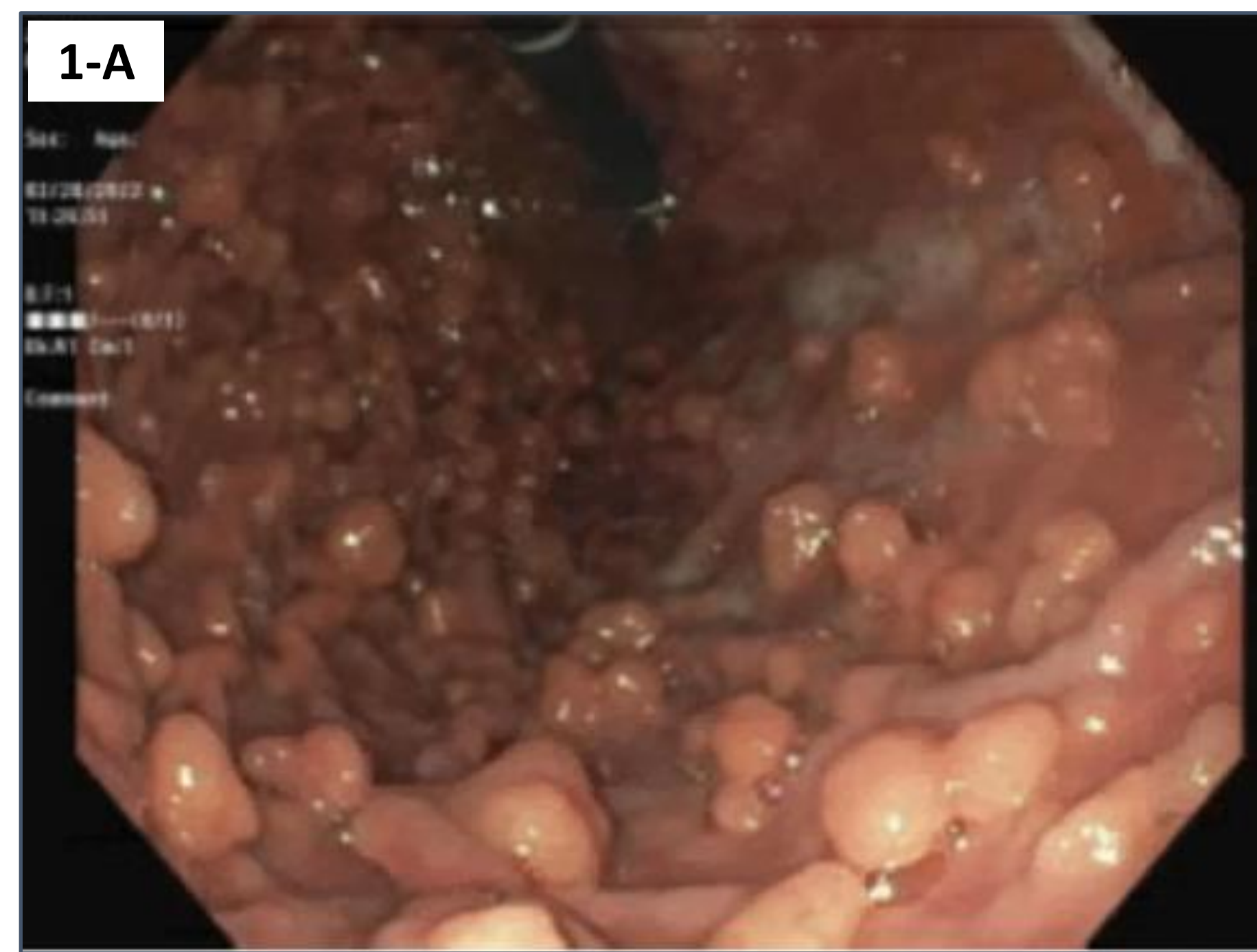
Diagnostic Evaluation

- Endoscopy showed multiple polyps in the gastric fundus and body (as shown in 1-A & 1-B).
- Biopsies showed tumor cells diffusely infiltrating the gastric mucosa (2-A) with irregular nuclear membranes, prominent nucleoli (2-B) and intranuclear inclusions with frequent mitosis (2-C).
- Tumor cells were positive for S100, Melan-A, CD56 and HMB45 and negative for Synaptophysin, Chromogranin A, Desmin & Actin (not shown here).

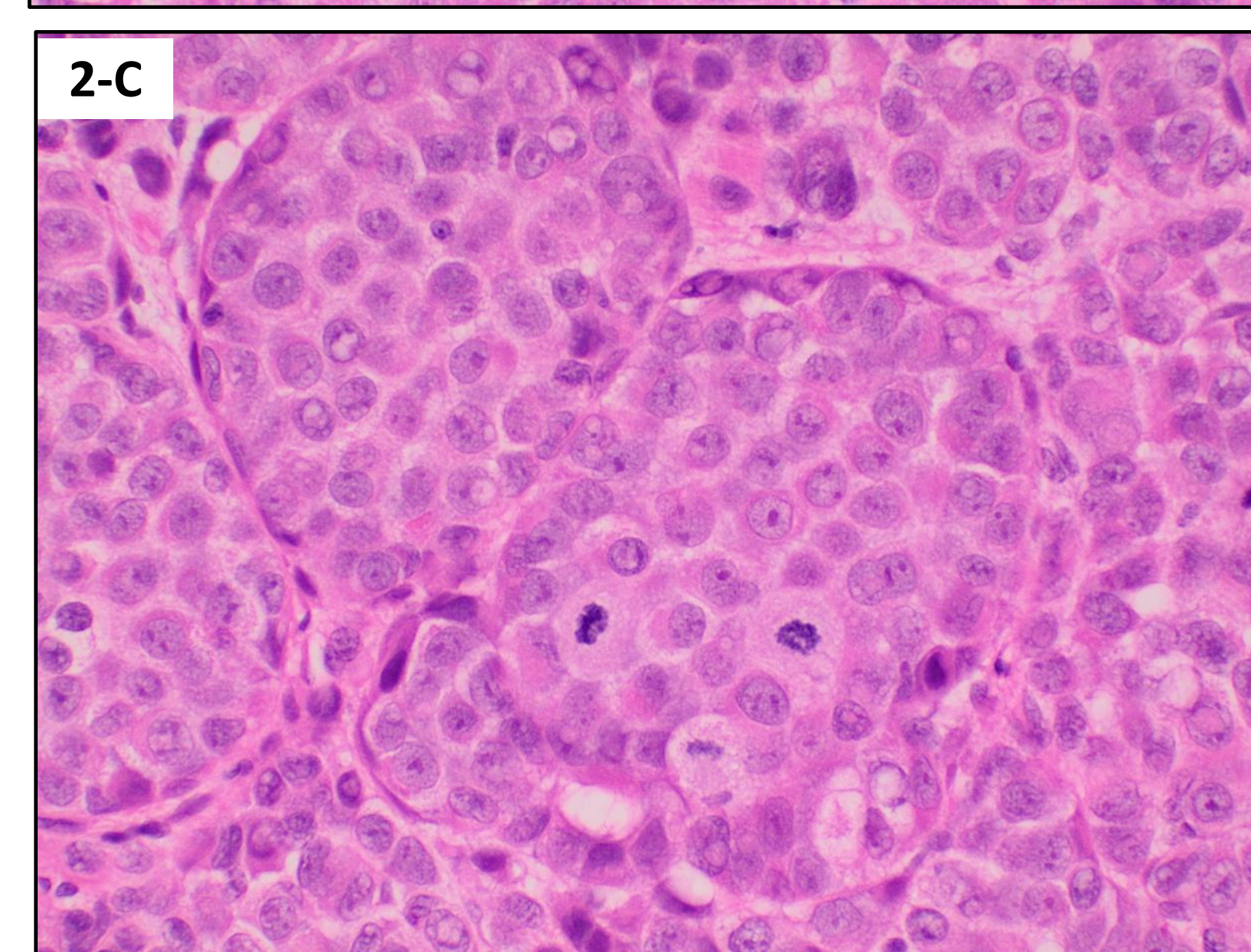
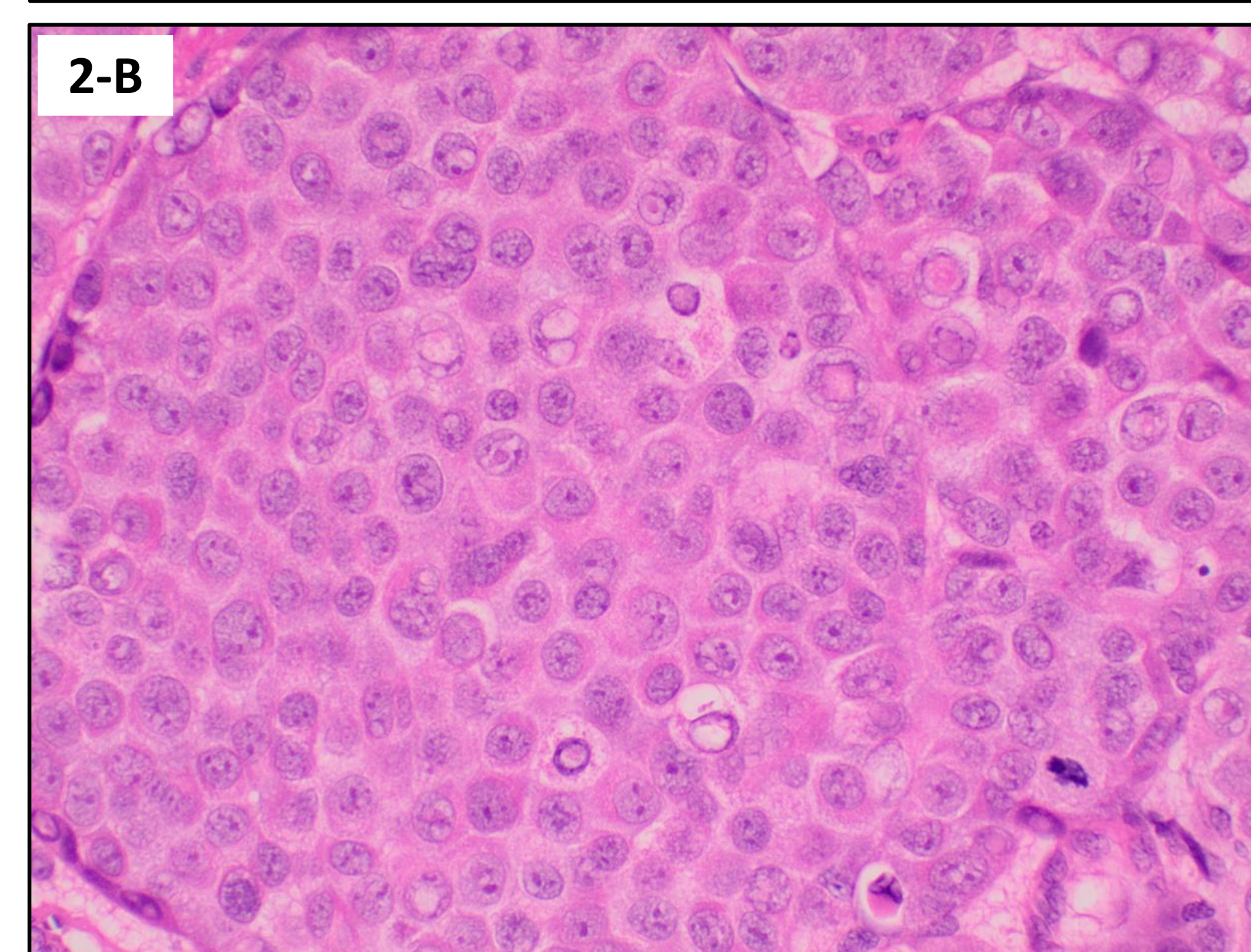
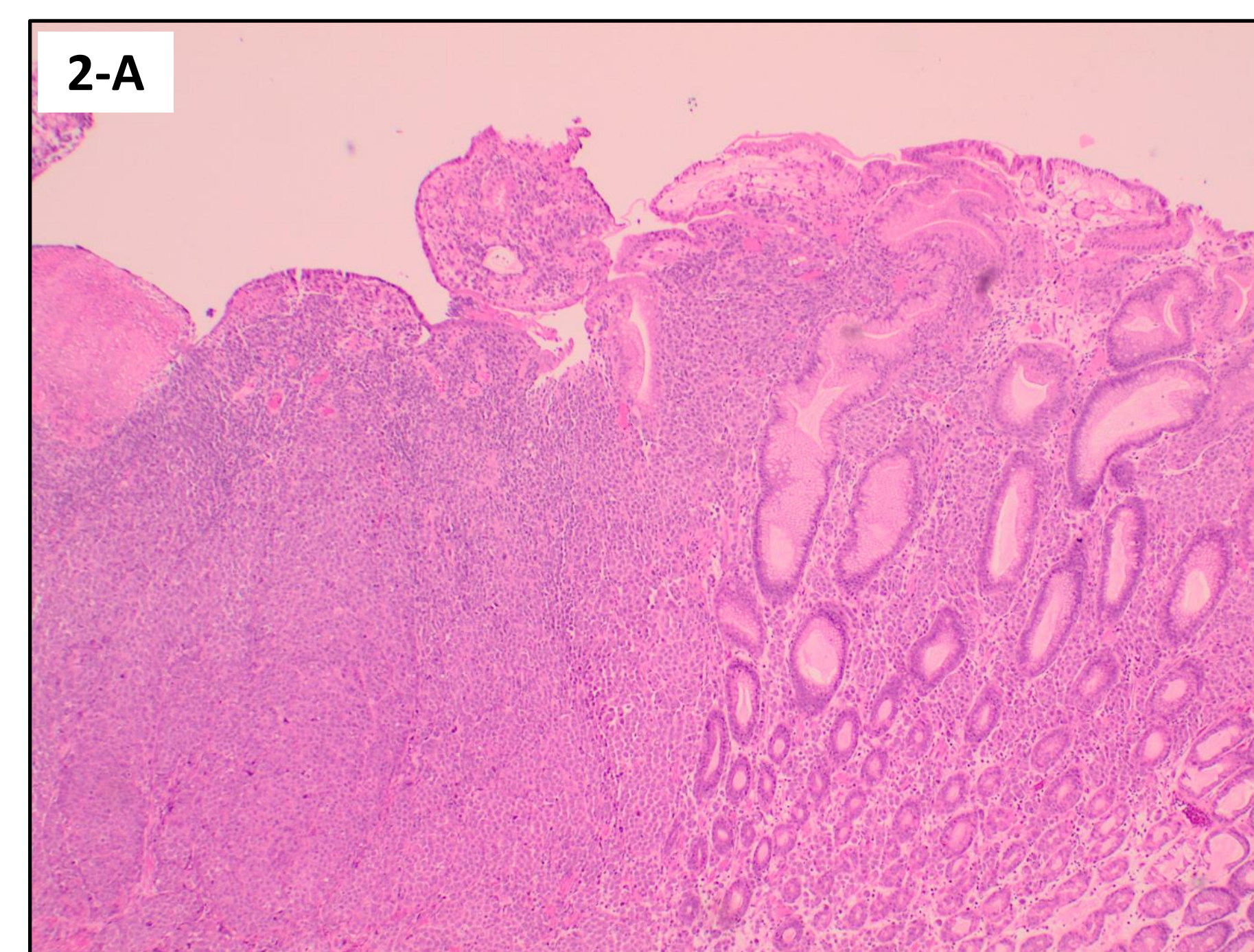
Post-Diagnostic Workup

- Based on pathological specimen, patient was diagnosed with malignant melanoma of the GI tract.
- Whole-body PET CT scan was performed and showed no metastasis to the brain, but moderate grade activity was seen in the peritoneum concerning for omental metastasis.
- Patient was started on immunotherapy and is currently undergoing therapy at the oncologist's office.

Endoscopic Findings



Pathological Findings



Discussion: Malignant Melanoma Epidemiology

- Malignant melanoma (MM) is among the most common malignancies to metastasize to the GI tract.
- Melanoma incidence has increased worldwide with a concurrent rise in both primary and metastatic melanomas of the GI tract.
- Symptomatic involvement is found only from 0.8% to 4.7% and its finding occurs postmortem in more than 60% of cases.

Discussion: Small Intestinal Involvement

- The small intestine (SI) is the primary target for metastasis.
- Cells of the SI express the ligand CCL25 in excess whose receptor CCR9 is expressed on melanoma cells.
- Gastric involvement is rare however can be seen once melanoma has metastasized to the SI.
- A 2011 study screened 390 melanoma patients (stages I-IV), 29% of patients with stage IV melanoma were noted to have small bowel metastasis.

Discussion: Role of Video Capsule Endoscopy

- Rondonotti et al. studied 5129 samples of Video Capsule Endoscopy (VCE) of which 124 (2.4%) had small bowel tumors and 66% of these small bowel tumors were melanomas.
- A single center study by Spada et al in 2008 showed that VCE was the diagnostic test with the highest yield for small-bowel malignancies including GI melanoma.
- Complete resection of GI metastatic MM results in symptom control, associated with favorable prognosis and increased overall survival.

Conclusions

- Metastatic melanoma to the GI tract is well document and is associated with poor outcomes.
- The most common site for metastasis is the small intestine.
- Most patients remain asymptomatic due to which the metastasis may go undetected.
- VCE is a safe and minimally invasive procedure that can be used.
- There should be consideration for GI screening in patients who have a history of malignant melanoma.

References & Acknowledgements

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