Hematochezia and a Messy Malignant Melanoma

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INTRODUCTION

- Lower gastrointestinal bleeding is a common complaint amongst patients seen in the outpatient setting.
- Differential diagnosis ranges from benign conditions such as hemorrhoids, angioectasia, diverticulosis, anal fissures, etc., to serious, life-threatening conditions including malignancy.

CASE REPORT

- History of Present Illness:
  50-year-old Hispanic female with history of hypertension presented with two months of constipation, decreased caliber of stools, and intermittent hematochezia.
- Colonoscopy:
  Large, non-circumferential, 3cm, partially obstructing mass in the rectum which appeared to originate from the dentate line. No bleeding present, however, the mass appeared vascular in nature with dark purple areas, suggestive of a large thrombosed hemorrhoid.

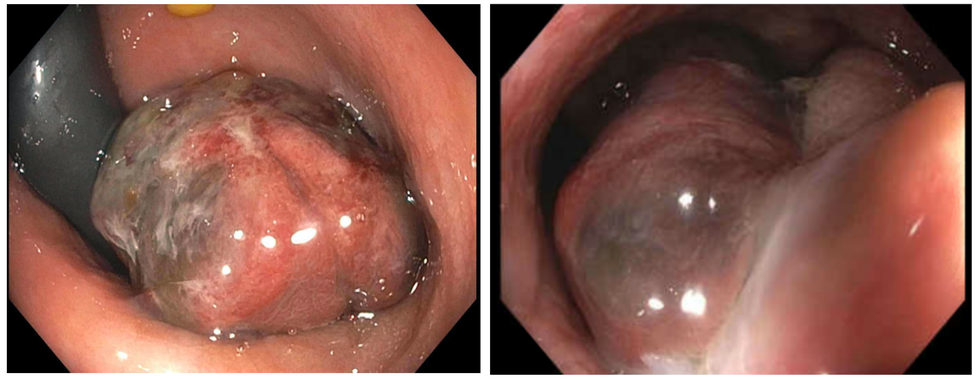

Image 1 & 2: Large rectal mass visualized during colonoscopy

- Endoscopic Ultrasound (EUS):
  Examination of the semi-pedunculated anorectal junction lesion revealed a well-defined hypoechoic mass confined mostly to mucosa. Anal sphincter muscles were not involved and appeared normal.

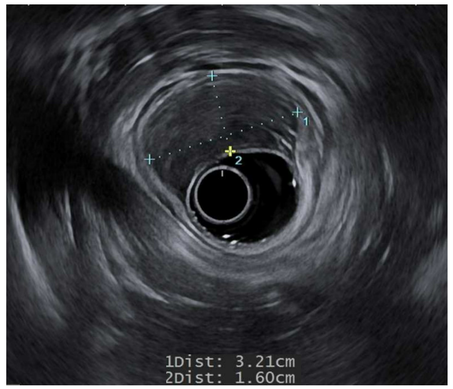

Image 3: Rectal EUS demonstrating lesion localized to mucosal layer

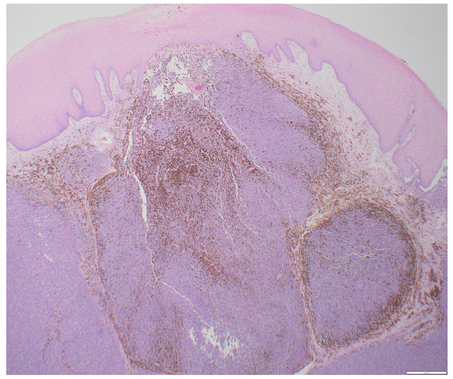

Image 4: Tumor with melanin pigment undermining squamous mucosa (H&E, 20x)

CLINICAL COURSE

- Histopathology demonstrated atypical cells with prominent nucleoli and melanin pigment. Cells were positive for MART-1 and SOX10, confirming a malignant melanoma.
- A Computed Tomography of the chest, abdomen, and pelvis was negative for lymphadenopathy or metastatic disease.
- The patient underwent local resection with colorectal surgery. An area of tumor was seen extending to the deep cauterized margin. Tumor was positive for PD-L1 (BRAF V600E/K negative).
- A follow up PET CT did not show hypermetabolic residual malignancy at the surgical site.

DISCUSSION

- In addition to the skin, melanoma can arise from mucosal epithelium of the respiratory, GI, or GU tracts. Mucosal melanoma accounts for approximately 1.3% of all melanoma and usually carries a worse prognosis.
- Anorectal melanoma is extremely rare, very aggressive, and accounts for 1% of all anal cancers.
- It presents in the fifth or sixth decade of life.
- Symptoms can include rectal bleeding, anal pain, and change in bowel habits. The diagnosis of anorectal melanoma is often missed as the presentation can be mistaken for hemorrhoids or polyps. Anorectal melanoma can even appear amelanotic, making the diagnosis more difficult.
- It is important for endoscopists to consider anorectal melanoma as a diagnosis as early detection and treatment is associated with improved prognosis.