

Dermatology Meets Gastroenterology: An Unusual Cause of Bleeding on Gastroscopy

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Abstract:

Melanoma, a malignant tumor arising from melanocytes, is known for its aggressive behaviour and propensity for metastasis. While commonly associated with the skin, melanoma can disseminate to various organs, including the digestive tract, leading to significant clinical challenges. The gastrointestinal tract, particularly the stomach and intestines, is an uncommon site for melanoma metastasis, yet its occurrence poses unique diagnostic and therapeutic complexities.

Keywords:

Melanoma; Malignant melanoma;
Metastatic melanoma;
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Introduction

Melanoma, a malignant tumor arising from melanocytes, is known for its aggressive behaviour and propensity for metastasis. While commonly associated with the skin, melanoma can disseminate to various organs, including the digestive tract, leading to significant clinical challenges. The gastrointestinal tract, particularly the stomach and intestines, is an uncommon site for melanoma metastasis, yet its occurrence poses unique diagnostic and therapeutic complexities.

Case Presentation

71-year-old patient was referred to the Endoscopy Unit due to gastrointestinal bleeding. The day before he presented melaena. He was hemodynamically stable. In laboratory tests drop of haemoglobin level from 13g / dL to 10g / dL was noted. In the medical records patient was diagnosed with malignant melanoma of the skin of the thorax with lung and lymph node metastases, and admitted to the hospital due to exacerbation of chronic renal failure. The esophagogastroduodenoscopy showed prominent nodules and polypoid mass in antrum and body of stomach, some with erosions and

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crater ulcers on their surface (fig.-1 and fig.2) and in duodenum (fig. 3). Due to the lack of active bleeding, he did not require endoscopic treatment. In the histological examination melanoma infiltration was present (confirmed by immunohistochemical tests: positive for Melan A and negative for CKAE1 / 3). The patient was qualified for chemotherapy, which was postponed due to altered kidney parameters.

Discussion

Even though malignant melanoma, is considered one of the most aggressive forms of skin cancer and the most common metastatic tumour of gastrointestinal tract, stomach metastases are not that usual (1,2). Melanoma's ability to metastasize to the digestive system can result in a range of symptoms, including gastrointestinal bleeding, obstruction, and abdominal pain, which may mimic other common GI disorders. The majority of gastric metastases occur in the body and fundus. Frequent sites of GI invasion include small bowel (50%), colon (31.3%), and anorectum (25%). Normally diagnose is made by endoscopic evaluation where it may be seen not only as black-pigmented ulcers, but also multiple small size nodules of the mucosa or submucosa, polypoid lesions, or extrinsic tumour masses. Early detection of melanoma metastases in the digestive tract is crucial, as it can significantly impact management strategies and overall prognosis. (3,4).

Conclusions

In summary, melanoma metastasis to the digestive tract, while relatively rare, presents

significant challenges in diagnosis and management, especially in the context of digestive tract bleeding. Given the aggressive nature of melanoma and its tendency to disseminate, clinicians must stay vigilant when confronted with gastrointestinal symptoms.

#endoscopy #stomach #melanoma #metastasis #MM

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Author Contributions

The authors contributed with the research, writing, and revising of the article.

Conflicts of Interest

The authors declare no conflicts of interest.

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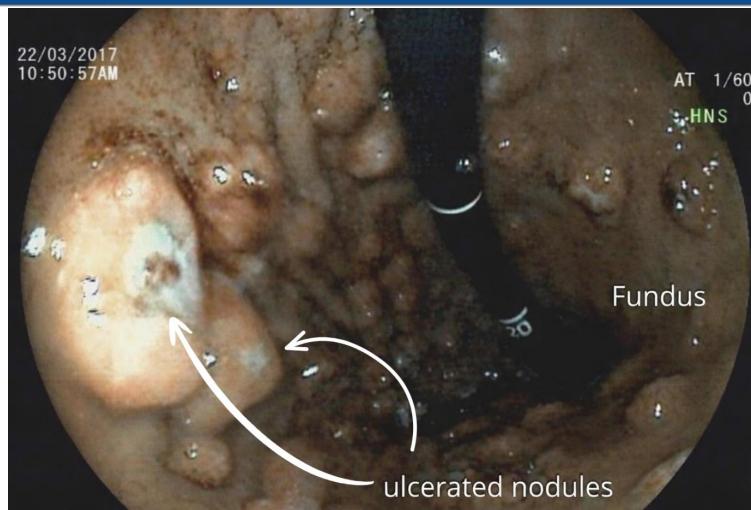


Fig. 1. Multiple gastric lesions in fundus and body seen during in EGD.

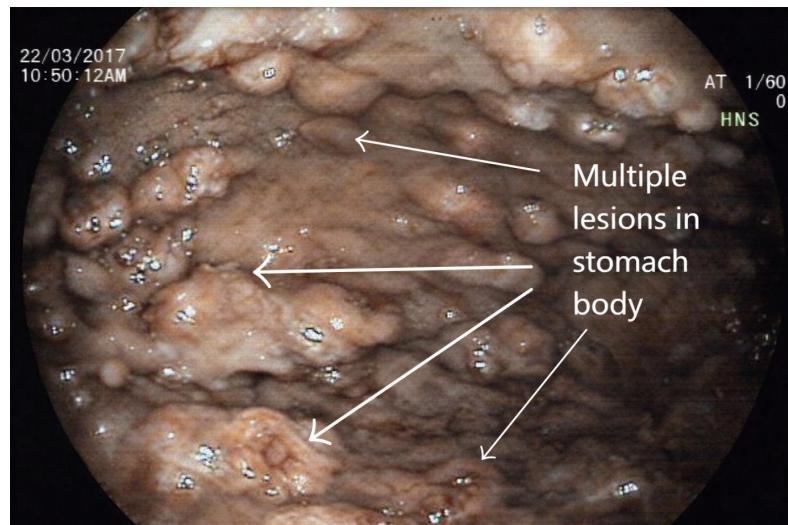


Fig.2. Gastric lesions as submucosal nodules some ulcerated at the apex seen in EGD.

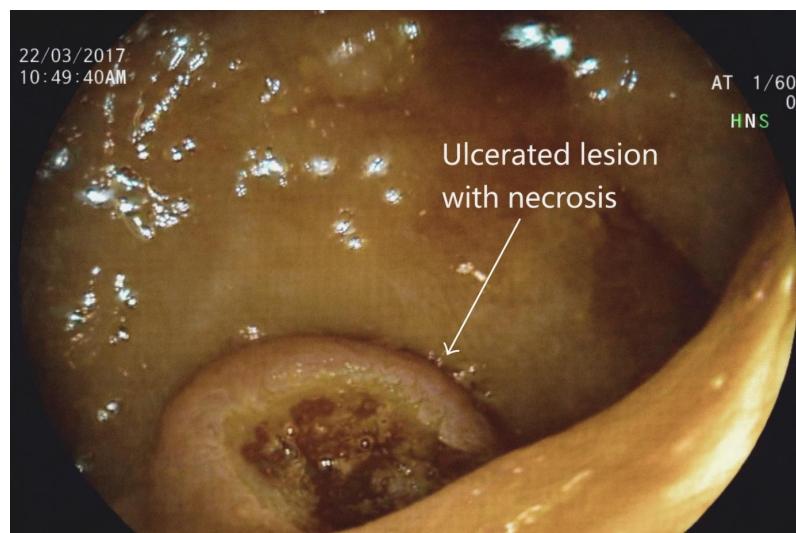


Fig.3. Ulcerated and necrotic lesions in duodenum.