

# Stomach metastasis of malignant melanoma

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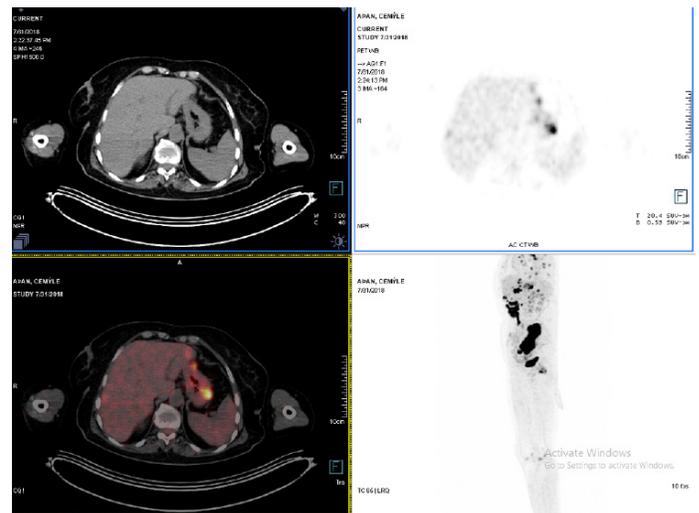
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## Dear Editor,

Malignant melanoma develops as a result of malignant transformation of melanocytes. Melanocytes in the body are found in the skin, mucosa, eye and nervous system. Primary skin melanomas are responsible for 1-2% of deaths in the world. Although the incidence of melanoma increases with age, it is most commonly seen between the ages of 20-45 (1). It is the 5th most common cancer in the United States. Because of its aggressive behavior and high rate of metastasis, its prognosis are poor. Life expectancy of 10 years is 75-80%. The mean survival time in distant metastasis cases is 6-9 months (2). Malignant melanomas are rare in the gastrointestinal tract, although small bowel, large bowel and anorectal metastasis are common and metastasis to the stomach is rare (3). We aimed to present gastric metastasis in a 71-year-old woman with malignant melanoma.

Approximately 5 years ago, a patient with 2X3 cm black color change and pain in the right foot heel admitted to Plastic surgery polyclinic of hospital at Inonu University, and then the lesion was removed by surgery. Histopathological diagnosis of the lesion was reported as malignant melanoma and one metastatic lymph node was detected in inguinal lymph node dissection. At that time, no metastasis was detected in the screening of the distant organ metastasis. The patient was given Interferon 2b treatment for one year as an adjuvant therapy because of the relatively high risk of metastasis. In the last visit of the patient who came to the control in 2014, PET CT and other imaging methods did not show any metastasis. At the same time, liver enzymes were in normal reference range and hemoglobin value was 13 gr/dl. Another

71-year-old female patient was admitted to the Medical Oncology Polyclinic with complaints of abdominal pain, weakness and 10 kg weight loss in the last 3 months. Her hemoglobin levels were 8 g / dl, and liver enzymes were elevated. PET CT was performed for metastasis screening. PET CT (Figure 1) showed metastatic involvement in the liver, lungs and gastric anthropyloric region.



**Figure 1.** Involvement of metastasis in the liver, lungs and gastric anthropyloric region in PET CT imaging.

Upper gastrointestinal endoscopy was performed on the patient (Figure 2) and a 35 mm black, hard, touching lesion was found in the stomach corpus and antrum. Biopsies were taken from these lesions. Histopathological examination revealed pigmented neoplastic cells in the lamina propria (Figure 3A). Immunohistochemically; S100, HMB45 and Melan A positivity in the neoplastic cells are

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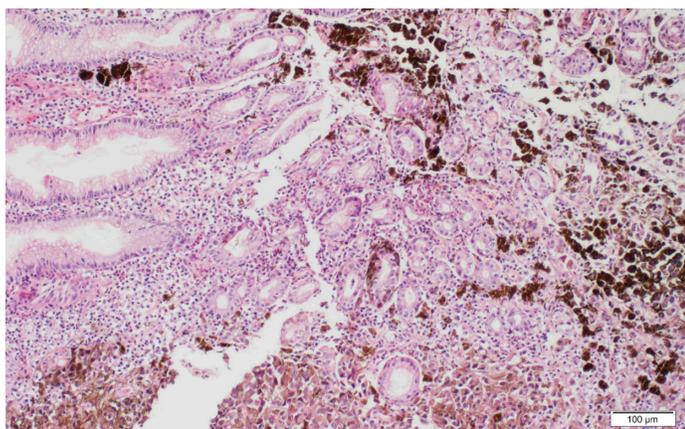
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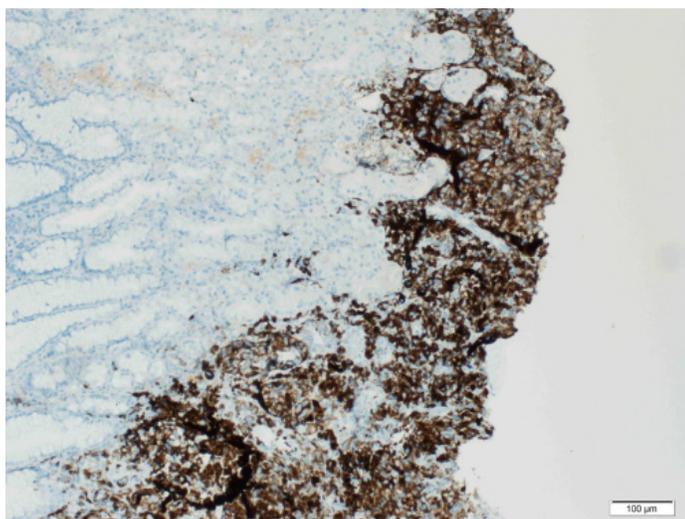
observed confirming the diagnosis of malign melanoma (Figure 3B). The patient was taken to the follow-up program starting with Temazolomide.



**Figure 2.** Endoscopic view of malign melanoma lesion in the stomach



**Figure 3A.** Pigmented neoplastic cells in the lamina propria of the gastric mucosa (H&E, 100X)



**Figure 3B.** Immunohistochemically Melan A positivity in the neoplastic cells (Melan A, 100X)

Although malignant melanoma is a rare skin cancer, its prognosis is poor. It is responsible for 1% of all cancer deaths. It is highly prone to metastasis. Metastasis in GIS is very common and occurs in the small intestine (50%), large intestine (31%) and anorectal region (25%). Metastasis to the stomach is very rare. The most common metastasis in the stomach is the fundus and the large curvature and the small curvature is rarely metastasized (4). In our case, the metastases were found in the fundus and the large curvature site of the stomach, but the stomach was also found in the small curvature, which is the rare site. We believe that involvement in the small curvature may be related to the stage of malign melanoma.

The symptoms of malignant melanoma metastasizing to the stomach are weight loss, anemia, abdominal pain and upper GIS bleeding as in other gastric tumors (5). In our case, the symptoms are abdominal pain, anemia and weight loss, which are consistent with the symptoms of this article. The possibility of GIS metastases should be considered in patients with malign melanoma with these symptoms. However, a histopathological examination cannot differentiate a primary melanoma from a metastatic lesion. The absence of a concurrent lesions or the lack of a history of melanoma or atypical melanocytic lesion removal from the skin or other organs is required for the primary gastric melanoma diagnosis.

Symptomatic GI metastases in malignant melanoma contribute to surgical intervention surveillance provided that the patient's disease is not at the final stage. The more organ metastases are detected in the shorter the life span. Detection of distant organ metastasis in malignant melanoma also occurs with close follow-up of the patient (6). In our case, since the liver, lung, bone and stomach metastasis was present, the patient was evaluated as the last stage and no surgery was planned. Only Temazolomide treatment was started. Patients with malignant melanoma should not be discontinued, even in prolonged remission. Because the survival time in multiple organ metastases is considerably reduced and the chance of surgery can be missed.

In conclusion, it is necessary to follow the patient closely for tumors such as malignant melanoma with aggressive behavior. In the early stage of the tumor in GIS metastases, the survival time is prolonged by surgery. In these patients, distant organ metastasis should be considered in cases of fatigue and weight loss during follow-up. It should also be considered that there may be metastasis in the gastrointestinal tract in patients with abdominal pain and anemia in patients who are thought to have distant organ metastasis.

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