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Case Report A SCITECHNOL JOURNAL

Rectal Melanoma with Duodenal Metastasis: Very Unusual Endoscopic Findings

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Abstract

Melanoma of the GI tract is a rare and carries a poor prognosis. Most GI melanomas are metastatic from an oculo-cutaneous primary. Many hypothesize that melanoma of the GI tract is a product of spontaneous regression of an unknown primary. The etiology of primary GI melanomas is unclear. Hypothesis suggests it arises from the neural crest cells known to exist in the esophagus, stomach, small bowel, and ano-rectum.

Keywords

Rectal Melanoma; Duodenal Metastasis; Pembrolizumab therapy

Case Study

We present a case of primary rectal melanoma, aggressive and resistant to treatment, with duodenal metastases.

A 57-years old man was referred to our hospital at March 2015, presented with acute rectal bleeding. Colonoscopy revealed at 1 cm from the anal verge a 60 mm ulcerated lesion suspected to be rectal carcinoma (Figure 1). Histology demonstrated rectal mucosa infiltrated by malignant melanoma, stained positive for Melan A and negative for cytokeratin and CDX-2. Positive for C-KIT mutation and negative for BRAF mutation [1]. Oculo-cuatneous origin was ruled out. PET-CT demonstrated inguinal, adrenals and pulmonary metastases. Gastroscopy revealed three ulcerated pigmented lesions in the 2nd part of the duodenum [2]. Biopsy confirmed the clinical suspicion demonstrating duodenal mucosa infiltrated by metastatic malignant melanoma (Figure 2). Pembrolizumab therapy was initiated and although Improvement was observed 3 month later on PET-CT, 1 year later PET-CT demonstrated worsening of the adrenals involvement [3]. Ipilimumab therapy combined with adrenals irradiation (SBRT) was given without an objective response. Later the patient died from addisonian crises, sepsis and multi-organ failure.

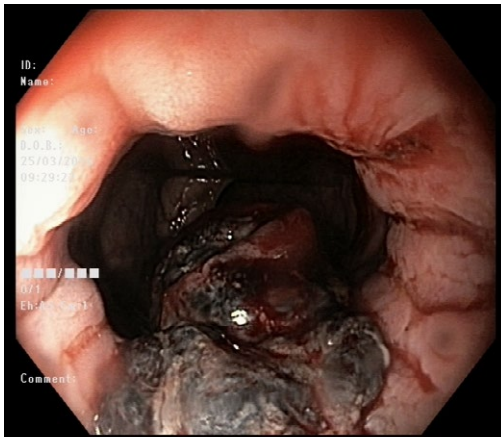

Figure 1: Rectal melanoma.

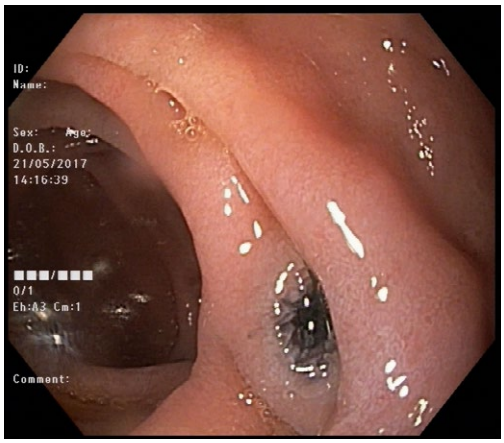

Figure 2: Melanoma metastasis to second part of the duodenum.

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