

## Gastric Metastases from Malignant Melanoma Complicated by Upper Gastrointestinal Bleeding: A Case Report

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**Abstract :** Malignant melanoma is the most common cancer to metastasize in the gastrointestinal tract; however, metastases to the stomach are rare. We present the case of an 82-year-old patient with multiple gastric metastases from malignant melanoma complicated by upper gastrointestinal hemorrhage as the only symptom of the disease without evidence of skin and eye tumor localization. The patient had a positive medical history for malignant melanoma of the surgically treated scalp.

**Keywords:** melanoma, gastric metastases, gastrointestinal bleeding.

### 1. INTRODUCTION

Metastatic melanoma of the stomach is a rare entity and portends a poor prognosis with a median survival of 4 to 6 months [1]. The most common gastrointestinal (GI) metastatic sites of cutaneous melanoma are the jejunum and ileum, followed by the colon, rectum, then stomach [2]. Clinical manifestations are usually nonspecific, and many patients are asymptomatic until the disease progresses further, which can delay the diagnosis or miss it completely until autopsy [3]. Patients may present with symptoms of nausea, vomiting, gastrointestinal bleeding, weight loss and possibly acute perforation [4]. If metastases to the gastrointestinal tract are suspected, esogastroduodenalfibroscopy (FOGD), colonoscopy and, if necessary, investigation of the small intestine with a video capsule should be performed for direct visualization and a biopsy should be obtained if a lesion is discovered. Treatment options include surgical resection, immunotherapy and targeted therapy [5, 6].

### 2. CASE REPORT

Presenting the case of an 82-year-old Caucasian male with radically excised melanoma of the scalp in January 2010.

No additional skin metastasis was observed. To exclude any distant metastasis, a TAP computed tomography (CT) scan was performed. No distant metastasis was observed, in particular no pulmonary and hepatic metastasis. A complete clinical examination of the patient was performed to rule out the presence of other skin lesions.

The patient presented to the hospital in May 2020 for episodes of upper digestive hemorrhage made up of moderate abundance of hematemesis in a context of hemodynamic stability, with on clinical examination a pale mucous membrane, discolored conjunctiva and a epigastric tenderness.

A full blood count revealed a hemoglobin of 7.2 g / dl, a white blood cell count of 7700 / l and a platelet count of 190,000 / l and TP at 87%.

Esogastroduodenalfibroscopy showed the presence of several bleeding, blackish gastric lesions of different sizes (Figure 1). These lesions were present throughout the stomach with increased frequency in the body and antrum but were absent in the esophageal tract and at the duodenal level. Biopsy of the three lesions was performed. Morphologically, the lesions seemed suggestive of metastatic melanoma. The gastric biopsy report revealed the presence of infiltrating malignant melanoma HMB45, MelanA-S100 +, Cd68 negative.

Careful skin mapping and eye examination did not show the presence of skin melanoma, computed tomography ruled out other metastases.

In the presence of multiple gastric metastases, the patient was referred to the medical oncology unit.

### 3. DISCUSSION

Melanoma is a malignant tumor of melanocytes and occurs mainly in the skin. It is very aggressive with an early tendency to metastasize. Metastases to the gastrointestinal tract are common, with common sites including

the small intestine (50%), the large intestine (31%), and the anorectum (25%). Metastases to the stomach are rare [7]. Concerning the anatomical site of gastric metastases, the majority of these are located in the greater

curvature, lesions of the lesser curvature being very rare [8]. In our patient, the lesions were located in the body and anterior to the stomach (Fig. 1).



**Figure1:** Several melanotic lesions of different sizes in the antrum and body of the stomach.

Malignant melanoma of the stomach is mostly asymptomatic and is the reason why it is largely overlooked. Symptoms include nausea, vomiting, gastrointestinal bleeding, weight loss, and sometimes acute perforation. Our patient presented with melena and anemia. EGD showed a deep central ulcer at the slightest curvature of the body of the stomach.

Suspicion of metastatic melanoma of the gastrointestinal tract should be investigated with FOGD, colonoscopy, video capsule endoscopy if FOGD and colonoscopy do not find a lesion, and biopsy if a lesion is detected [9].

On endoscopy, gastric metastases from melanoma may appear as black pigmented ulcers, diffuse black pigment against the background of the mucosa, multiple small nodules of the mucosa or submucosa, polypoid lesions, or extrinsic masses [10]. These lesions are often pigmented but may be unpigmented, mimicking other forms of neoplastic epithelial lesions or MALT lymphomas [10]. However, the majority of patients with gastrointestinal metastatic spread due to malignant melanoma have multiple metastases located in the small intestine with great morphological variability [11]. Unfortunately, intestinal metastasis from melanoma can lead to nonspecific surgical and medical emergencies such as bowel obstruction and / or perforation, dyspepsia, nausea and vomiting, abdominal pain, weight loss, diarrhea and overt bleeding [12]. More rarely, metastatic

deposits can cause, as in the present case, digestive hemorrhage. Clinically silent gastrointestinal metastases may be present in an increasing percentage of cases, making the inclusion of endoscopy in the follow-up examinations of some patients with mild gastrointestinal symptoms reasonable [12]. Biopsy during the endoscopic procedure is mandatory because many polypoid lesions may be non-melanotic. For this reason, in patients with a history of melanoma in which an endoscopic polypoid lesion is observed, the presence of an unpigmented lesion is a plausible suspicion of a possible metastatic lesion.

The diagnosis of metastatic melanoma is made from the biopsy sample when the immunohistochemical staining is positive for S-100 and HMB-45 antibody [13].

Treatment for metastatic melanoma includes surgical resection, immunotherapy, targeted therapy, and possibly radiation therapy to symptomatic sites. Since immunotherapy and targeted therapy were developed, cytotoxic chemotherapy is no longer considered as a first-line treatment [13].

#### 4. CONCLUSION

Gastrointestinal bleeding as the first clinical presentation of metastatic melanoma is relatively unusual, especially in the absence of other symptoms of the disease. Gastrointestinal metastases are always an advanced stage of the

disease even in the absence of other signs of disease and should always be suspected in patients with gastrointestinal symptoms and a history of cutaneous melanoma. Massive stomach involvement suggests metastatic spread rather than primary gastrointestinal melanoma.

### RÉFÉRENCE

- [1] KV Liang, SO Sanderson, GS Nowakowski et AS Arora, «Mélanome malin métastatique du tractus gastro-intestinal», *Mayo Clinic Proceedings*, vol. 81, non. 4, pp. 511-516, 2006.
- [2] T. Das Gupta et R. Brasfield, «Mélanome métastatique. Une étude clinicopathologique», *Cancer*, vol. 17, pp. 1323–1339, 1964.
- [3] K. Wong, SW Serafi, AS Bhatia, I. Ibarra et EA Allen, «Mélanome avec métastases gastriques», *Journal of Community Hospital Internal Medicine Perspectives (JCHIMP)*, vol. 6, non. 4, p. 31972, 2016.
- [4] N. El-Sourani, A. Troja, H.-R. Raab et D. Antolovic, «Métastases gastriques du mélanome malin: Rapport d'un cas et revue de la littérature disponible», *Viszeralmedizin: Médecine et chirurgie gastro-intestinale*, vol. 30, non. 4, pp. 273-275, 2014.
- [5] IL Wornom, JW Smith, SJ Soong, R. McElvein, MM Urist et CM Balch, «La chirurgie comme traitement palliatif pour les métastases à distance du mélanome», *Annals of Surgery*, vol. 204, non. 2, pp. 181-185, 1986.
- [6] XS Hao, Q. Li et H. Chen, «Métastases de l'intestin grêle du mélanome malin: effet palliatif de la résection chirurgicale», *Japanese Journal of Clinical Oncology*, vol. 29, non. 9, pp. 442–444, 1999.
- [7] Goral V, Ucmak F, Yildirim S, et al: Mélanome malin de l'estomac se présentant chez une femme: un rapport de cas. *J Med Case Rep* 2011; 5: 94.
- [8] Booth JB: Mélanome malin de l'estomac: rapport d'un cas se présentant comme une perforation aiguë et revue de la littérature. *Br J Surg* 1965; 52: 262-270.
- [9] AA Bailey, HS Debinski, MN Appleyard et al., «Diagnostic et issue des tumeurs de l'intestin grêle trouvées par endoscopie par capsule: une expérience australienne à trois centres», *American Journal of Gastroenterology*, vol. 101, non. 10, pp. 2237-2243, 2006. Voir sur: Site de l'éditeur | Google Scholar
- [10] Benedeto-Stojanov DA, Nagorni AV, Živković VV, Milanović JR, Stojanov DA Mélanome métastatique de l'estomac et du duodénum. *Archive d'oncologie*. 2006; 14 (1-2): 60–61. doi: 10.2298 / AOO0602060B.
- [11] Bender GN, Maglinte DDT, McLarney JH, Rex D., Kelvin FM Mélanome malin: modèles de métastases à l'intestin grêle, fiabilité des études d'imagerie et pertinence clinique. *Journal américain de gastroentérologie*. 2001; 96 (8): 2392–2400. doi: 10.1016 / S0002-9270 (01) 02604-1.
- [12] LM Schuchter, R. Green et D. Fraker, «Maladies primaires et métastatiques dans le mélanome malin du tractus gastro-intestinal», *Current Opinion in Oncology*, vol. 12, non. 2, pp. 181–185, 2000.
- [13] JA Sosman, MB Atkins et ME Ross, «Cytotoxic chemotherapy for metastatic melanoma», dans *UpToDate*, Waltham, Mass, USA, 2017, <https://www.uptodate.com>.

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