

Title:

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Enteroscopy in the diagnosis of melanoma metastases

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The case was a 48-year-old male patient with a previous nodular melanoma who achieved complete remission. He started with epigastric pain that radiated to the back and constitutional syndrome after two weeks. The pain was not controlled with medical management. Blood test showed microcytic anemia. Abdominal computed tomography displayed aneurismatic dilation of the proximal and distal jejunum loops with adjacent adenopathies, suggestive of lymphoma as the first option (Fig. 1). Single-balloon enteroscope inserted orally showed a polypoid and circumferential neoformation that causes lumen dilation in the first jejunal loop (Figs. 2 and 3). There was no distant spread or other implants in the small bowel via a capsule endoscopy. The histological study confirmed melanoma with lymph node involvement. After intestinal resection, treatment with nivolumab was started with a partial response.

Discussion

The gastrointestinal involvement of melanoma is usually metastatic (1). The existence of primary gastrointestinal melanoma is controversial (1,2). According to some studies, they are metastatic lesions from an unknown or regressed primary cutaneous melanoma (1,2). Primary melanomas with gastrointestinal metastases are usually located in the extremities (15-57%), followed by the trunk and head-neck (1,2).

Symptomatic gastrointestinal involvement occurs in less than 5% of melanomas, although postmortem analyses have reported up to 70% (1,2). The clinical presentation is variable and usually presents as abdominal pain, but also gastrointestinal bleeding, perforation, obstruction or invagination (1,2). The treatment of choice is surgical (2,3). However, gastrointestinal metastases are a marker of poor prognosis for melanoma (1).

The diagnosis of small intestinal involvement of melanoma is a challenge due to its poor accessibility. The enteroscopy has a fundamental role, as it allows a direct visualization and biopsies to be taken for histological study.

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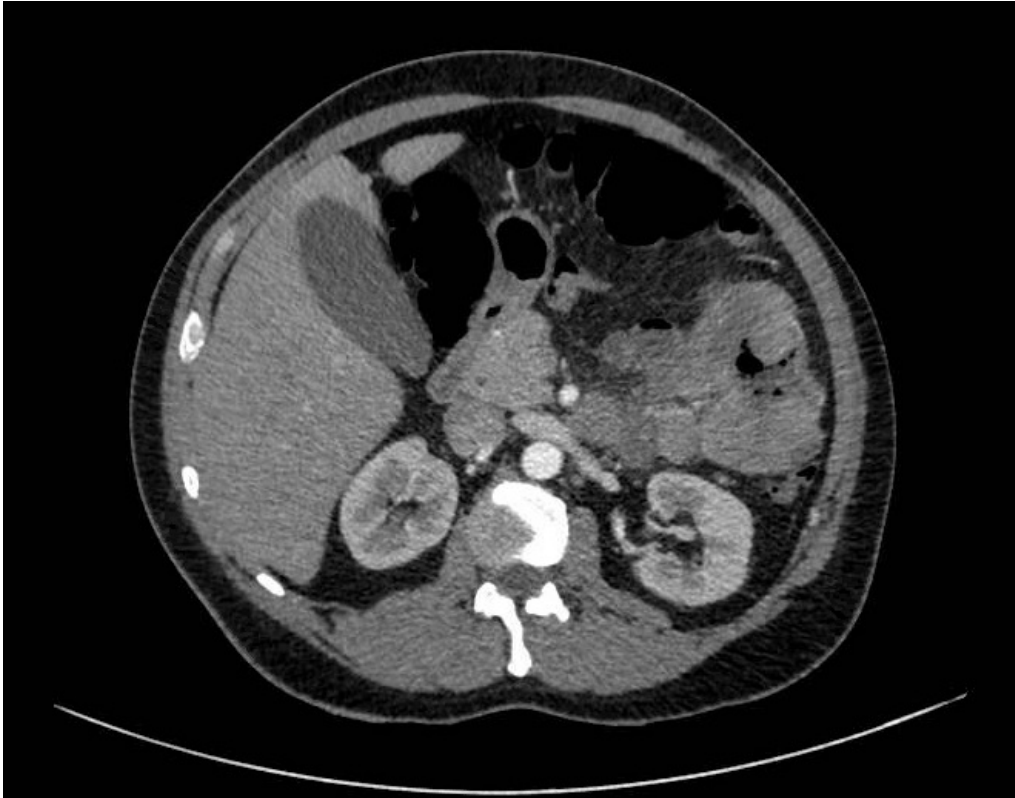


Fig. 1. Transverse section of abdominal computed tomography which shows an aneurismatic dilation of the jejunum with adjacent adenopathies.

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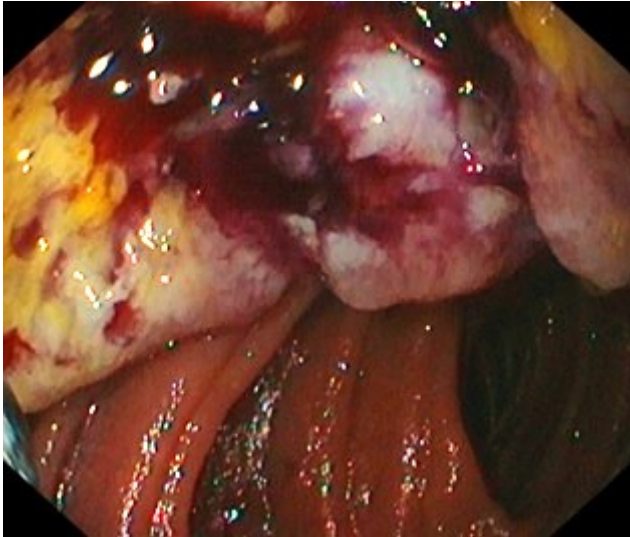


Fig. 2. Enteroscopy image which shows polypoid neof ormation in the small bowel.

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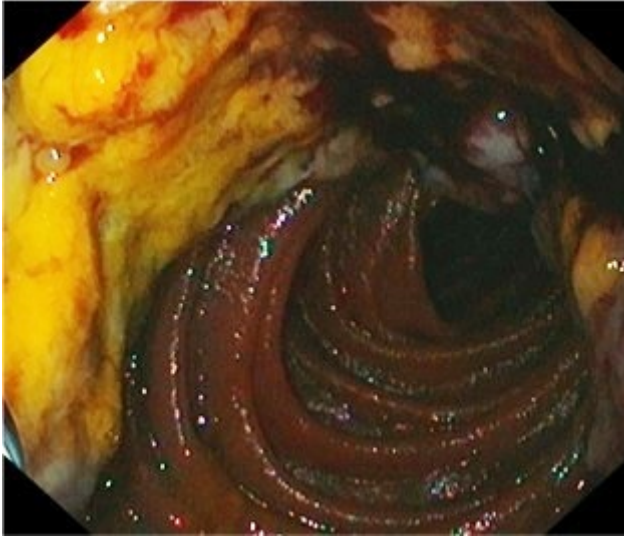


Fig. 3. Enteroscopy image which shows circumferential neof ormation in the small bowel that does not decrease intestinal lumen.

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