

**Title:**  
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## Abdominal metastatic melanoma invading transverse colon and stomach

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Dear Editor,

Gastrointestinal melanoma metastases are not uncommon, with jejunum and ileum being the most common locations (58%), followed by gastric (26%), colonic (22%), duodenal (12%) and rectum metastases (5%). (1,2)

We present the case of a single abdominal tumor recurrence from an epithelioid melanoma located at the transverse colon invading the posterior gastric wall with good response to immunological treatment.

Our patient is a 38-year-old male with a history of cutaneous melanoma on the right shoulder that underwent surgery in 2014.

Patient presented with upper left quadrant pain and an abdominal mass palpation. Gastroscopy (3) was performed revealing extrinsic compression on the greater gastric curvature. Biopsies were taken and an epithelioid melanoma relapse was diagnosed. Computed Tomography (CT) and Positron Emission Tomography (PET-CT) showed a 15x9x14 cm heterogeneous, polylobulated, intraperitoneal mass located at the left upper abdomen (Fig. 1A).

Neoadjuvant treatment with dabrafenib and trametinib was initiated due to the presence of BRAF mutation. CT control showed an important response, so surgical intervention was indicated (Fig. 1B).

En-bloc resection was performed respecting left colic and ileocolic arteries. A tubular gastrectomy of the greater curvature and a radical transverse colectomy extended to both hepatic and splenic flexures were achieved (Fig 1C and 1D). Complete mobilization of the remanent colon was performed so an anastomosis of the ascending to descending colon, leaving the latter below the spleen.

As the mass occupied both quadrants, a Peritoneal Carcinomatosis Index (PCI) of 6 was recorded and complete cytoreduction was achieved. The patient was discharged on the ninth day without any complications.

A better overall survival has been achieved combining surgical and medical approach in abdominal melanoma metastases as long as the following requirements are met (2,4,5):

- Resected/resectable primary tumor.
- Optimal patient condition to withstand the surgery
- Solitary and resectable metastases

Given the intra-abdominal melanoma metastases are exceptional, therapeutic strategy must be individualized by a multidisciplinary team in an oncological committee.

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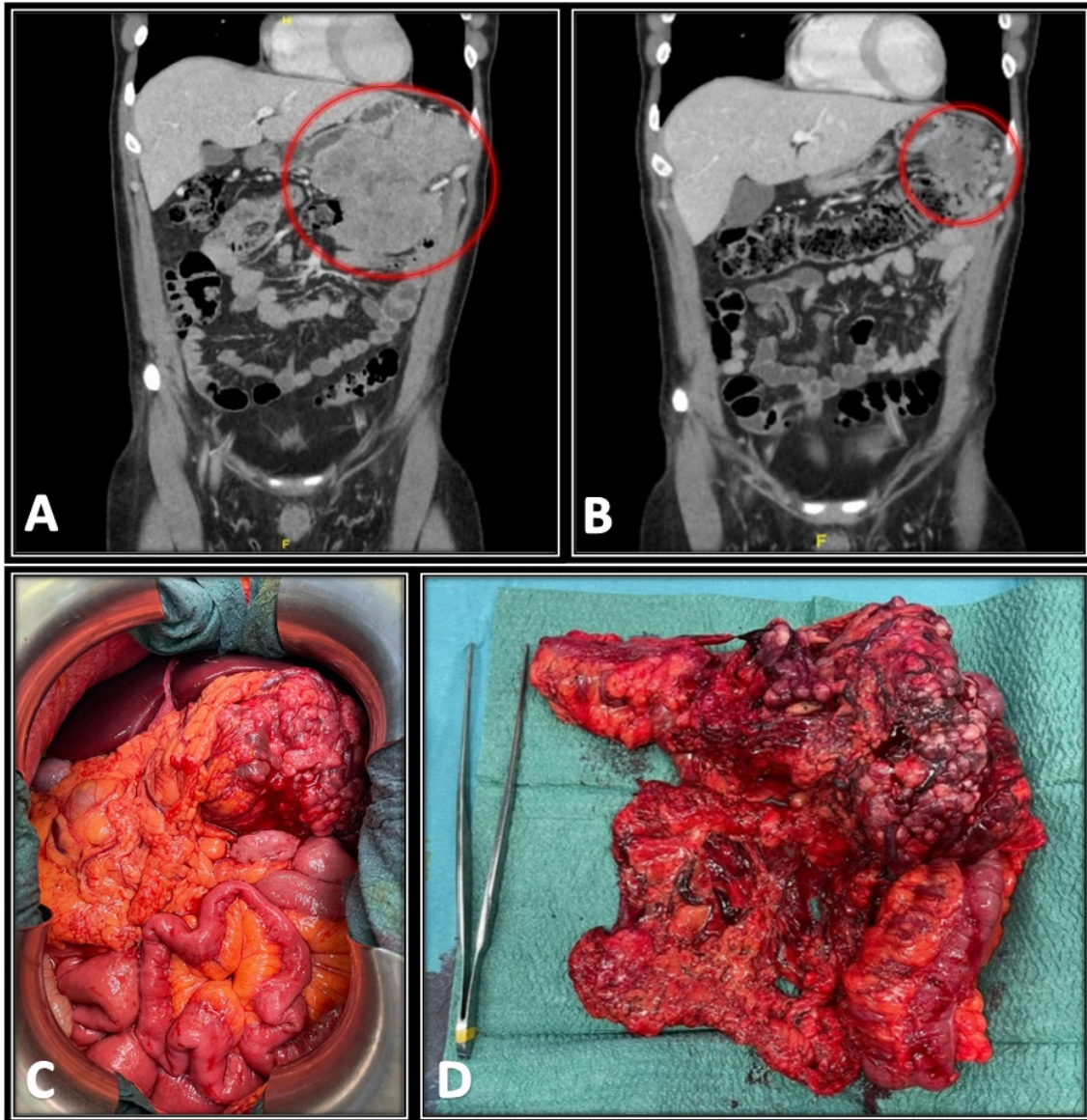


FIG 1.A: Heterogeneous, polylobulated, intraperitoneal mass measuring 15x9x14 cm in the left upper abdomen. It contacts widely and without a fat plane of separation with the greater gastric curvature, splenic flexure and transverse colon, parietal peritoneum and some small bowel loops without being able to rule out focal infiltration of any of those structures. No extension to thorax or intracranial can be seen.

FIG 1.B: CT scan after neoadjuvant treatment displaying an important response of the mass (now 9x6x6 cm).

FIG 1.C: Supra-infraumbilical laparotomy, revealing cerebroid mass with great collateral vascularization.

FIG 1.D: Surgical specimen, transverse colon, descending colon, middle colic vessels and affected stomach (anterior).