

Title:

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Unexpected diagnosis for nodular hepatic lesions

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Dear Editor,

Uveal melanoma is the most common primary ocular tumor and has a significant predilection for metastasis to the liver (1). Nevertheless, metastatic uveal melanoma usually occurs in the first years after the initial treatment, and late recurrence is

extremely rare (2).

We report the case of an 83-year-old female who was diagnosed with right uveal melanoma in 2009. She underwent external beam radiation therapy and has been under surveillance since then. In 2021, the patient was observed in the Emergency Department after a fall resulting in chest trauma. A computed tomography scan of the chest was performed as she complained of pain. Besides multiple rib fractures, a nodule of 28 mm was identified in the right lobe of the liver (Fig. 1A) and liver tests were normal. The patient underwent abdominal magnetic resonance imaging to better clarify the etiology of the liver injury, which revealed a liver with normal dimensions, regular contours, and a homogeneous structure. However, there were more than 15 nodular lesions in the hepatic parenchyma (Fig. 1B). An echo-guided biopsy of the largest nodule was performed and a histological examination revealed liver metastasis of intraocular melanoma (Fig. 1C-D). An eye examination was subsequently performed, with no evidence of local recurrence. The patient started treatment with palliative chemotherapy due to her advanced age, multiple comorbidities, and diffuse metastatic lesions.

We present a rare case of liver metastases from an uveal melanoma that relapsed 12 years after initial diagnosis and curative-intent treatment. Metastatic uveal melanoma is a very challenging lesion to treat because surgical resection is rarely possible and there is no standard effective systemic therapy (3). The prognosis of these patients is extremely poor and directly related to the progression of the disease to the liver (4). Therefore, the introduction of universal surveillance protocols to identify metastatic disease at an early stage should be considered.

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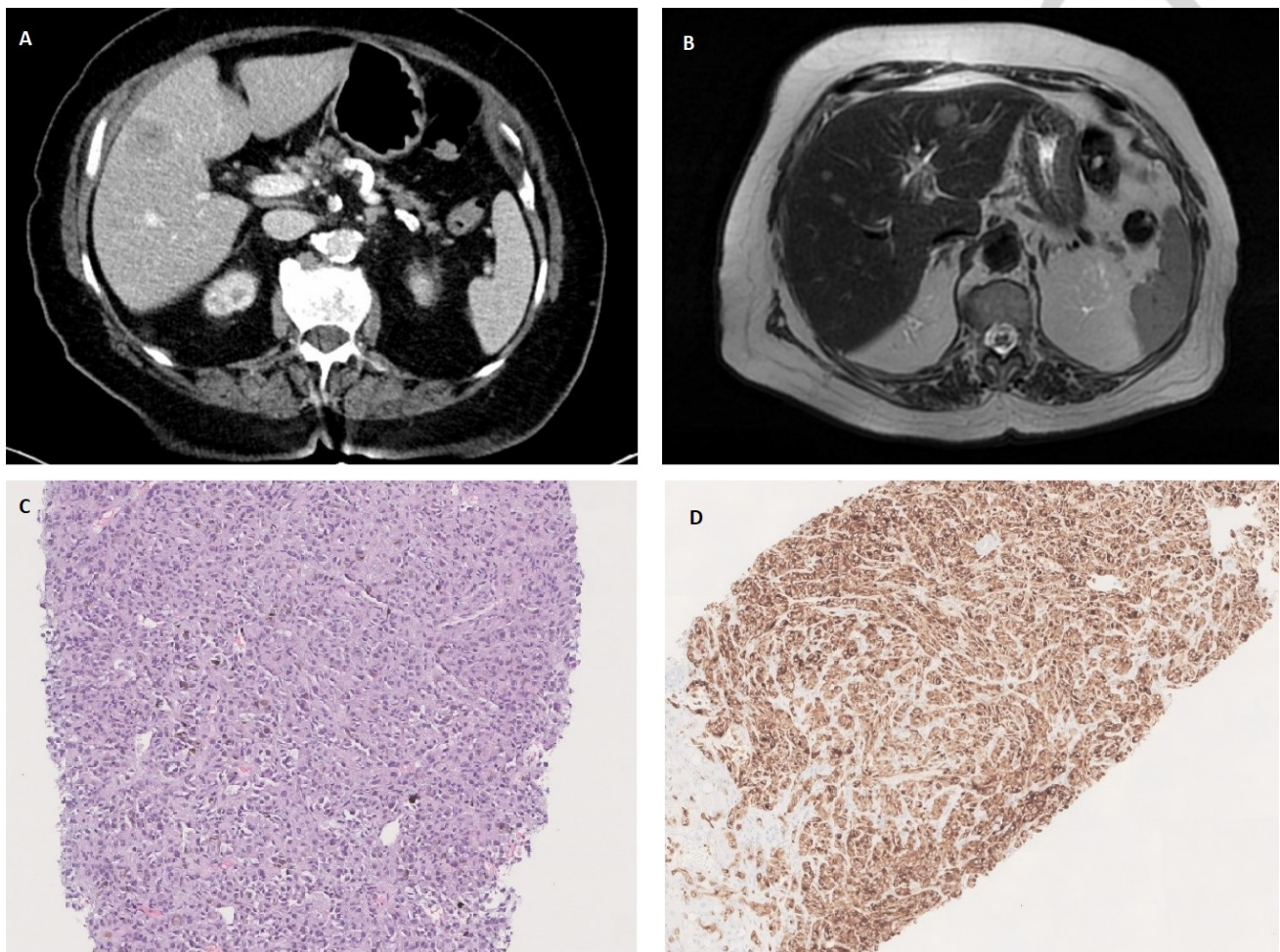


Fig. 1. A) Computed tomography showed a hypodense nodule of 28 mm located in segment V of the liver. B) Magnetic resonance imaging revealed several nodular lesions in the hepatic parenchyma — the largest was 32 mm in segment V and 17 mm in segment II. Histological examination showed a solid-pattern malignant neoplasm constituted by cells with a brownish pigment (C) and melan-A expression in the immunohistochemical study (D).

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