

**Title:**

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## Unexpected diagnosis for nodular hepatic lesions

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Statement of Ethics: All rules of the local ethics committee were followed, preserving patient identity and confidentiality.

Dear editor,

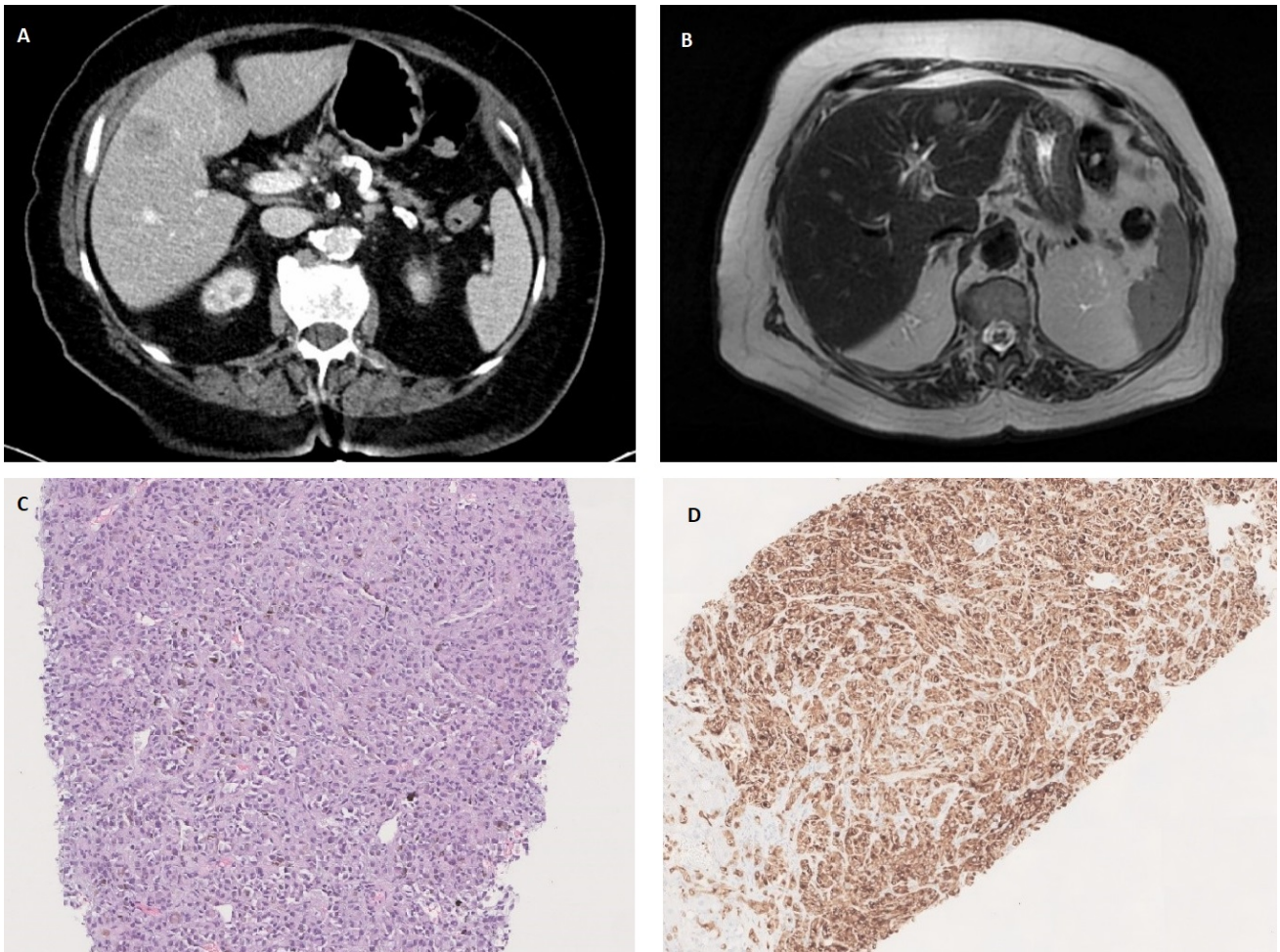
Uveal melanoma is the most common primary ocular tumor and has a significant predilection for metastasis to the liver<sup>1</sup>. Nevertheless, metastatic uveal melanoma usually occurs in the first years after the initial treatment and late recurrence is extremely rare<sup>2</sup>.

We report the case of an 83-years-old woman 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 Emergency Department after a fall with chest trauma. Due to pain complaints, a computed tomography scan of the chest was performed. Besides multiple rib fractures, it revealed a nodule of 28mm in the right lobe of the liver (Figure 1A). She had normal liver tests. To better clarify the etiology of the liver injury, the patient was subjected to abdominal magnetic resonance imaging, which revealed a liver with normal dimensions, regular contours and homogeneous structure; however, there were more than 15 nodular lesions in the hepatic parenchyma (Figure 1B). An echo-guided biopsy of the largest nodule was performed and histological examination revealed liver metastasis of intraocular melanoma (Figure 1C-D). An eye examination was then performed, with no evidence of local recurrence. Due to the advanced age, multiple comorbidities and diffuse metastatic lesions, the patient started treatment with palliative chemotherapy.

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

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