REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

Title:
Metastatic lesion of choroidal melanoma located in the head of pancreas

Authors:
Javier Castro Rodríguez, Julio Osuna Soto, Emilia Victoria Perdices López

DOI: 10.17235/reed.2022.8843/2022
Link: PubMed (Epub ahead of print)

Please cite this article as:
Castro Rodríguez Javier, Osuna Soto Julio, Perdices López Emilia Victoria. Metastatic lesion of choroidal melanoma located in the head of pancreas. Rev Esp Enferm Dig 2022. doi: 10.17235/reed.2022.8843/2022.

REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

Metastatic lesion of choroidal melanoma located in the head of pancreas

Javier Castro Rodríguez [1]; Julio Osuna Soto [2]; Emilia Victoria Perdices López [1].

[1] Department of Gastroenterology. Hospital Universitario Reina Sofía, Córdoba, Spain.

[2] Department of Pathology. Hospital Universitario Reina Sofía, Córdoba, Spain.

Correspondence to: Javier Castro Rodríguez. **e-mail**: jcastrorodriguez01@gmail.com.

CASE REPORT

A 45-year-old man, blind in his right eye due to neovascular glaucoma, was admitted to hospital because of jaundice (total serum bilirubin of 10 mg/dL), cholestasis and hypertransaminasemia. He was diagnosed with a head of pancreas tumor 7.5 cm diameter, with secondary bile duct and pancreatic duct dilations (Fig. 1), vascular invasion, locoregional lymph node involvement and liver metastases.

ERCP with bile duct stenting was performed and tumor biopsies were obtained by endoscopic ultrasound. Pathological assessment revealed a malignant undifferentiated melanoma (Fig. 2). Mucocutaneous melanoma was ruled out by Dermatological examination and the Ophthalmologist did not find abnormalities in the left eye. Since the examination of the right ocular fundus was unfeasible, we completed the workup with an MRI, which showed a choroidal melanoma in the right eye (Fig. 3). The patient received immunotherapy with nivolumab and subsequently ipilimumab and pancreatic palliative radiotherapy, without meaningful tumor response, finally resulting in patient's death.

DISCUSSION

Pancreatic metastases are uncommon, ranging from 2% to 5 % of all pancreatic malignancies. Differential diagnosis of primary versus secondary pancreatic tumors is challenging. Less than 1% of melanomas spread to the pancreas. Choroidal melanoma is rare (only represents 3 to 5% of melanomas), but still forms the most frequent primary intraocular malignancy. Advanced disease is associated with poor prognosis, with median survival 8-18 months. Immunotherapy with PD-1 inhibitors (nivolumab or pembrolizumab) is the first line therapy for patients with metastatic disease, alone or in combination with anti-CTLA-4 antibodies (ipilimumab), with acceptable response rates and prolonged survival.

REFERENCES

1. Nakamura Y, Yamada R, Kaneko M, et al. Isolated pancreatic metastasis from malignant melanoma: a case report and literature review. Clinical Journal of Gastroenterology 2019; 12:626–636.

2. Majem M, Manzano JL, Marquez-Rodas I, et al. SEOM clinical guideline for the management of cutaneous melanoma (2020). Clinical and Translational Oncology 2021 May;23(5):948-960.

3. Carvajal RD, Schwartz GK, Tezel T, et al. Metastatic disease from uveal melanoma: treatment options and future prospects. British Journal of Ophthalmology 2017;101:38–44.

REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

TABLES AND FIGURES

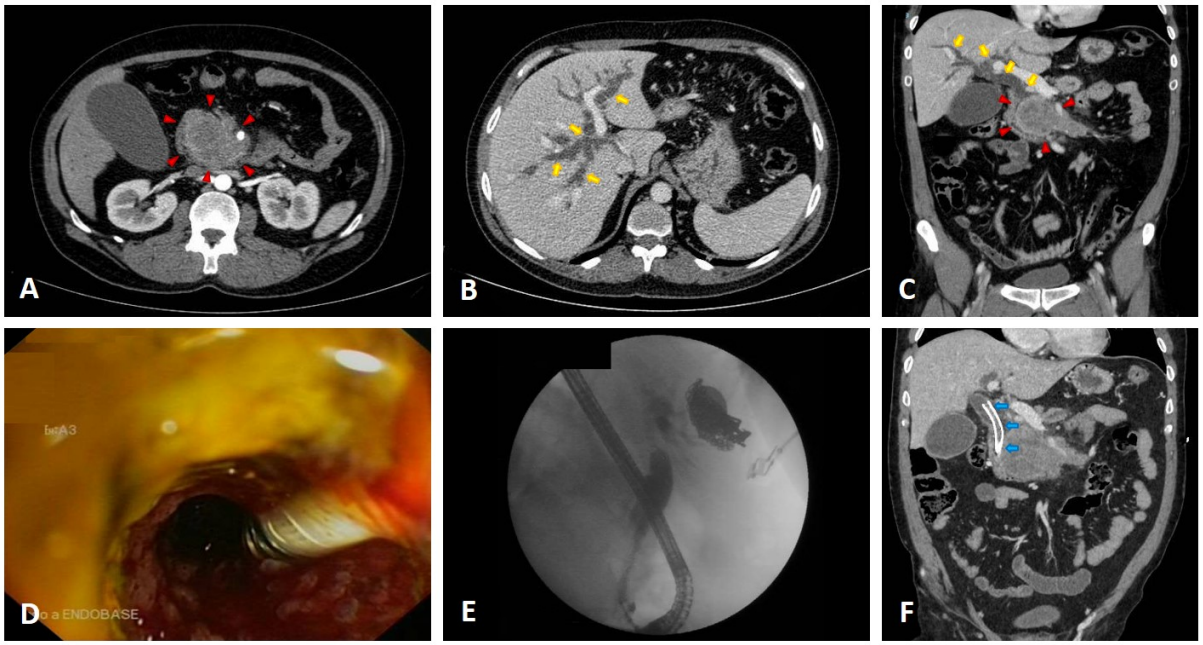


Figure 1. Images A, B, C (coronal): abdominal CT with lesion in the head of the pancreas (red dots) causing dilatation of the intrahepatic and extrahepatic bile ducts (yellow arrows). D, E: ERCP with self-expandable metallic stent in common bile duct, identifying a stop of contrast and a filiform passage through the stent. F: Coronal CT with progression of the pancreatic lesion and extrinsic compression of stent (blue arrows).

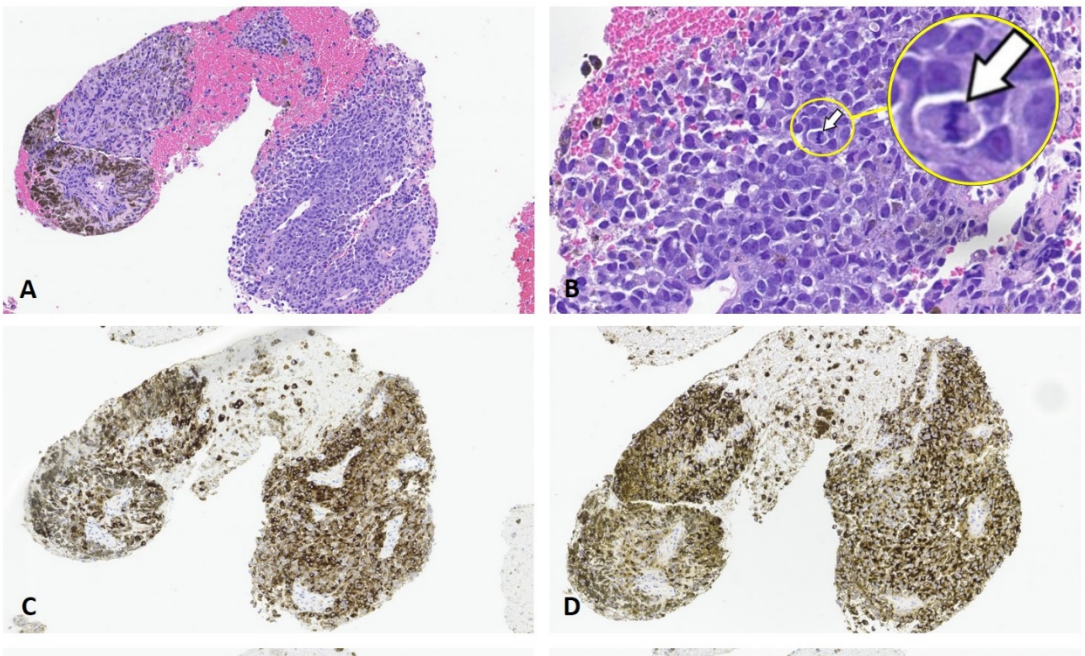
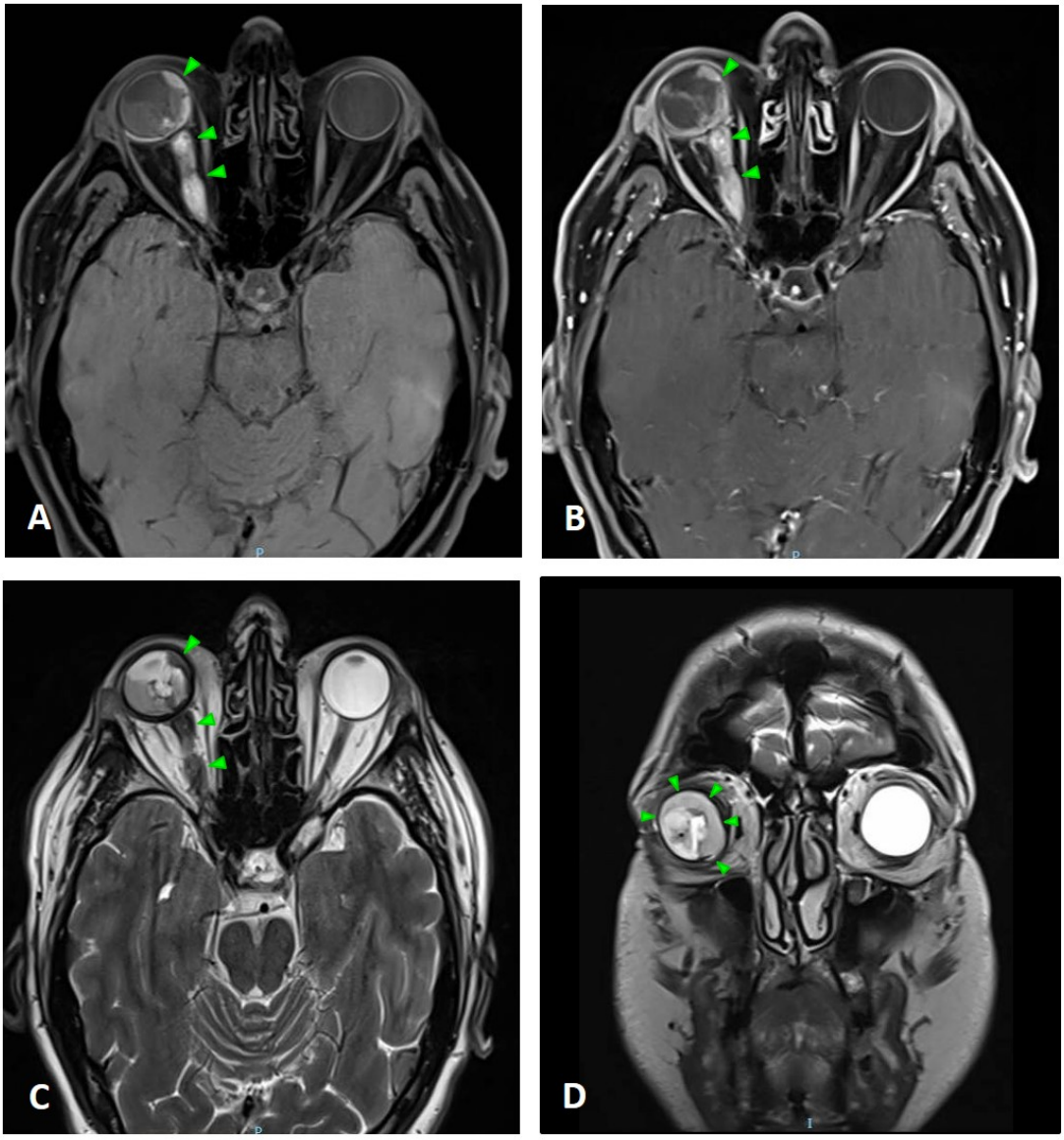


Figure 2. Pancreatic FNA: A (H-E 15x) and B (40x). Malignant cells with granular basophilic cytoplasm and pleomorphic cell nucleus. Atypical mitoses (white arrow) and melanocytic pigment are seen. Immunohistochemistry techniques (15x). C: Melan A positive. D: HMB-45 positive. E: MITF positive. S100 was also positive (not included). F: Cytokeratin AE1/AE3 negative in tumor cells. All of that suggestive of melanoma.



REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

Figure 3. Images A, B: cranial MRI with lesion in the choroidal region of the right eyeball, hyperintense in T1 and with contrast uptake, extending to soft tissues of the orbit and ipsilateral optic nerve, suggestive of choroidal melanoma, which made ocular fundus evaluation impossible. C, D (coronal): T2 MRI.