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Metastatic melanoma: an uncommon cause of upper gastrointestinal bleeding

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Dear Editor,

A Caucasian 75-year-old male was admitted due to hemorrhagic stroke. Past medical history included a cutaneous melanoma treated 12 years before, which was in remission. During hospitalization, he developed gastrointestinal bleeding manifested with hematemesis and hypotension. The upper endoscopy showed a sessile polypoid

lesion with central ulceration and active bleeding, in the third portion of the duodenum (Figs. 1 and 2). Biopsies were performed and histopathology revealed a poorly differentiated neoplasm positive for S100, SOX-10 and melan-A, suggestive of metastatic melanoma (Fig. 3). Multiple lung, liver and ileum metastasis were also detected by computed tomography. The patient developed bowel obstruction due to ileal intussusception and died a few days after diagnosis.

Discussion

Malignant melanoma is the most common cause of mortality due to skin cancer with increasing incidence (1). Primary tumors commonly occur in the skin, nevertheless they may also develop from other tissues containing melanocytes, such as the gastrointestinal tract (2). Melanoma gastrointestinal metastases are rare and represent a late stage of malignant disease with the jejunum and ileum being the most common locations, followed by stomach, colon and duodenum (3). However, distinguishing between primary or metastatic origin is challenging, and there are cases of intestinal melanoma diagnosed decades after the primary cutaneous tumor (4). More than 90 % of cases are identified *post mortem*, as symptoms are non-specific and related with complications, such as hemorrhage, obstruction and perforation, which tends to indicate progression towards advanced disease (5). The authors highlight metastatic melanoma as an uncommon cause of upper gastrointestinal bleeding.

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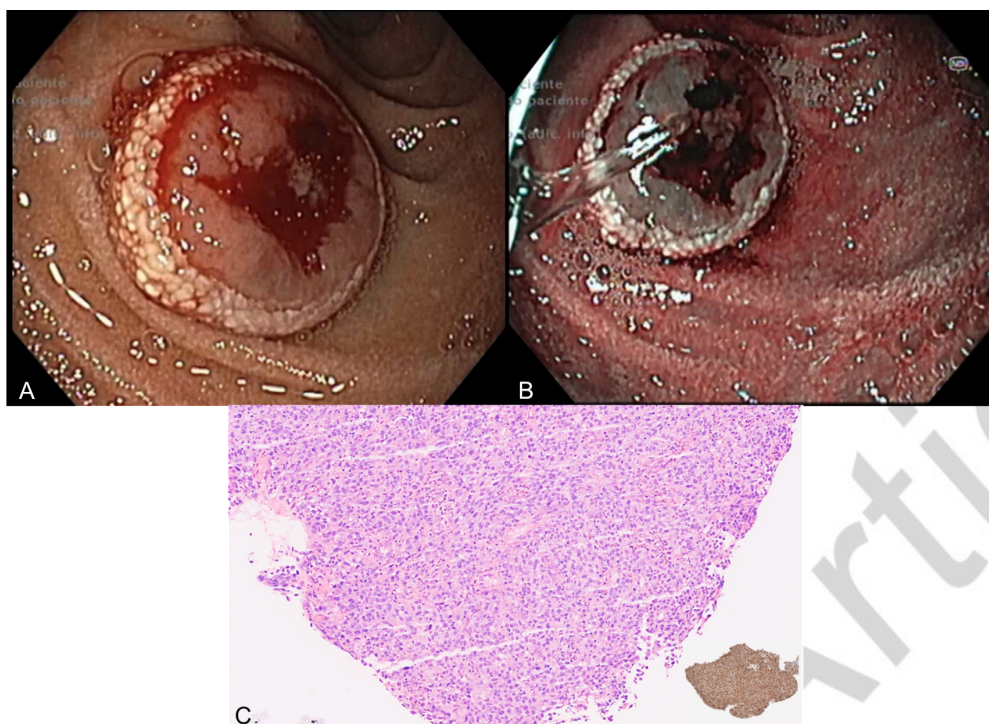


Fig. 1. A and B. Sessile polypoid lesion with central ulceration in the third portion of the duodenum under white light (A) and narrow band imaging (B). C. Histology section shows a poorly differentiated neoplasm positive for S100, SOX-10 and melan-A.