Metastatic Malignant Melanoma of the Gastric Mucosa

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Key words: malignant melanoma, metastasis, gastric, stomach

(Inter Med 49: 1243-1244, 2010)
(DOI: 10.2169/internalmedicine.49.3637)

We report a 53-year-old Japanese man with a massive primary melanoma of gingiva, stage IV, T4bN1M1(lung). Screening endoscopy demonstrated a well-demarcated, dark-brownish lesion at the upper body of the gastric mucosa, 4 mm in size (Picture 1A). By narrow band imaging, a fine papillary structure was recognized at the surface (Picture 1B) and a faint depression was enhanced by indigocarmine (Picture 1C). Tissue of forceps biopsy demonstrated brown pigment-laden cells infiltrating the gastric mucosa without surrounding melanosis; he was diagnosed as metastatic malignant melanoma (Picture 2A), which was histologically similar to the origin. On immunostaining, tumor cells were positive for HMB45 (Picture 2B), Melan A (Picture 2C), and S100 (Picture 2D). This patient was treated by systemic chemotherapy using a combination of dacarbazine, nimustine hydrochloride and cisplatin, and the lesion was minimized after one course (Picture 1D).

Metastatic melanoma is often associated with spread to the GI organs (43.5%) (1), and it is difficult to distinguish from primary GI melanoma (1). Primary GI mucosal melanoma is biologically aggressive and rarely diagnosed at the early stage, however it is diagnosable if histologically ac-
accompanied with melanosis or a precursor lesion (1). Metastatic GI melanoma usually forms an ulcerative-polypoid lesion (1) and rarely, a small mucosal lesion (2).

This case report was ethically approved by the Institutional Review Board of Shizuoka Cancer Center (code no.: 21-J102-21-1-3)

References