

Clinical Image

Open Access, Volume 5

A typical gastrointestinal metastasis of melanoma**Patrícia Moreira***; André Santos; Mafalda Vasconcelos; João Espírito Santo

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Received: Nov 01, 2024

Accepted: Nov 18, 2024

Published: Nov 25, 2024

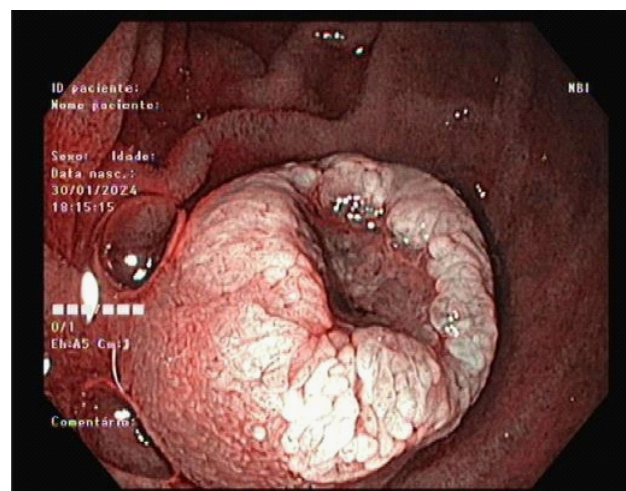
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DOI: www.doi.org/10.52768/2766-7820/3356

Keywords: Metastatic; Melanoma; Anemia.**Description**

A 74-year-old woman with a history of Charcot-Marie-Tooth type 1 neuropathy and malignant melanoma (TxN3bM0), diagnosed in 2023 and previously treated with pembrolizumab, presented to the emergency department with acute-on-chronic anemia (2 g/dL hemoglobin drop), heart failure, abdominal pain, hypotension, and melena. Endoscopic evaluation identified a highly infiltrative lesion at the junction of the duodenal bulb and second portion (D2) with a distinct “volcano-like” morphology. Histopathological examination confirmed the lesion as metastatic melanoma. Hemostatic radiotherapy was initiated, resulting in initial clinical improvement. However, the patient later became hemodynamically unstable, likely due to septic shock, and unfortunately passed away. Metastasis of melanoma to the gastrointestinal tract is well-documented but often underrecognized in clinical settings, as it typically remains asymptomatic until reaching advanced stages. Post-mortem studies reveal that 50-60% of patients with advanced melanoma show gastrointestinal involvement, though symptoms rarely present during life. This rarity in clinical presentation underscores the relevance of sharing these imaging findings [1].

**Figure 1:** Volcano-like lesion in D2.

Citation: Moreira P, Santos A, Vasconcelos M, Santo JE. Atypical gastrointestinal metastasis of melanoma. J Clin Images Med Case Rep. 2024; 5(11): 3356.

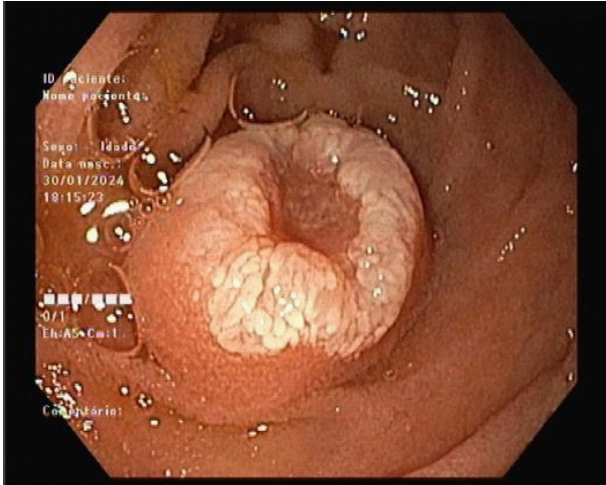


Figure 2: Volcano-like lesion in D2.

References

1. Kuykendall A, et al. Metastatic Patterns of Melanoma in the Era of Immune Checkpoint Inhibitors. Cancer Medicine. 2020; 9(14): 4662-4670.