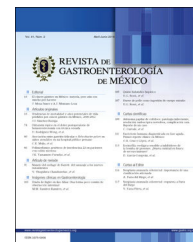




REVISTA DE GASTROENTEROLOGÍA DE MÉXICO

www.elsevier.es/rgmx



CLINICAL IMAGE IN GASTROENTEROLOGY

Anemia and abdominal pain: late manifestation of a cutaneous melanoma[☆]



Anemia y dolor abdominal: manifestación tardía de un melanoma cutáneo

A.J. Ruiz-Rodríguez*, A. García-Robles, A. Martín-Lagos Maldonado

Servicio de Aparato Digestivo, Hospital Universitario Clínico San Cecilio, Granada, Spain

A 49-year-old man had a stage IIA nodular melanoma removed from his left arm 2 years earlier. He sought medical attention for epigastric abdominal pain of 2-week progression, nocturnal fever, and constitutional symptoms. Laboratory test results showed microcytic anemia: hemoglobin 8.9 g/dl, mean corpuscular volume 73.7 fl, and elevated C-reactive protein 220 mg/l. Abdominal computed tomography (CT) scan revealed intestinal aneurysmal dilation, together with multiple mesenteric regional adenopathies (Figs. 1 and 2). Given those findings, double-balloon enteroscopy was performed that identified an ulcerated and friable mass, hard upon biopsy sampling, in the first part of the jejunum (Fig. 3). Intestinal primary lymphoma, gastrointestinal stromal tumor (GIST), leiomyosarcoma, and adenocarcinoma were included in the differential diagnosis. The histopathologic study reported metastatic melanoma to the intestine (Figs. 4 and 5). Intestinal resection of the affected segment was carried out, followed by immunotherapy with nivolumab. The majority of intestinal melanomas are metastases from a primary cutaneous melanoma and have a better prognosis. In the

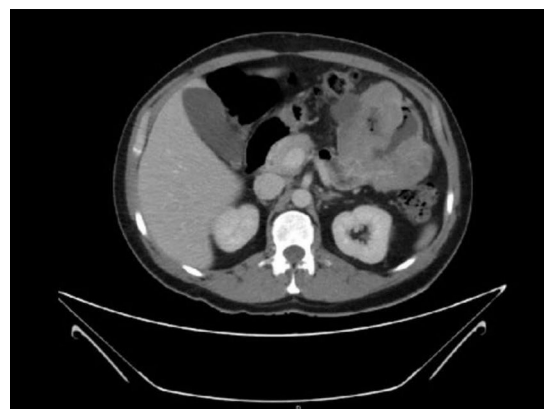


Figure 1 Axial view of the abdominal CT scan showing the mamelonated mass that encompasses several intestinal segments in the left hypochondrium.

present case, the medical history, endoscopic findings, and histopathologic analysis clarified the definitive diagnosis.

Ethical considerations

The authors declare that no experiments were conducted on humans or animals for the present study, that they have followed the protocols of their work center on the publication of patient data, and that they have preserved patient anonymity at all times. Informed consent was not required

[☆] Please cite this article as: Ruiz-Rodríguez AJ, García-Robles A, Martín-Lagos Maldonado A. Anemia y dolor abdominal: manifestación tardía de un melanoma cutáneo. *Revista de Gastroenterología de México*. 2020;85:472–474.

* Corresponding author at: Hospital Universitario Clínico San Cecilio, Avenida del Conocimiento, s/n., 18016, Granada, Spain. Tel.: + 34-958023000.

E-mail address: antjosruirod@outlook.es (A.J. Ruiz-Rodríguez).



Figure 2 Coronal view of the abdominal CT scan showing the mamelonated mass in the left hypochondrium.

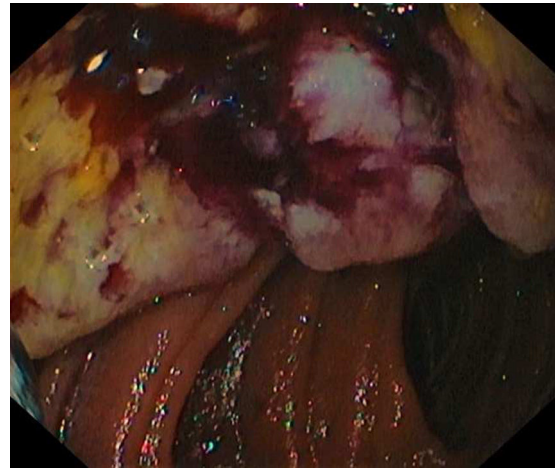


Figure 3 Endoscopic view of the tumor through the enteroscope, showing the intestinal lumen with a darkened, ulcerated, friable mass in the upper zone.

for the publication of the present case because the article contains no personal data that could identify the patient.

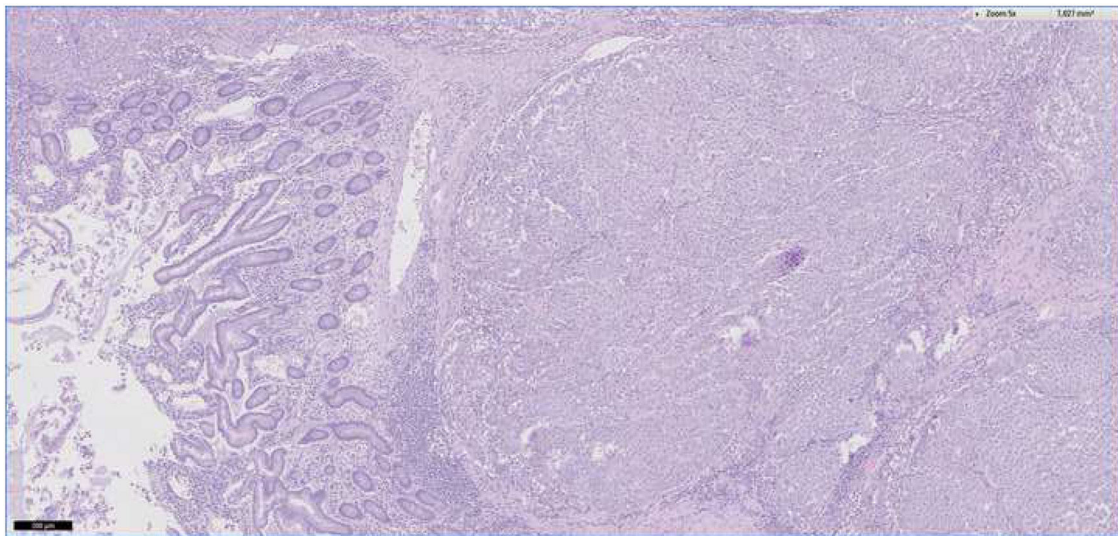


Figure 4 Image of the jejunal sample magnified 5 times. Normal intestinal epithelium can be seen to the left, and submucosa with infiltration of atypical pigmented cells to the center right. Stain: hematoxylin and eosin.

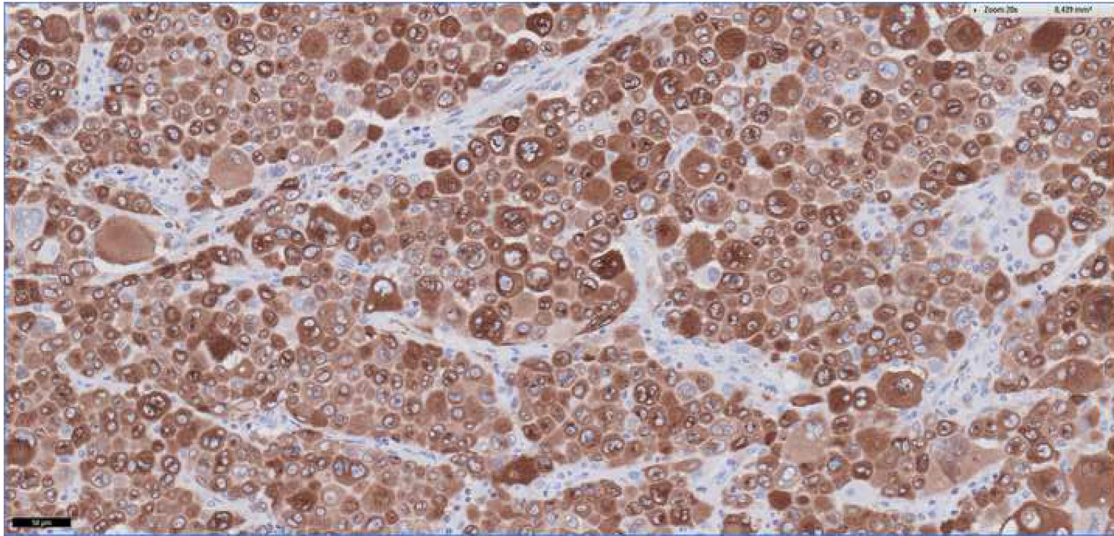


Figure 5 Image of the jejunal sample magnified 20 times. Melanocytes diffusely infiltrating the tissue (brown color). Stain: MelanA.

Financial disclosure

No specific grants were received from public sector agencies, the business sector, or non-profit organizations in relation to this article.

Conflict of interest

The authors declare that there is no conflict of interest.