

Gastric metastasis of acrolentiginous melanoma

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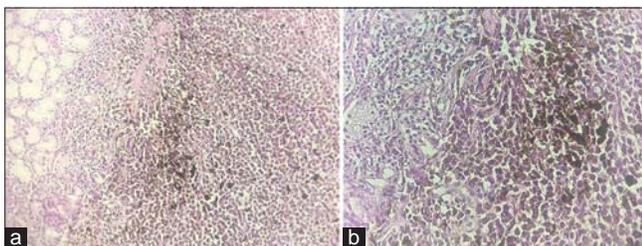
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The stomach is a rare site of melanoma metastasis [1]. We report a case of a 63-year-old patient with a history of acrolentiginous plantar left melanoma with surgical, and lymphatic node excision 5-years ago who presented to the hospital complaining of intermittent epigastralgia and a transit-metastasis. A body scanner was performed and showed two hepatic nodules with antro-fundic thickening. An esophago-gastro-

duodenoscopy showed a 6-centimeter pigmented crater involving the lesser curvature with raised and irregular borders (Fig. 1). Pathology revealed that the stomach was infiltrated by a population of atypical pigmented tumor cells (Figs. 2a and 2b). The cells expressed the melanoma marker HMB-45 and melan-A on immunohistochemical stains confirming the diagnosis of gastric metastasis of melanoma. Serum LDH level was elevated. The patient's case was discussed in a multidisciplinary consultation meeting and palliative dacarbazine-type chemotherapy was adopted for this patient.



Figure 1: Endoscopic image of pigmented crater involving the lesser curvature.



Figures 2: (a and b) H&E stained slide at 100x and 200x magnification demonstrating pigment deposition can be seen within the cells of the malignant melanoma.

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

REFERENCE

1. Liang KV, Sanderson SO, Nowakowski GS, Arora AS. Metastatic malignant melanoma of the gastrointestinal tract. *Mayo Clinic Proceedings*. 2006;81:511–16.

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