

Melanoma Metastatic to the Jejunum Diagnosed by Double-Balloon Enteroscopy

Derrick Siao, MD¹, Matthew Chang, MD¹, Prince George, CST¹, and Gayatri Bharadhwaj, MD¹

¹Department of Gastroenterology, Kaiser Permanente Santa Clara Medical Center, Santa Clara, CA

CASE REPORT

A 63-year-old man presented with a left cheek melanoma for which he underwent wide local excision (Stage IIIC). Follow-up positron emission tomography 1 year later demonstrated increased ¹⁸F-fluorodeoxyglucose uptake in the right upper lobe concerning for metastasis. Computed tomography-guided needle biopsy demonstrated metastatic malignant melanoma. He underwent stereotactic body radiation therapy. Follow-up positron emission tomography 1 year later did not show any evidence of recurrent disease. However, follow-up positron emission tomography 6 months later demonstrated new intense hypermetabolism within a ventral abdominal loop of the small bowel (Figure 1). Double-balloon enteroscopy was then performed. This revealed a nearly circumferential, ulcerated mass in the distal jejunum (Figure 2). Biopsies showed nests of malignant melanocytes confirming the diagnosis of metastatic melanoma (Figure 3). The patient was referred for surgical metastasectomy, which can confer a survival benefit compared with nonsurgical management in patients with abdominal metastases.¹ Although gastrointestinal metastases are common, only 1.5%–4.4% of metastases are detected before death.² The patient underwent exploratory laparotomy and small bowel resection. The pathology showed metastatic melanoma with negative margins and uninvolved lymph nodes. Postoperatively, he was started on an immune checkpoint inhibitor.



Figure 1. Positron emission tomography computed tomography of the body showing new intense hypermetabolism within a ventral abdominal loop of the small bowel.

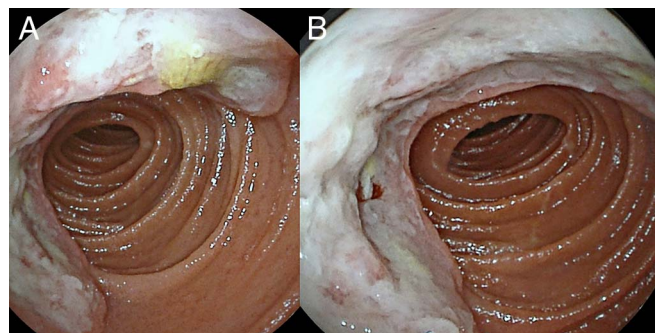


Figure 2. Colonoscopy showing malignant ulcer in the jejunum. Panels A and B are representative endoscopic images of the malignancy.

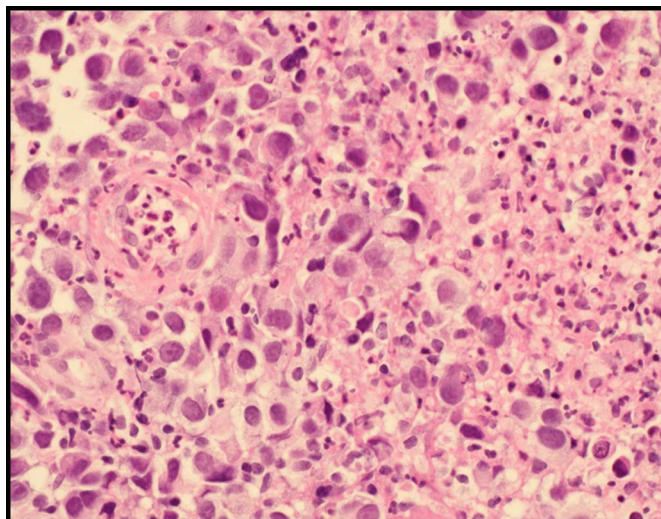


Figure 3. Biopsy showing nests of malignant melanocytes.

DISCLOSURES

Author contributions: D. Siao, M. Chang, and G. Bharadhwaj drafted the manuscript. P. George provided the technical and material support. D. Siao is the article guarantor.

Financial disclosure: None to report.

Informed consent was obtained for this case report.

Received December 12, 2018; Accepted February 28, 2019

REFERENCES

1. Gutman H, Hess KR, Kokotsakis JA, Ross MI, Guinee VF, Balch CM. Surgery for abdominal metastases of cutaneous melanoma. *World J Surg.* 2001;25(6):750–8.
2. Lens M, Bataille V, Krivokapic Z. Melanoma of the small intestine. *Lancet Oncol.* 2009;10(5):516–21.

Copyright: © 2019 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of The American College of Gastroenterology. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.