

CLINICAL IMAGE

Primary malignant melanoma of the esophagus

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Abstract

We report a case of primary malignant melanoma of the esophagus.

KEYWORDS

esophagus, melanoma

A 70-year-old female patient was admitted to our hospital with a history of dysphagia for solids and weight loss. An endoscopy was performed and revealed an ulcerated mass involving the lower third of esophagus (Figure 1). Histology revealed a diffuse proliferation of atypical epithelioid amelanotic cells with irregular nuclear borders and sometimes prominent nucleoli associated with tumor necrosis. Immunohistochemical findings included positive Melan-A, SOX-10, HMB-45, focally positive S-100 and negative CK20, CK7, Synaptophysin, TTF-1, LCA, and CD-117 (Figure 2). Positron emission tomography-CT (PET-CT) showed an increased uptake of fluorodeoxyglucose in the lower part of esophagus (Figure 3). After a thorough search for a primary tumor from skin, ocular and mucosal sites a diagnosis of primary malignant melanoma of esophagus (PMME) was made. A subtotal esophagectomy was done, the patient had a good clinical outcome and was discharged 10 days after surgery.

Primary melanoma of the gastrointestinal tract is exceedingly rare; Primary malignant melanoma of the esophagus (PMME) accounts for 0.1%–0.2% of all primary neoplasms of the esophagus.¹ Most commonly, it affects patients between the sixth and seventh decade of life,

and there is a male predominance.² The most common symptoms are dysphagia, chest pain, and weight loss. On endoscopy, these tumors usually appear as lobulated and darkly colored masses with intact mucosa or occasional ulceration. They are occasionally misdiagnosed as poorly differentiated carcinoma. The radiological differential diagnosis of primary esophageal melanoma includes spindle cell carcinoma, leiomyosarcoma, esophageal lymphoma,



FIGURE 1 Ulcerated mass involving the lower third of esophagus

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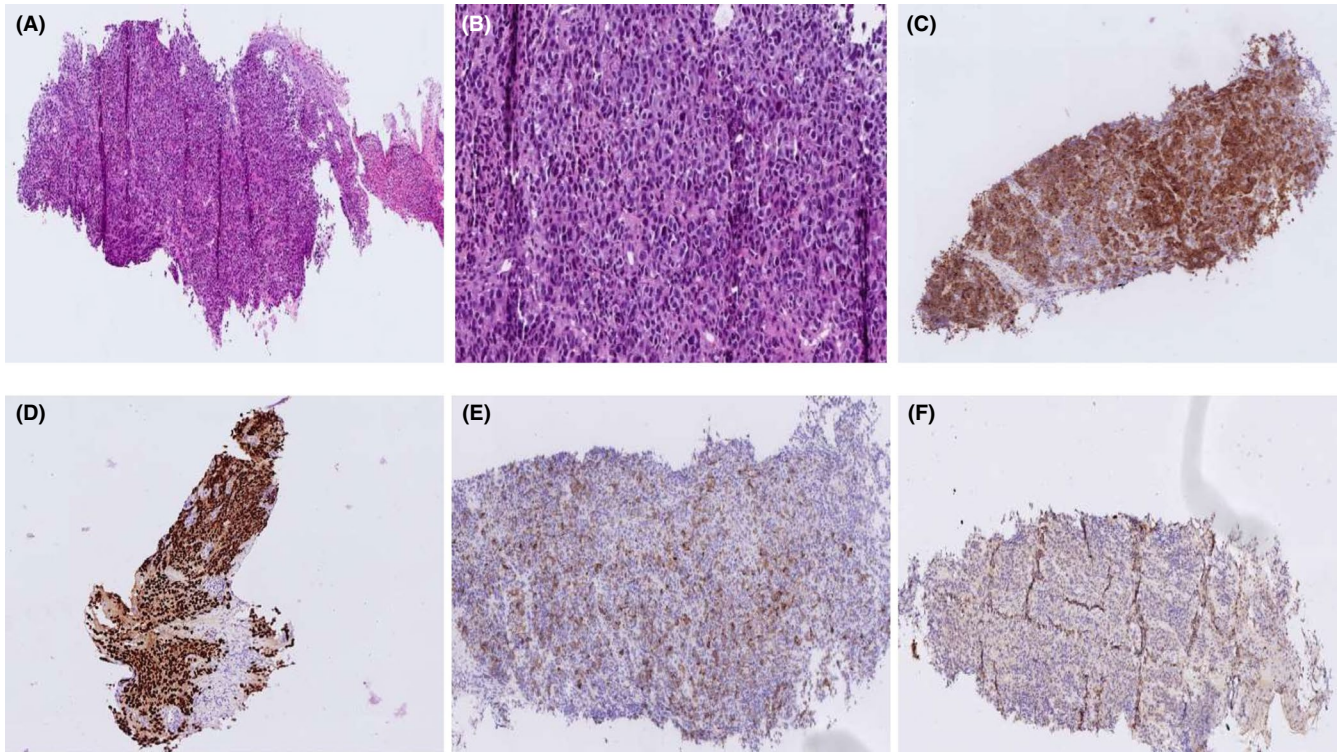


FIGURE 2 Histology examination (H&E) high-power magnified image $\times 20$ (A) and $\times 40$ (B) of the tumor. Immunohistochemical findings include positive Melan-A (C), SOX-10 (D), HMB-45 (E) and focally positive S-100 (F)

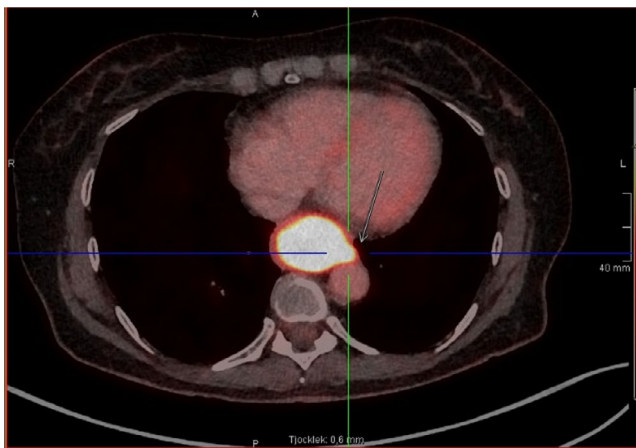


FIGURE 3 PET-CT with an increased uptake of fluorodeoxyglucose in the lower part of esophagus

and Kaposi's sarcoma.³ PMME is usually fatal with a mean survival time of 13.4 months.⁴

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None.

CONFLICT OF INTEREST

None declared.

AUTHOR CONTRIBUTIONS

DK, SV, SI, GT, and TF contributed to the writing and approval of the final manuscript.

ETHICAL APPROVAL

Written informed consent was obtained from the patient. This case report did not receive any funding. The authors have access to all source data for this case report.

CONSENT

Informed consent has been obtained from the patient for the publication of this clinical image.

DATA AVAILABILITY STATEMENT

Data supporting the findings of this study are available from the corresponding author on request.

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