SCIENTIFIC LETTERS

Abdominal metastatic melanoma invading the transverse colon and stomach

Keywords: Melanoma. Abdominal metastases. Immunotherapy. Cytoreductive surgery.

Dear Editor,

Gastrointestinal melanoma metastases are not uncommon, with the jejunum and ileum being the most common locations (58 %), followed by the stomach (26 %), colon (22 %), duodenum (12 %), and rectum (5 %) (1,2).

We report the case of a single abdominal tumor recurrence from an epithelioid melanoma, located at the transverse colon, invading the posterior gastric wall, with a good response to immunological treatment.

The patient was a 38-year-old male with a history of cutaneous melanoma on the right shoulder, who underwent surgery in 2014. The patient presented with upper left quadrant pain and palpation revealed an abdominal mass. A gastroscopy (3) was performed, which showed extrinsic compression on the greater gastric curvature. Biopsies were taken and an epithelioid melanoma relapse was diagnosed. Computed tomography (CT) and positron emission tomography (PET-CT) showed a 15 x 9 x 14 cm heterogeneous, polylobulated, intraperitoneal mass located in the left upper abdomen (Fig. 1A). Neoadjuvant treatment with dabrafenib and trametinib was initiated due to the presence of a BRAF mutation. A control CT showed a significant response, hence a surgical intervention was indicated (Fig. 1B).

An en-bloc resection was performed that conserved the left colic and ileocolic arteries. A tubular gastrectomy of the greater curvature, and a radical transverse colectomy that extended to both the hepatic and splenic flexures were performed (Fig. 1C and 1D). A complete mobilization of the remanent colon was performed, and an anastomosis was made from ascending to descending colon, leaving the latter below the spleen. As the mass occupied both quadrants, a peritoneal carcinomatosis index (PCI) of 6 was recorded, and complete cytoreduction was achieved. The patient was discharged on the ninth day without any complications.

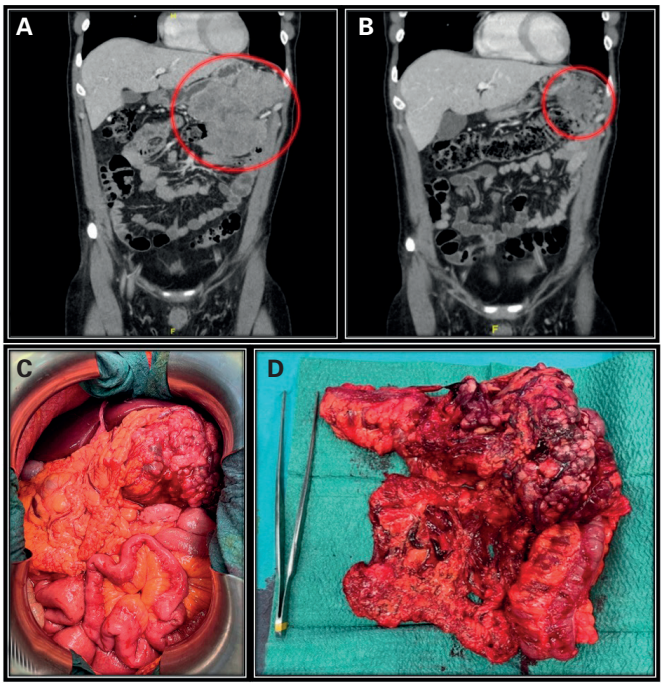

Fig. 1. *A. Heterogeneous, polylobulated, intraperitoneal mass measuring 15 x 9 x 14 cm in the left upper abdomen. It contacts widely, and there is no fat plane of separation, with the greater gastric curvature, splenic flexure and transverse colon, parietal peritoneum, and some small-bowel loops, and focal infiltration of any of these structures cannot be ruled out. No extension to the thorax or skull may be seen. B. CT scan after neoadjuvant treatment showing a significant response of the mass (now 9 x 6 x 6 cm). C. Supra-infraumbilical laparotomy revealing a cerebroid mass with huge collateral vascularization. D. Surgical specimen including transverse colon, descending colon, middle colic vessels, and affected stomach (anterior).*

A better overall survival has been achieved when combining surgical and medical approaches for abdominal melanoma metastases, as long as the following requirements are met (2,4,5):

- Resected/resectable primary tumor.
- Optimal patient condition to withstand surgery.
- Solitary and resectable metastases.

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Given that intra-abdominal melanoma metastases are exceptional, the therapeutic strategy must be individualized by a multidisciplinary team in an oncological committee.

Informed consent: the patient gave his informed consent for the publication of this case.

Conflicts of interest: the authors declare none.

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