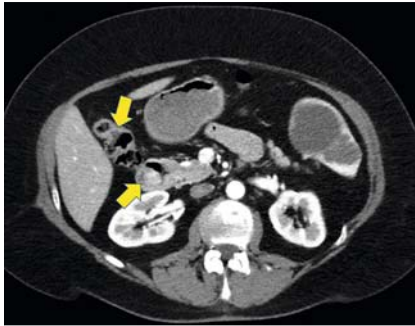
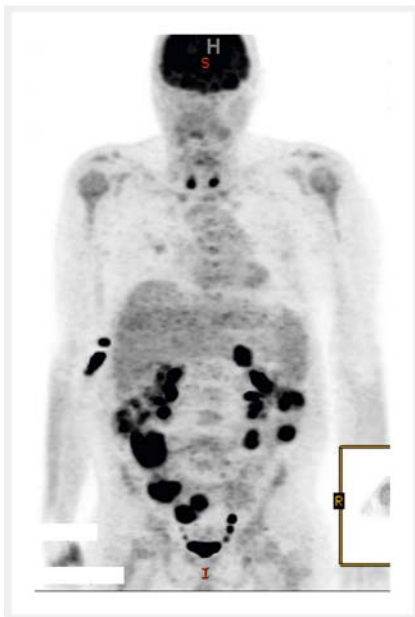


Small bowel melanoma: a double balloon enteroscopy case series

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► **Fig. 1** Abdominal computed tomography (CT) scan with contrast showing multiple enhancing polypoid lesions in the small bowel.

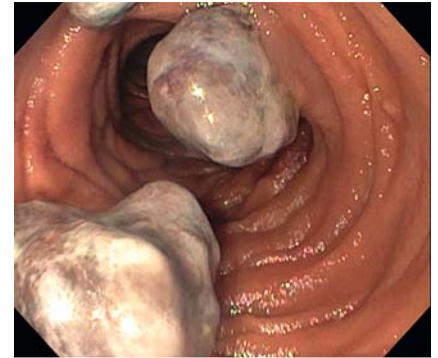


► **Fig. 2** Positron emission tomography (PET) scan showing increased hypermetabolic uptake in small bowel lesions.

Melanoma can infiltrate the small bowel, usually as metastatic lesions but also rarely as primary neoplasms [1]. These lesions can be discovered on imaging and incidentally during surgery and are typically detected in later stages of progression. Primary treatment is dictated by the underlying disease burden with early surgery often warranted in situations of early diagnosis, and multimodal treatment regimens with systematic regimens or radiation therapy sometimes applied in more advanced disease [2, 3]. We report a video case series of three patients who underwent double balloon enteroscopy for diagnosis of suspicious small bowel lesions.

Three patients between the ages of 55 and 81 with a history of melanoma skin lesions presented with anemia and abdominal discomfort. One patient also had reported melena. Abdominal computed tomography (CT) scan with contrast revealed multiple enhancing polypoid small bowel lesions (► **Fig. 1**), and a positron emission tomography (PET) scan showed increased hypermetabolic uptake in these lesions (► **Fig. 2**). Upper endoscopy of the esophagus, stomach, and duodenum was unrevealing. Anterograde double balloon enteroscopy revealed multiple pedunculated and sessile masses having a black color from the proximal to distal jejunum (► **Fig. 3**). Some lesions were ulcerated with evidence of recent bleeding (► **Fig. 4**). Biopsy revealed multiple neoplastic tumor cells with positive staining for markers S100, SOX-10, and Melan-A/MART-1 (► **Fig. 5**) consistent with the diagnosis of melanoma (► **Video 1**). All patients were referred to medical oncology. One patient passed away 2 months following the diagnosis after receiving systemic and radiation therapy. The remaining two patients were referred to outside institutions for oncologic care.

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► **Fig. 3** Endoscopic view of pedunculated and sessile melanoma lesions in the jejunum.



► **Fig. 4** Ulcerated melanoma lesions in the small bowel.

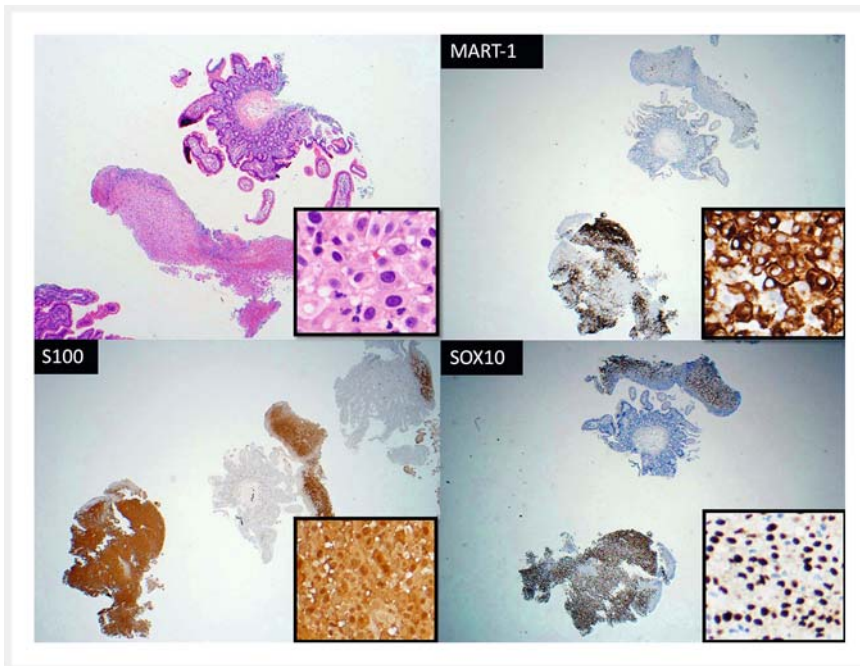
Competing Interest

The authors declare that they have no conflict of interest.

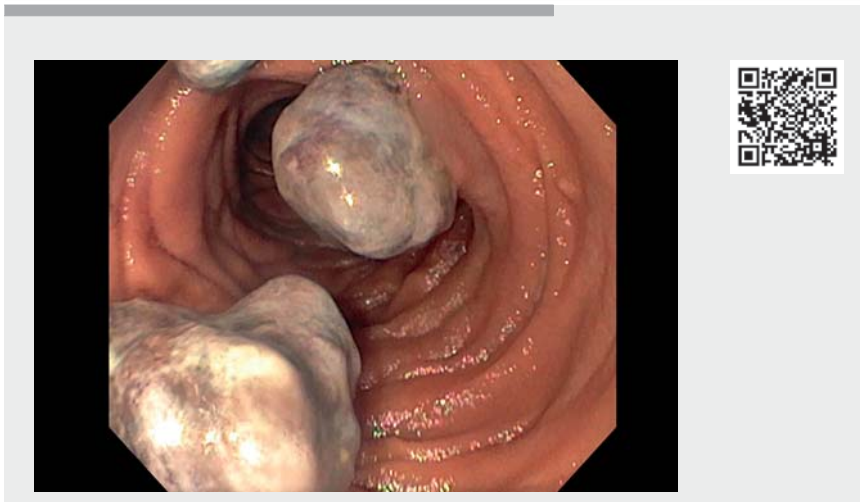
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► **Fig. 5** Pathology slides revealing multiple neoplastic tumor cells with positive staining for markers S100, SOX-10, and Melan-A/MART-1 consistent with the diagnosis of melanoma.



► **Video 1** Double balloon enteroscopy of small bowel melanoma.

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