# Multiple ulcerated submucosal masses in the gastrointestinal tract: a rare presentation of metastatic cutaneous malignant melanoma

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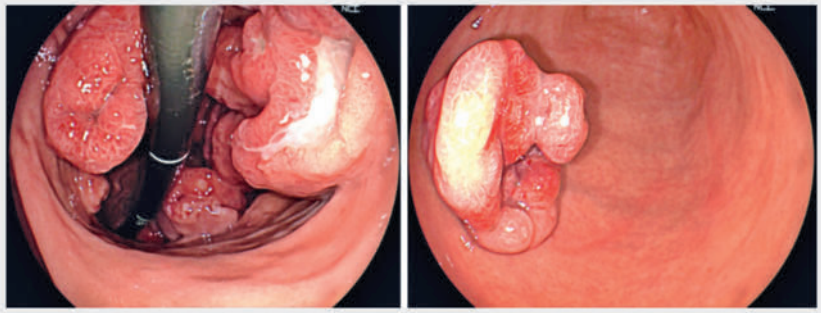
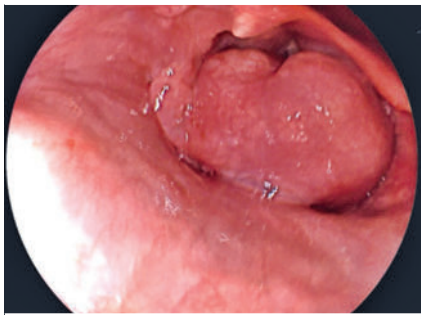
Malignant melanoma is the most common metastatic tumor of the gastrointestinal (GI) tract [1]; it is rarely a primary tumor in the GI tract. Malignant melanoma is more frequently identified in the anus and rectum (31 % and 22 %, respectively), but it can also be found in the esophagus (6 %), stomach (3 %), small intestine (2 %), and large intestine (1 %), as well as in the oronasopharynx (35 %) [2].

We report the case of a 71-year-old woman with a history of nodular malignant melanoma of the right leg, which had been surgically resected 3 years previously. She presented to us with an episode of upper GI bleeding, with melena and hematemesis. Laboratory tests showed a hemoglobin of 6.6 g/dL with a mean cell volume (MCV) of 75 fL, and an albumin of 3.2 mg/dL; liver function tests and coagulation tests were normal. An upper GI endoscopy was performed, and multiple gastric ulcerated submucosal masses were found (▶ **Fig. 1**), in addition to other nodular lesions on the posterior aspect of the duodenal bulb and in the esophageal introitus (▶ **Fig. 2**). We decided to perform endoscopic mucosal resection (EMR) of one of the gastric masses (▶ **Fig. 3**; ▶ **Video 1**). A lesion with similar features was later found at the ileocecal valve during a colonoscopy (▶ **Fig. 4**). Histology showed that all of the lesions were malignant epithelioid neoplasms with atypia; immunohistochemical analyses showed positivity for S100(+) and Melan A(+), which is compatible with metastatic malignant melanoma (▶ **Fig. 5**)

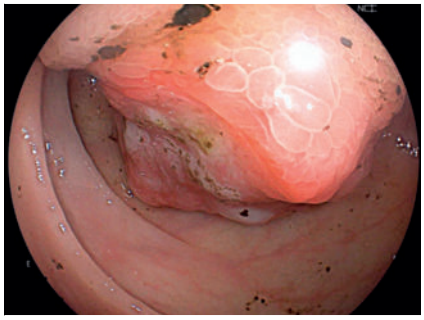
Nowadays, it is essential to consider that malignant melanoma is the most common metastatic tumor of the GI tract. Endoscopically, melanoma metastases to the stomach are classified into three types: ulcerated melanotic nodules on normal rugae; ulcerated submucosal masses; and pigmented mass lesions with necrosis [1, 3, 4]. In this case, the lesions found corresponded with the



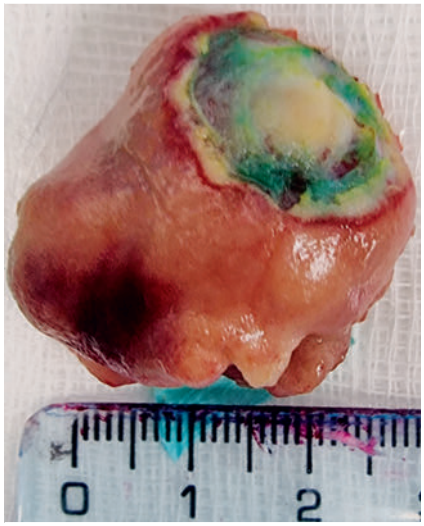
▶ **Fig. 1** Endoscopic images showing multiple gastric ulcerated submucosal masses.



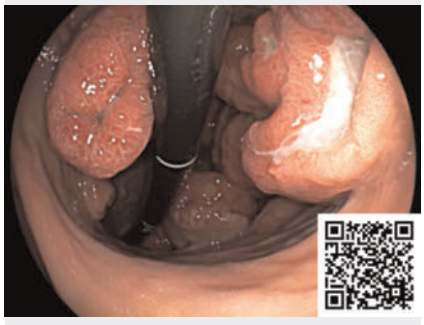
▶ **Fig. 2** Endoscopic image showing a nodular lesion at the esophageal introitus.



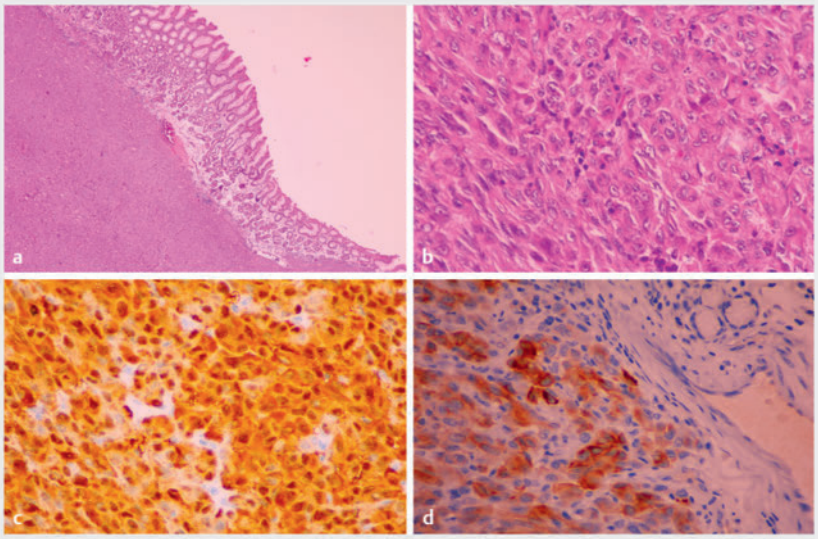
▶ **Fig. 4** Colonoscopic image showing a lesion with similar features at the ileocecal valve.




▶ **Fig. 3** Macroscopic appearance of the gastric nodular mass excised by endoscopic mucosal resection.



▶ **Video 1** Upper gastrointestinal endoscopy is performed showing multiple gastric ulcerated submucosal masses, one of which is excised by endoscopic mucosal resection.




▶ **Fig. 5** Microscopic appearance of one of the gastric submucosal neoplasms: **a, b** stained with hematoxylin and eosin (H&E) showing: **a** neoplasia involving the gastric submucosa (magnification × 100); **b** tumor cells with extensive eosinophilic cytoplasm, vesicular nucleus, and prominent nucleolus (× 400); **c, d** on immunohistochemical analysis showing positivity of the tumor cells for: **c** S100; **d** Melan A.

second type. In conclusion, this case demonstrates a rare presentation of metastatic melanoma, because it was affecting the entire GI tract. It is essential to consider these types of lesions as part of the spectrum of malignant melanoma. They are sometimes asymptomatic but unfortunately the prognosis is quite gloomy if they are found.

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## Conflict of Interest

The authors declare that they have no conflict of interest.

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## Bibliography

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