

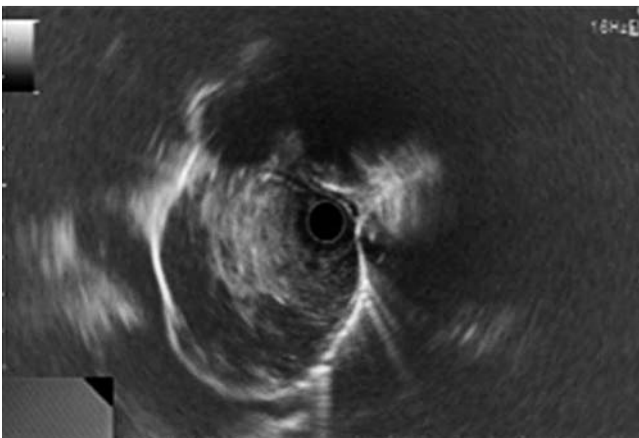
## Primary malignant melanoma involving the whole esophagus: a rare case with rarer presentation



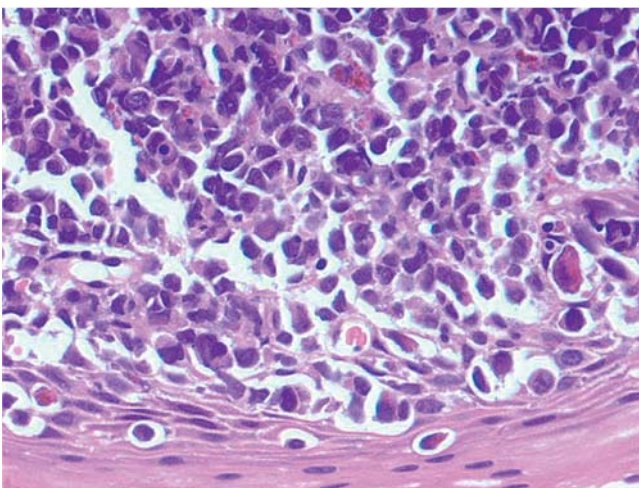
**Fig. 1** Endoscopy image showing growth with irregular projections, black hue and luminal narrowing in a 50-year-old man with a 2-month history of dysphagia and weight loss.



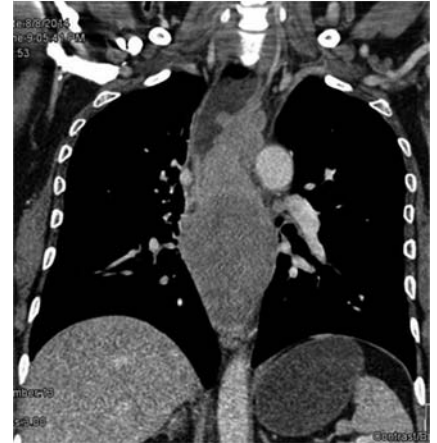
**Fig. 2** Endoscopy image showing subepithelial growth with blue-black hue.



**Fig. 3** Endoscopic ultrasound image showing a solid lesion with intraluminal and extraluminal growth.



**Fig. 5** Biopsies (H&E stain, magnification: x40) image showing malignant cells arranged in sheets.



**Fig. 4** Computed tomography (CT) image showing the extent of the tumor along the whole length of the esophagus with loss of planes to the posterior trachea and aorta.

A 50-year-old man presented with a 2-month history of dysphagia and weight loss. A gastroscopy was done and showed an irregular submucosal bulge with a blue-black hue along the whole length of the esophagus (● Fig. 1 and ● Fig. 2). An

endoscopic ultrasound was performed to look for vascularity, and showed a solid lesion with intraluminal and extraluminal growth limited to the serosa (● Fig. 3). A computed tomography (CT) chest scan was done and this showed a solid lesion

involving the whole length of the esophagus, loss of planes to the posterior trachea and aorta, and multiple bony lesions (● Fig. 4). Endoscopic biopsies showed malignant cells arranged in sheets with moderate cytoplasm and moderately pleomorphic nuclei (● Fig. 5), and a coarse brown granular pigment with Masson-Fontana stain. Immunohistochemistry results were as follows: CK negative, HMB-45, S-100, and Vimentin positive, suggestive of malignant melanoma. Primary malignant melanoma of the esophagus arises from melanin cells of the mucosal epithelial basal layer. It is a rare disease with extremely poor prognosis owing to its high metastatic potential. It represents 0.1% to 0.2% of all esophageal malignant tumors and generally presents with dysphagia (80% cases), retrosternal or epigastric discomfort or pain [1,2]. The lower third of the esophagus is the most common site followed by the middle and upper esophagus [1]. Our patient had involvement of the whole esophagus which makes it a rarer presentation. Diagnosis can be suspected during endoscopy if the mass has a black or dark brown pigment [2]. Positive immunohistochemistry for S-100, and HMB-45 helps in diagnosis [2]. Surgery is the mainstay of treatment when possible [1, 3].

Endoscopy\_UCTN\_Code\_CCL\_1AB\_2AC\_3AB

**Competing interests:** None

**Narendra Singh Choudhary<sup>1</sup>,  
Rajesh Puri<sup>1</sup>, Ruchika Goel<sup>2</sup>,  
Randhir Sud<sup>1</sup>**

<sup>1</sup> Institute of Digestive and Hepatobiliary Sciences, Medanta, The Medicity, Gurgaon, India

<sup>2</sup> Department of Histopathology, Medanta, The Medicity, Gurgaon, India

## References

- 1 *Sabanathan S, Eng J, Pradhan GN.* Primary malignant melanoma of the esophagus. *Am J Gastroenterol* 1989; 84: 1475–1481
- 2 *Li YH, Li X, Zou XP.* Primary malignant melanoma of the esophagus: a case report. *World J Gastroenterol* 2014; 20: 2731–2734
- 3 *Li B, Lei W, Shao K et al.* Characteristics and prognosis of primary malignant melanoma of the esophagus. *Melanoma Res* 2007; 17: 239–242

## Bibliography

**DOI** <http://dx.doi.org/10.1055/s-0034-1390783>  
*Endoscopy* 2014; 46: E621–E622  
© Georg Thieme Verlag KG  
Stuttgart · New York  
ISSN 0013-726X

## Corresponding author

### **Rajesh Puri**

Institute of Digestive and Hepatobiliary Sciences  
Medanta  
The Medicity  
Sector 38  
Gurgaon  
Haryana 122001  
India  
Fax: +91-124-4834111  
[purirajesh69@gmail.com](mailto:purirajesh69@gmail.com)