

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.

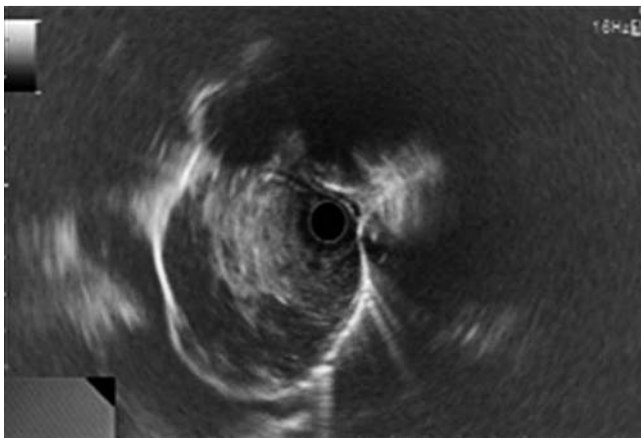


Fig. 3 Endoscopic ultrasound image showing a solid lesion with intraluminal and extraluminal growth.

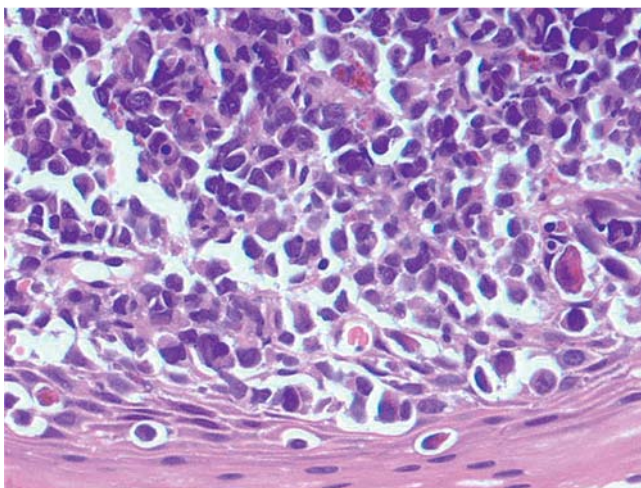


Fig. 5 Biopsies (H&E stain, magnification: ×40) image showing malignant cells arranged in sheets.

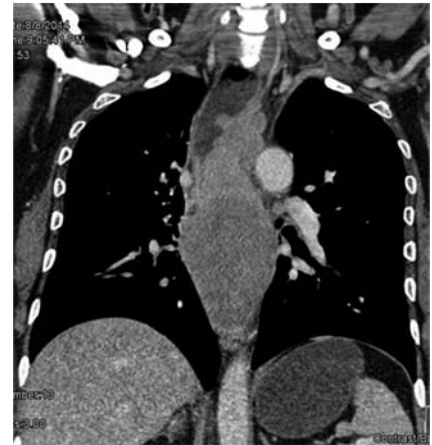


Fig. 4 Computed tomography (CT) image showing the extent of the tumor along the whole length of the esophagus with loss of planes to the posterior trachea and aorta.

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].

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Competing interests: None

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Bibliography

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