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Gastrointestinal metastasis of dormant melanoma: A case of gastric involvement presenting as upper GI bleed

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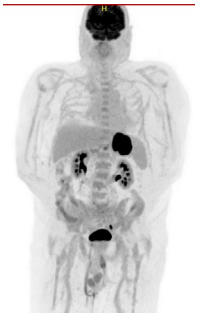
Introduction: Metastatic melanoma is the most likely to metastasis out of all the types of skin cancer. Melanoma is also known to exhibit dormancy, which means that it can remain dormant in tissues distant to the primary and then emerge months or years in the future. Metastatic melanoma can spread to any tissue and in rare cases it can even spread to the gastrointestinal tract. The recent introduction of widespread immunotherapy for treatment of melanoma has likely impacted on the natural history of this unpredictable malignancy.

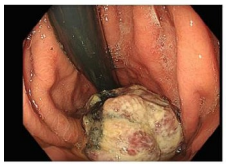
Case report: We present the case of a 75-year male who presented to our hospital with a suspected upper gastrointestinal bleed with melena five times in the last 24 hours and anaemia with a haemoglobin of 59g/L. Prior to this, he had asymptomatic hemoglobulin drop to 70s from 130s, gastroenterology consulted, had 2 units of packed blood cell transfusion. He reported a 6- month history of progressive dysphagia, early satiety, decreased appetite and intermittent melena. His past medical history was notable for a having a stage 4 (oligometastatic to the lung) BRAF- wild type melanoma resected in seven years ago which then subsequently received adjuvant immunotherapy and remained under surveillance with no residual pathological and radiological disease detected at an oncology review three years ago. A PET scan performed two years ago suggested some focal uptake in the stomach however a gastroscopy performed at the time revealed only gastritis.

Once admitted the patient received blood and iron transfusions to treat his anaemia as well as a twice daily IV pantoprazole 80mg. His gastroscopy performed on day 2 of his admission revealed a large ulcerated heterogeneously coloured gastric body mass (see photo 1) which was biopsied and treated with haemospray therapy. The biopsy results confirmed metastatic melanoma, and a subsequent PET scan confirmed the large gastric mass was strongly metabolically active along with evidence of local lymph node involvement. Following the gastroscopy his melena resolved, and he was discharged to follow up in the oncology clinic for consideration of systemic therapy. Unfortunately, he developed another acute upper gastrointestinal bleed four weeks (need to check timing) which required him to under a

laparoscopic partial gastrectomy to remove the melanoma within his stomach. At his latest oncology review he has recommenced on Nivolumab and Relatlimab therapy, received 3 cycles with mild side effects like pruritus and back pain, awaiting 4 th cycle of this treatment and further follow up with repeat PET scan.

Learning points: Patient with a past medical history of melanoma presenting with gastrointestinal bleeding may have a metastatic melanoma as the cause. Investigation with endoscopy, CT scan and PET scan are useful for determining the presence and location of a lesion. Endoscopic interventions are often limited particularly for large melanoma deposits, so surgical resection of bleeding melanomas in the gastrointestinal tract needs to be considered to reduce morbidity and mortality.





Biography

Dr. Anant Kumar is an experienced surgical oncologist with a special interest in gastrointestinal cancers and metastatic melanoma. He is actively involved in clinical research and multidisciplinary cancer care, with a focus on rare cancer presentations and the role of immunotherapy in advanced disease.He has presented several case reports at national and international conferences.Dr. Kumar advocates for early diagnostic evaluation in patients with a history of melanoma presenting with GI symptoms.He remains dedicated to improving patient outcomes through innovative treatment approaches and evidence-based practice.

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