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NEVER COUNT OUT A MELANOMA: A CASE REPORT DETAILING A SMALL BOWEL MASS

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Introduction: The classic presentation of malignant melanoma is usually thought of in terms of starting on the skin with potential to spread via metastasis to various locations throughout the body. Although exceedingly rare, noncutaneous melanomas have been identified in the eye and the mucosa of the nasal cavity, oropharynx, anus, vagina, and urinary tract. We report a possible case of primary melanoma located in the small bowel of a young adult patient.

Case Description: A 22-year-old Hispanic male with no past medical history presented to the hospital with a one-week onset of diffuse abdominal pain. He described his symptoms as colicky, 9 out of 10 in pain severity, non-radiating, worse when bending over, associated with anorexia, nausea, vomiting, and with a 17-pound unintentional weight loss in two-months prior. No changes to bowel movements or urination, chills, night sweats, diarrhea, hematochezia, or melena were reported. He denied prior surgeries, family history of cancer, or recent traveling.

Initial vital signs included a temperature of 99.3° F, heart rate of 113 bpm, and blood pressure of 142/84 mmHg. Physical examination demonstrated a non-distended, non-tender abdomen with no palpable mass and normoactive bowel sounds. Skin and ocular exam were normal. Pertinent laboratory findings included a WBC of 29.6 mg/dL (normal 3-10 mg/dL), and hemoglobin of 9.0 mg/dL.

CT abdomen showed a small bowel mass with a thickened bowel wall measuring 17 x 10 centimeters. Differential diagnosis included infectious, inflammation, lymphoma, sarcoma, gastrointestinal stromal tumor, and adenocarcinoma. HIV and helicobacter pylori were negative and tumor markers within normal limits. The patient underwent complete resection of the mass and segment of bowel. Gross examination revealed two exophytic masses measuring 12.5 x 10.5 x 9.1 cm and 8.2 x 5.5 x 4.5 cm with a histopathological diagnosis of melanoma. Post-operatively, the patient's pain improved, and he was discharged with plans for PET to explore for possible primary tumor or metastasis.

Discussion: To date, there are few cases demonstrating primary melanoma in the gastrointestinal system. Embryologic origins have been proposed and center around neural crest cell migration. Risk factors include advanced age, prior melanoma, and AIDS. Clinically, noncutaneous melanoma are more aggressive than their cutaneous counterparts and carry a worse prognosis. Treatment is curative intent en block resection.

While rare, our findings include no obvious primary cutaneous melanoma. Complete physical examination, including ocular and skin exams, is essential and further testing when no identifiable primary site is found.