

Melanoma extracted from the common bile duct

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A 54-year old woman presented to hospital with two days of epigastric pain, nausea and vomiting. Her history was significant for malignant melanoma of the right leg, diagnosed five years earlier, with subsequent endometrial, breast, lung and cerebral metastases. Liver enzyme levels were elevated (aspartate aminotransferase 230 IU/L, alanine aminotransferase 336 IU/L), with a total bilirubin level of 178 $\mu\text{mol/L}$. Computed tomography scanning demonstrated biliary dilation and a distal common bile duct (CBD) mass.

DIAGNOSIS

Endoscopic retrograde cholangiopancreatography demonstrated an oblong, distal filling defect (Figure 1). Following sphincterotomy and balloon sweep, a soft tissue mass was extracted (Figure 2). This was retrieved with a basket and sent for histological analysis that demonstrated malignant cells consistent with melanoma (Figure 3). The patient's obstructive jaundice resolved but she unfortunately succumbed to her illness three weeks later.

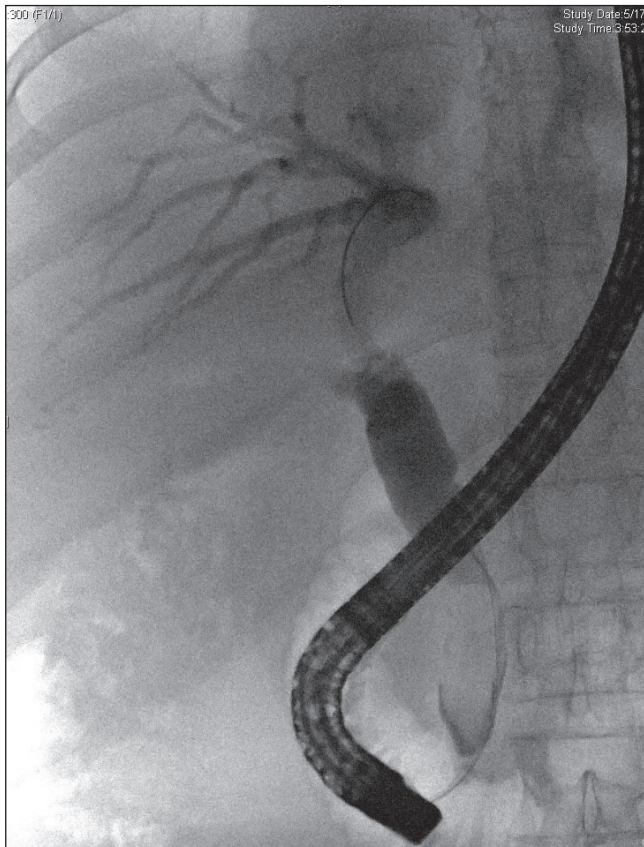


Figure 1) Cholangiogram demonstrating distal filling defect causing biliary obstruction



Figure 2) Gross specimen of mass extracted from the common bile duct

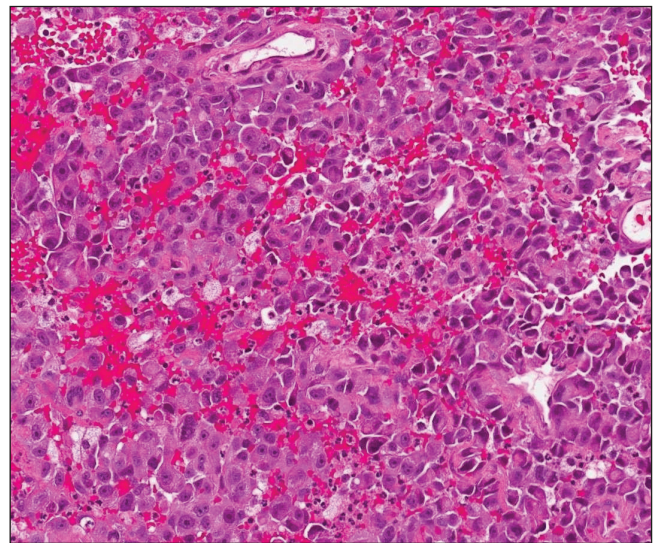


Figure 3) Histology of mass demonstrating malignant cells consistent with metastatic melanoma. Hematoxylin and eosin stain, original magnification $\times 20$

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DISCUSSION

Cases of primary melanoma of the ampulla and CBD have been reported (1), as have cases of metastases to the biliary tree (2,3). The present case is just the second report of metastatic melanoma extracted from the CBD and serves as another example of the unusual behaviour of this particular malignancy (4).

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