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Synchronous adenocarcinomas of the sigmoid colon coexisting with rectal melanoma

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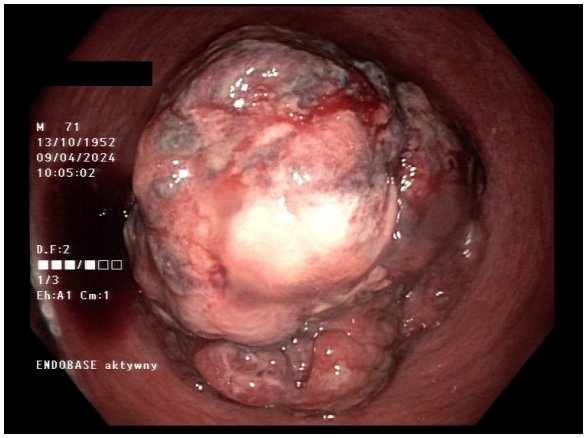

Figure 1. Endoscopic image of an amelanocytic mass observed in the rectum (on biopsy it proved to be primary rectal melanoma)

Melanomas of the gastrointestinal tract (GIT) are usually metastatic, while primary GIT melanoma are rare (0.2–3.0% of all melanomas; 0.1–4.6% of all anorectal malignancies) and associated with poor prognosis [1–3]. Its rarity in the large bowel results from the absence of melanoblasts in this segment of GIT, however a detailed pathogenesis of GIT melanomas remains uncertain [2]. Synchronous multifocal colorectal cancers coexisting with GIT melanoma have been extremely uncommon, with only a few cases described so far [1, 3].

A 71-year-old male patient with a long history of *colitis ulcerosa* treated with sulfasalazin and prednison had numerous polyps and tumors of various sizes, ulcerations and a massive rectal tumor seen on the colonoscopy (Fig. 1). Biopsies revealed typical lesions for *colitis ulcerosa* plus sigmoid invasive adenocarcinoma (rectosigmoid junction tumor), adenocarcinoma in polyp located in sigmoid and — additionally — melanoma (rectal large mass). A massive systematic spread to the liver was seen on staging. Due to symptoms of chronic bleeding from a rectal tumor, the patient underwent a total proctocolectomy; on pathology there were coexisting adenocarcinoma G2 (R0 resection) and melanoma in the rectum. The adenocarcinoma in the polyp was radically removed during endoscopy.

Rapid progression was seen postoperatively, and apart from best supportive care no other disease-oriented therapy was instituted. The patient died from rapid disease progression in the early postoperative period.

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