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Melanoma metastases to the intestines – presentation and management

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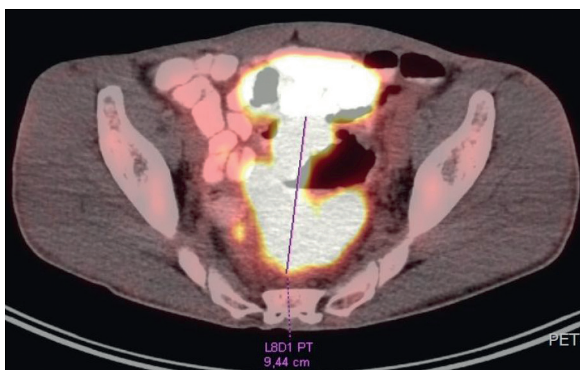

Figure 1. A 49-year-old male with melanoma (pT1N0M1c); a PET scan, a transverse view – a rectosigmoid tumor involving the rectovesical space, 94 × 71 × 67 mm (AP × TR × CC), standardized uptake value (SUV): 11.1

A 49-year-old male, in follow-up due to melanoma on the back (Clark III, Breslow 0.8 mm – pT1N0), 4.5 years after a re-excision with a sentinel lymph node biopsy, presented with a cramping, epigastric pain, nausea, vomiting, and 10 kg weight loss. A PET scan revealed a mass in pelvis (fig. 1). The patient underwent sigmoidectomy and resection of infiltrated loops of the small bowel with adjacent mesentery, followed by a stapled side-to--side ileo-ileal and end-to-end colorectal anastomosis. The pathological report confirmed a metastatic melanoma of the small intestine, infiltrating the sigmoid colon and involving mesenteric lymph nodes (8/20; 0/20 mesorectal LN); *BRAF*(+). The patient received BRAF/MEK inhibitors and anti-PD-L1 immunotherapy (vemurafemib+cobimetinib±atezolizumab). Patient has no sign of disease (9 years after first diagnosis, 4 years after laparotomy). Melanoma may metastasize to the lymph nodes, skin, lungs and pleura, brain, liver, bones, adrenal glands, and gastrointestinal tract. Metastases to the small bowel are rare (1–5%), yet melanoma is the malignancy that most frequently metastasizes to the small intestine (1/3 of all cases). Patients with a newly diagnosed locally advanced melanoma (T4) should undergo an abdominal/pelvic CT to exclude metastases. Melanoma patients who experience abdominal pain and/or distension, nausea/vomiting, hematochezia/melena should be reevaluated with CT/MRI/PET. Patients with isolated bowel metastases or presenting with bowel obstruction, severe bleeding, perforation should be reffered to surgery with metastasectomy (including regional lymph nodes). Adjuvant systemic therapy is advised, with a regimen depending on a *BRAF* gene mutation. Despite intestinal metastases, a prolonged survival is possible with appropriate management [1, 2].

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