Gastric malignant melanoma

Goundappa Loganathan · Pradyumn Singh

Published online: 4 August 2013

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Malignant melanoma of the gastrointestinal (GI) tract is commonly metastatic, presenting along with the primary tumor or, years later, with abdominal pain, dysphagia, small bowel obstruction, or upper GI bleeding [1]. The endoscopic picture in Fig. 1, observed in a middle-aged male with a 1-day history of intensely severe abdominal pain and inability to eat, depicts multiple black pigmented elevated 3–10-mm-diameter lesions with normal overlying mucosa in the fundus of the stomach. Similar lesions were noted in the lower esophagus. The patient did not have evidence of a primary melanoma, elsewhere. The diagnosis of melanoma was con-

firmed by histology showing a malignant tumor composed of dyscohesive polygonal cells with pleomorphic nuclei, macronucleoli, and cytoplasmic coarse dark brown pigment (Fig. 1a, c) and by immunohistochemistry confirming staining for melan-A (Fig. 1b). Rarely anthracotic lesions in the esophagus may endoscopically mimic malignant melanoma [2]. Although primary melanoma of the stomach and esophagus is described, the multiple lesions suggested a secondary tumor with occult primary. Management may include resection, chemotherapy, or immunotherapy, and the prognosis is poor.

Fig. 1 Left upper panel shows multiple black, elevated lesions in the fundus of the stomach. **a** Light microscopic appearance of the tumor, hematoxylin and eosin (H&E) stain. **b** Stain for melan-A positive in tumor cells. **c** Higher power H&E view showing coarse dark brown melanin pigment in tumor cells

G. Loganathan (✉)
G L Hospital, Kalaimagal Street, Swarnapuri, Salem 636 004, India
e-mail: loganmanoj@gmail.com

P. Singh
Department of Pathology, Christian Medical College Hospital,
Vellore 632 004, India

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