

A Case of Uveal Malignant Melanoma with Liver Metastasis After Radical Curative Surgical Resection: Letter to the Editor

Radikal Küratif Cerrahi Rezeksiyon Sonrası Karaciğer Metastazı Görülen Uveal Malign Melanom Olgusu

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Malignant melanoma is a neoplasm that originates from melanocytes. The overall incidence of this rare neoplasm has increased dramatically in recent years. Melanomas are serious and difficult to treat neoplasm and metastasis to liver, lung and brain can be seen with a poor survival rate.¹ Recurrence of malignant melanoma after successful surgical treatment may not be seen for decades however it can recur even several years after the initial diagnosis with curative treatment.²

A 43-year-old woman was admitted for postprandial epigastric pain and early satiety. She described a history of fatigue and weight loss in the preceding 10 weeks. During the physical examination, no suspicious skin lesion was present, she had tenderness with mild tympanism on epigastric region. She gave a history of vision loss in her left eye due to a neoplastic process which required an enucleation 3 years previously. She was unaware of the exact diagnosis that required this procedure. Her laboratory investigations revealed a mild anemia with haemoglobin 12.1 g/dL (range 13-17 g/dL). Her erythrocyte sedimentation rate was 11 mm/hr; alanine amino transferase (ALT), aspartate amino transferase (AST), alkaline phosphatase (ALP) and gamma glutamyl transpeptidase (GGT) results were 40 U/L (N<40 U/L), 27 U/L (n<40 U/L), 66 U/L (N<120 U/L) and 75 U/L (N<55 U/L), respectively. The ultrasonic view of liver revealed multiple hepatic mass lesions suspected for adenomas or malignant metastasis. A magnetic resonance imaging of upper abdomen which also confirmed multiple mass lesions in liver that were suggested to represent metastasis (Figure 1). Her upper gastrointestinal endoscopy and colonoscopy were normal. A computed tomography-guided biopsy procedure of liver masses was performed. Histopathological examination revealed extensive infiltration of liver tissue by a malignant tumor with a solid growth pattern and dark pigment (Figure 2). Immunohistochemistry stains were positive for S100, HMB-45 and negative for keratin, consistent with a diagnosis of metastatic melanoma (Figure 3). She was referred to the medical oncology unit with a view to



FIGURE 1: T2-weighted fat saturated axial image showed multiple hypointense solid lesions with peripherally hyperintense edema which may favor melanoma metastasis.

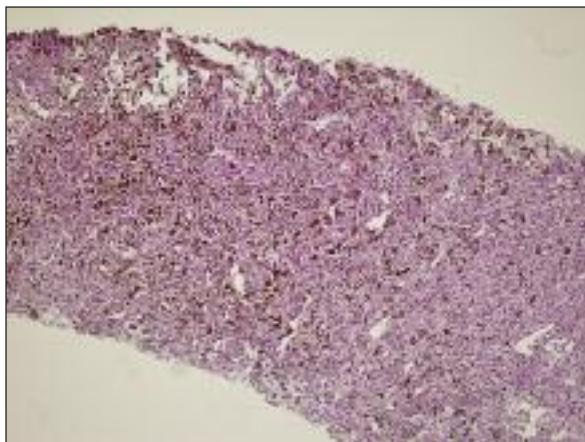


FIGURE 2: Histopathologic appearance of malignant melanoma infiltration in liver (Hematoxylin & Eosin x100).

palliative chemotherapy. Retrospectively, our patient's prior ocular tumour was found to be a primary uveal melanoma. After initial diagnosis, she had undergone the preferred treatment which was the enucleation of the affected eye with an implantation of prosthesis. Other treatment opportunities for our patient could be radiotherapy, photocoagulation, thermotherapy, photo-dynamic therapy and local resection although, no superior

change in patient mortality has been shown in the literature for any of them.³

Uveal melanoma is one of the most common primary intraocular malignant tumors in adults. Tumors arise in the uveal tract, which comprises the iris, ciliary body, and the choroid. In contrast with skin melanoma, epidemiologic studies have failed to show an association between exposure to sunlight and an increased incidence of uveal melanoma.⁴

Liver could be the first metastatic site in many patients. Unfortunately, when liver metastases are diagnosed, treatment options are limited and life expectancy is poor. Thus treatment usually aims the palliation. Surgical excision of a single metastasis to liver, brain or lung can prolong survival.⁵

In conclusion, recurrence of melanoma can be seen after radical curative surgery. Major site of distal recurrence is liver. A diagnosis of metastatic melanoma should always be in mind for patients with previous history of melanoma even though there is not enough evidence of effective therapeutic option for improving life expectancy for the recurrent disease.



FIGURE 3: Positive HMB-45 immunohistochemistry staining in metastatic malignant melanoma of liver (HMB-45 x100).

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