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Delayed presentation of a metastatic choroidal melanoma to the liver: The latency of an elective metastatic localization



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ABSTRACT

INTRODUCTION: Choroidal melanoma is the most common primary intraocular malignant tumour and the second most common type of primary malignant melanoma in the body. Biologically, cutaneous and ocular melanoma may be considered different, in terms of both metastatic diffusion and metastatic latency. The principal target organ for metastasis of the ocular melanoma is the liver. This distinctive behaviour is also sustained by different metastatic latency, as some patients present with metastatic ocular melanoma several years after the treatment of the primary tumor.

PRESENTATION OF CASE: A 60 year-old male who had undergone left ocular enucleation for choroid melanoma 20 years ago was referred to our department with a three months history of diffuse abdominal pain, fever, weight loss and massive ascites. Abdominal ultrasonography (US) and total body computed tomography (CT) scan were performed and revealed diffuse liver metastases, associated with peritoneal carcinosis, bilateral adrenal metastases and a large mass in the left kidney compatible with another secondary localization. An ultrasound guided fine needle agobiopsy (FNA) of liver lesions was performed and the pathological findings led to the diagnosis of liver metastasis from choroidal melanoma. The patient died a few weeks later for hepatic failure.

DISCUSSION: Currently, there is no consensus regarding the optimal follow-up in terms of screening modality or time interval after the treatment of the primary ocular melanoma.

CONCLUSION: Patients with gastrointestinal symptoms and a history of choroidal melanoma should be investigated for the presence of gastrointestinal or liver metastases, although the original primary malignancy was diagnosed years before the patient's presentation.

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1. Introduction

The incidence of malignant melanoma continues to increase dramatically worldwide, at an overall rate of about 30% in the last 10 years [1]. In 2014, an estimated 76,100 new cases will be diagnosed and about 9710 patients will die of melanoma in the United States [1].

Melanoma is increasing in men more rapidly than any other malignancy, and in women more rapidly than any other malignancy except lung cancer (respectively 33% for men and 23% for women) [1]. In Europe, the incidence varies in different areas, with higher rates in the countries of Northern Europe (12–20 per 100,000 per year) than in the Mediterranean area (3–5 per 100,000 per year) [2].

Choroidal melanoma is the most common primary intraocular malignant tumour and the second most common type of primary malignant melanoma in the body [3]. Biologically, cutaneous and ocular melanoma may be considered different, in terms of both metastatic diffusion and metastatic latency [4]. The principal target organ for metastasis of the ocular melanoma is the liver [4].

In contrast, cutaneous melanoma spreads primarily to lymph nodes and soft tissues with only a lower incidence of hepatic diffusion (14–20%) [5]. This distinctive behaviour is also sustained by a different metastatic latency [4].

We report a case of metastatic choroidal melanoma after twenty years from surgical removal.

2. Presentation of case

A 60 year-old male who had undergone left ocular enucleation for choroid melanoma 20 years ago was referred to our department with a three months history of diffuse abdominal pain, fever, weight loss (> 10 kg) and massive ascites. The histopathological

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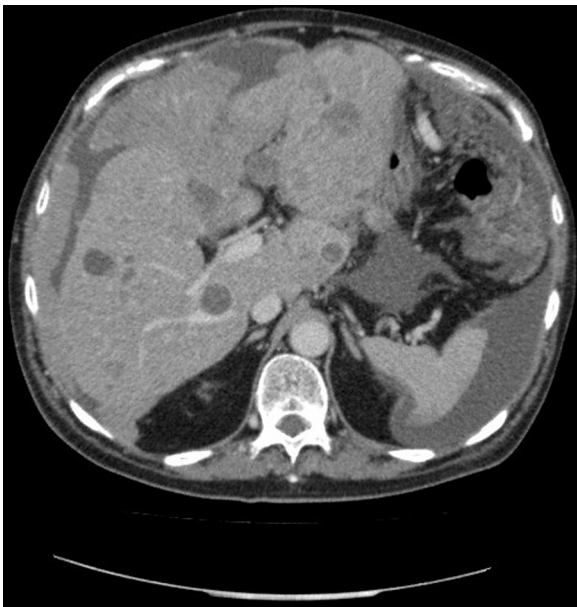


Fig. 1. Multiple liver metastases by choroidal melanoma.



Fig. 3. Peritoneal carcinosis with massive ascites.



Fig. 2. A large mass involving the gallbladder and the anterior surface of the liver.

examination of the enucleated left eye showed a mixed-cell-type choroidal melanoma without intrascleral or vascular involvement. The size of the melanoma was 10 mm in thickness and 13 mm in diameter. Since then, the patient had been followed up regularly by an ophthalmologist. The last follow-up at 15 years after eye enucleation was negative for recurrence or metastatic diffusion. At the admission, laboratory tests were normal, except for increase CA-125 marker. Abdominal ultrasonography (US) and total body computed tomography (CT) scan were performed and revealed diffuse liver metastases in both lobes with a tendency to confluence, a large mass involving the gallbladder, associated with peritoneal carcinosis, bilateral adrenal metastases and a large mass in the left kidney (5 cm of diameter) compatible with another secondary localization (Figs. 1–3). EGDS and colonoscopy were performed in order to exclude other primitive malignant cancers. An ultrasound guided fine needle agobiopsy (FNA) of liver lesions was performed

and the pathological findings led to the diagnosis of liver metastasis from choroidal melanoma (S-100 protein, vimentin, HMB-45 and Melan A antibodies positive). Percutaneous evacuative paracentesis was also performed and the cytology confirmed the diagnosis. A protocol of systemic chemotherapy was started but the patient died a few weeks later for hepatic failure.

3. Discussion

Visceral metastases represent an advanced stage of melanoma and patients that develop metastatic disease continue to have a poor prognosis with a 5-year survival of under 10% [1].

Liver metastases are usually associated with even worse outcomes, with a median survival of few months [6]. Choroidal melanoma is the second most common type of primary malignant melanoma in the body and the liver is the principal target organ for metastases [3].

Among patients that developing metastases, liver metastases can be found in about 90% of the cases and often as a first and only metastatic site in approximately 40% of patients [3].

Metastatic melanoma to the gall bladder is extremely rare and is associated with a very poor prognosis [7,8], delayed metastases to brain, pancreas, adrenal glands and ovaries have also been reported [9–14].

The correct treatment of hepatic metastases from ocular and cutaneous melanoma is still object of debate. The recent development of novel agents have demonstrated better efficacy than traditional chemotherapy. Ipilimumab, a monoclonal antibody directed to the immune checkpoint receptor termed “cytotoxic T lymphocyte antigen-4 (CTLA-4)” has been shown to improve overall survival in patients with metastatic melanoma; similarly vemurafenib (a selective B-Raf inhibitor) and trametinib (a selective inhibitor of MEK1/MEK2) were also demonstrated to improve survival among patients with metastatic melanoma [15,16].

The other operative treatment options include hepatic resection, hepatic intra-arterial chemotherapy, chemoembolization and hepatic perfusions [17].

Nowadays in literature there aren't randomized controlled studies to define the role of surgery in the treatment of hepatic metastases from melanoma.

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