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

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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. 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.

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
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Pal liative che motherapy. Re trospectively, our pa tient’s prior ocular tumour was found to be a pri mary uveal melanoma. After ini tial diagnosis, she had un der gone the preferred treatment which was the enuclea tion of the af fected eye with an im plan tation of prosthesis. Other treat ment op portu nities for our patient could be radiotherapy, pho toco ag ula tion, ther mo therapy, pho to-dy na mic therapy and local re sec tion al though, no super ior change in pa tient morta lity has been shown in the literature for any of them.3

Uveal melanoma is one of the most com mon pri mary in tro ocular malign ant tu mors in adults. Tu mors arise in the uveal tract, which com prises the iris, cili ary body, and the choroid. In con trast with skin melanoma, epide mi olog ic stud ies have fa il ed to show an as soci a tion be tween ex posure to sun light and an in cre a sed in ci den ce of uveal me la no ma.4

Li ver could be the first me tas tic site in many pa tients. Un fortuna tely, when liver me tas tes are di ag no sed, treat ment op tions are lim ited and life ex pe cta ncy is poor. Thus treat ment usu ally aims the pal liation. Sur gical ex cis ion of a sin gle me tas sis to liver, brain or lung can pro long sur vi val.5

In con clu sion, re cur rence of me la no ma can be seen after ra di cal cu ra tive sur gery. Major site of dis tal re cur rence is liver. A di a gno sis of me tas tic me la no ma should al ways be in mind for pa tients with pre vi ous his tory of me la no ma even though there is not en ough evi dence of ef fec ti ve the ra pe u tic op tion for im pro ving life expec ta ncy for the re cur rent dis ease.

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).

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


