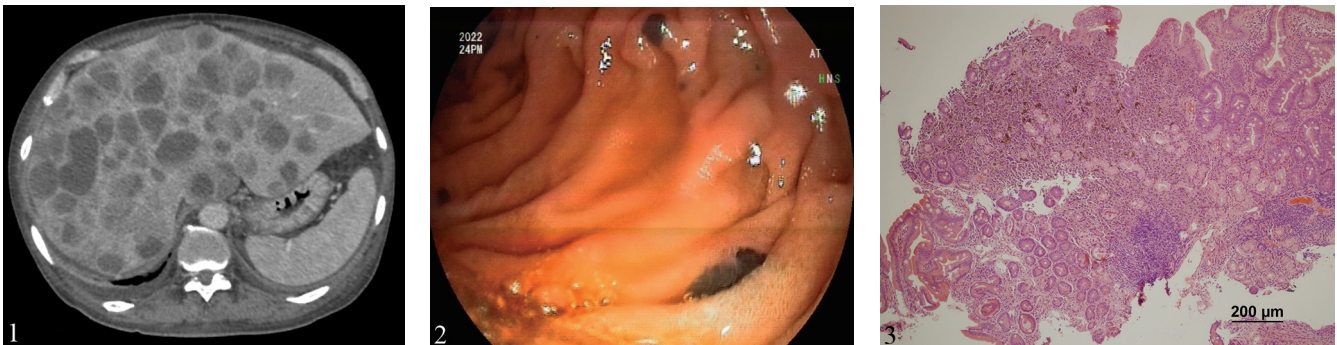


Metastatic Malignant Melanoma: A Case Possibly Originating from the Duodenum

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A 58-year-old male presented with anorexia, weight loss, fatigue, and scleral jaundice. Laboratory tests revealed hyperbilirubinemia and elevated liver enzymes. Computed tomography imaging showed heterogeneous liver lesions suggestive of metastases (Fig. 1). Esophagogastroduodenoscopy revealed numerous pigmented lesions, starting from the bulb's apical turn, with the largest lesions measuring 5-6 mm in diameter, featuring slightly irregular mucosal margins, and centrally eroded, black brown in color (Fig. 2). Histopathological examination from these lesions showed tumor infiltration characterized by atypical melanocytes with large hyperchromatic-vesicular nuclei, some with prominent nucleoli, narrow eosinophilic cytoplasm, and dense melanin pigment in the cytoplasm in samples from the small intestinal mucosa (Fig. 3). Immunohistochemical staining revealed that these cells were positive for S100, Sox10, HMB45, and MelanA. The findings were consistent with malignant melanoma infiltration. The lesion could be either a primary or metastatic melanoma, and further evaluation for possible primary and systemic involvement was done. The patient's colonoscopy was evaluated as normal, and no melanocytic lesions were detected during the anal examination. Simultaneously, biopsies were taken from the lesions in the liver suspected to be metastatic. The biopsy results confirmed that these lesions were melanoma metastases. The patient was referred for oncology but succumbed due to respiratory failure shortly after.

Malignant melanoma, originating from melanocytes, is a highly aggressive skin cancer with a strong propensity for metastasis. Although involvement of the gastrointestinal

tract is rare, it often associated with advanced disease. Gastrointestinal metastases are uncommon, and primary gastrointestinal tract melanomas including those of the duodenum, are exceedingly rare [1, 2]. Endoscopic findings of melanocytic lesions, such as those described, are crucial for diagnosis, as these lesions can mimic other malignancies [3]. This case underscores the need for endoscopic evaluation in metastatic melanoma, especially when the primary site is unknown. Further documentation of similar cases is needed to enhance understanding and management of this rare condition.

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