CASE REPORT

Malignant Melanoma of Gastroesophageal Junction

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Abstract

A rare case of malignant melanoma arising from the gastroesophageal junction is being reported. Since part of the tumor was adherent with hiatus, palliative procedure in form of Mousseau Barbin tube insertion was necessitated. Postoperatively patient was subjected to radiotherapy. Malignant melanoma of gastroesophageal junction is rare accounting for only 0.1% of the lesions of this region. Surgical treatment requires a far greater margin of excision than the usual squamous cell carcinoma. Intracavitary radiotherapy has been recommended.

Key words

Malignant Melanoma, Gastroesophageal Junction

Introduction

Malignant melanoma arising from the gastroesophageal junction is a rare lesion accounting for 0.1% of malignant lesions (1). It should be considered in the preoperative differential diagnosis of radiologically unusual esophageal tumors. Because of the potentially widespread intramucosal component, surgical treatment of GE junction malignant melanoma requires a radical procedure with a far greater margin than the usual cancers (2). Intracavitary radiotherapy is also recommended as adjuvant therapy.

Case Report

A 52 year old female presented to CTVS unit of GMC Jammu with complaints of loss of weight and appetite and progressive dysphagia of 12 months duration. The dysphagia was for solids. There was no significant finding on physical examination, however barium swallow revealed holdup of the contrast at the gastroesophageal junction. Esophagoscopy confirmed a polypoidal mass at the GE Junction. Biopsy of the lesion was interpreted as malignant melanoma. Abdominal ultrasonography ruled out evidence of tumor spillage. Exploratory laparotomy was necessitated which revealed a big growth of 8x6 cms involving the gastroesophageal junction but adherent posteriorly with the hiatus along with this patient had typical umblicated secondaries on the posterior aspect of right lobe of liver surprisingly not picked on ultrasonography. The growth was unresectable hence, palliative procedure in form of Mousseau barbin tube insertion was done, postoperatively the patient was subjected to postoperative radiotherapy. However, patient succumbed to the lesion after six months

Pathological findings

Histopathology revealed nests of cells larger than nevus cells with large nuclei having irregular contours having clumped chromatin at periphery of nuclear membrane and prominent eosinophilic nucleoli, and heavily laden

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melanin pigment areas in a background of gastric mucosa suggestive of malignant melanoma.

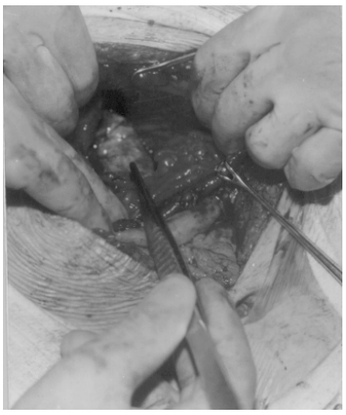

Fig. 1. Gross appearance of the tumor after opening up the stomach.

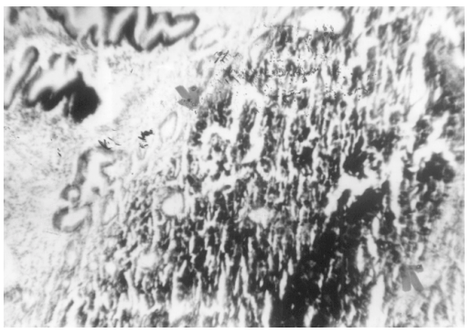

Fig. 2. Section showing clusters of melanocytes with thick melanin pigment in a background of gastric mucosa.

Discussion

De La Pava *et al* (3) have demonstrated melanocytes in normal esophageal mucosa in 4 out of 100 individuals. Ludwig *et al* (1) reported 3 cases of primary melanoma arising from esophago gastric junction. They observed that malignant melanoma is a rare lesion accounting for 0.1% of these lesions Loring WE *et al* (4) elaborated the pathology of the tumor which is characterized by pleomorphic cells with heavely laden melanin pigment areas absence of lateral junctional activity rules out metastatic origin. David *et al* (2) reported a case of malignant melanoma presenting with a polypoidal mass situated 4 cms above cardia, patient underwent esophagogastrectomy and pathology was confirmed as malignant melanoma, primary in gastroesophageal junction. In the case being reported here, the growth was unresectable hence only palliative procedure was possible.

References

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