

Small bowel intussusception and occlusion as first presentation of melanoma

Pinotti Enrico, MD*; Silvia Frassani, MD; Giulia Lo Bianco, MD; Luca Degrate, MD; Fabrizio Romano, MD

*Pinotti Enrico, MD

Department of Surgery, San Gerardo Hospital, University of Milano- Bicocca, via Pergolesi 33, 20900 Monza (MI), Italy

Phone: +39 03 9233 3651; Email: enricopinotti@hotmail.it

Abstract

Intestinal metastases are a common finding in melanoma patients; only exceptionally they can cause enteric invagination and present clinically as an acute bowel obstruction. We present the case of a young woman admitted to our institution for bowel obstruction due to ileal metastasis from melanoma not previously known.

Keywords

melanoma; ileal melanoma; intussusceptions; intestinal occlusion

Description

We present the case of a woman of 38 years with no relevant medical history, except for the removal of two benign epidermal naevi five years earlier, who was admitted to our surgical ward with abdominal pain and vomiting. She underwent abdominal X-Ray and CT-Scan that showed the suspicion of ileal volvulus (Figure 1). We performed a diagnostic laparoscopy and found one ileocolical invagination that required conversion to laparotomy for the management. We identified multiple blackish nodular lesions of 1-3 cm emerging from the serosa through all the length of the jejunum and ileum determining four additional small bowel intussusception that were reduced manually (Fig.2). At mesenteric level we identified multiple bulgy lymphnodes, blackish and hard to the touch. The ileo-cecal intussusception was instead resected because of signs of ischemia. At the opening of the surgical specimen the serosal nodular lesion was found to have also an intramucosal infiltration (Fig 3). The histological diagnosis was ileal melanoma with BRAF activating mutation and metastasis to the mesenteric lymphnodes. The subsequent radiation through FDG-PET- CT scan revealed multiple metastases in the chest, abdomen, mediastinum and bones. No cutaneous or uveal primitive lesions were found. Postoperative course was uneventful and the patient was referred to oncological treatment with BRAF inhibitors.

Intestinal metastasis are a common finding in asymptomatic melanoma patients; only exceptionally they can cause enteric invagination and present clinically as an acute bowel obstruction [1-4].

Clinical Images

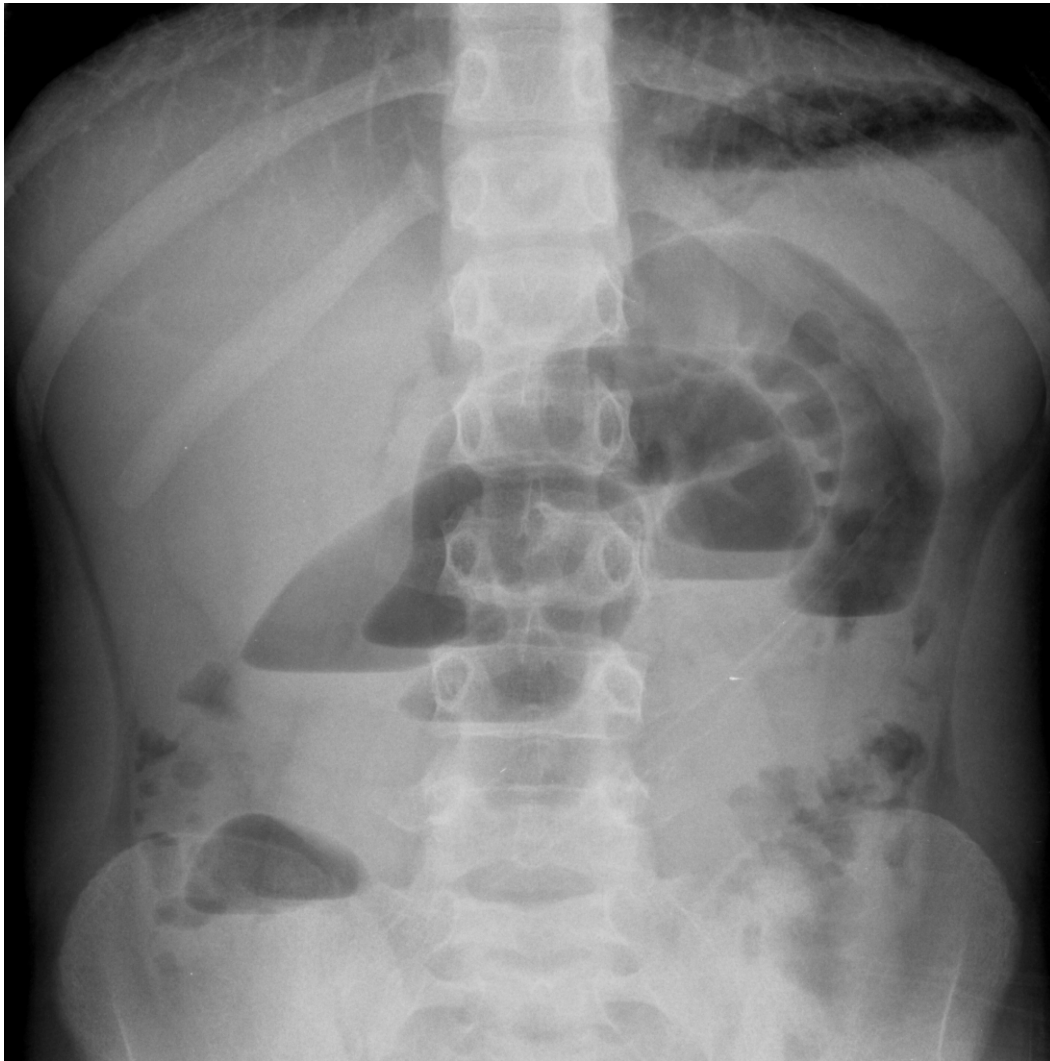


Figure 1: Abdominal X-Ray

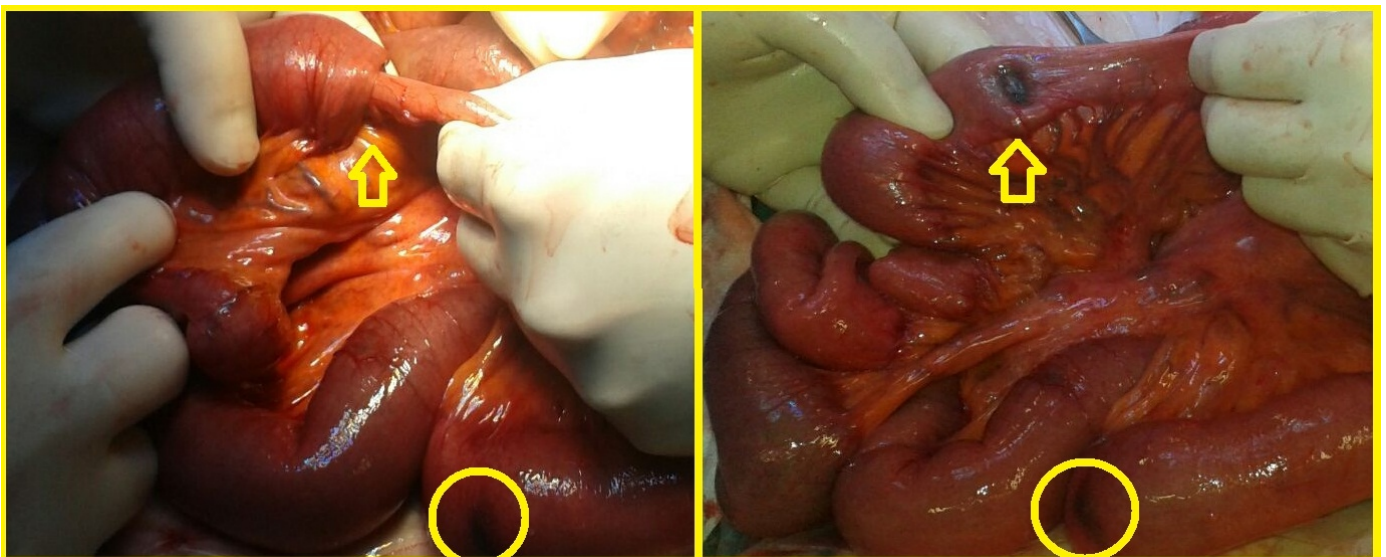


Figure 2: Small bowel invaginations; Blackish node found in intussusception.



Figure 3: Ileocecal intussusception that was resected. Nodular lesion was found to have also an intramucosal infiltration.

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Manuscript Information: Received: February 02, 2017; Accepted: March 28, 2017; Published: March 30, 2017

Authors Information: Pinotti Enrico, MD*; Silvia Frassani, MD; Giulia Lo Bianco, MD; Luca Degrate, MD; Fabrizio Romano, MD
Department of Surgery, San Gerardo Hospital, University of Milano- Bicocca, via Pergolesi 33, 20900 Monza (MI), Italy.

Citation: Enrico P, Frassan S, Lo Bianco G, Degrate L, Romano F. Small bowel intussusception and occlusion as first presentation of melanoma. *Open J Clin Med Case Rep.* 2017; 1240

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