



A Choroidal Malignant Melanoma Case with Liver Metastasis 15 Months After Diagnosis

Serdar Olt¹, Selçuk Yaylaci¹, Emine Ulku Yilmaz¹, Yasemin Gündüz²,
Gozde Cakar³, Atakan Demir³, Ali Tamer¹, Mustafa Ihsan Uslan⁴

Sakarya University Faculty of Medicine ¹*Department of Internal Medicine,* ²*Department of Radiology,*
³*Department of Pathology,* ⁴*Department of Gastroenterology, Sakarya*

ÖZET

Tanıdan 15 ay sonra karaciğer metastazı saptanan koroidal malign melanoma

Koroidal melanom en sık görülen primer intraokuler malign tümördür ve insidansı yılda yaklaşık 4000 vakadır. Malign melanom tüm kanserlerin %1.5'ini oluşturur. En sık metastaz yaptığı organ karaciğerdir. Bu yazıda koroidal melanom tanısından 15 ay sonra, sarılık, halsizlik, yorgunluk, karın ağrısı, abdominal distansiyon, bulantı ve kusma nedeniyle yapılan tetkiklerinde karaciğer malign melanom metastazı saptanan olgu sunulmaktadır.

Anahtar kelimeler: Koroidal melanoma, karaciğer metastazı, malign melanom

ABSTRACT

A choroidal malignant melanoma case with liver metastasis 15 months after diagnosis

Choroidal melanoma is the most common primary intraocular malignant tumor and its incidence is approximately 4000 cases per year and the most frequently organ metastasis is liver. Malignant melanoma accounts for 1.5% of all cancers. We reported the case of a patient diagnosed with choroidal melanoma 15 months ago presented with jaundice, malaise, fatigue, abdominal distension and pain, nausea and vomiting. The evaluation revealed a liver metastasis.

Key words: Choroidal melanoma, liver metastasis, malignant melanoma

Bakırköy Tıp Dergisi 2015;11:89-91

INTRODUCTION

Malignant melanoma accounts for %1.5 of all cancers (1). It is often originated from the skin, however organs such as eyes and meninges may also be affected. Despite that intraocular malignant tumor is very rare, it is the most common primary intraocular malignant tumor and it often develops a choroidal structure. Liver is the organ which choroidal melanoma generally metastasis and has a poor prognosis (2,3). Herein, we aimed to highlight the liver metastasis which was

detected 15 months after the diagnosis of choroidal malignant melanoma which lacked metastasis when diagnosed.

CASE REPORT

A 62 year old male patient was admitted to our clinic with complaints of jaundice, malaise, fatigue, abdominal pain and distension, nausea and vomiting for the last three weeks. In his medical history, type 2 diabetes, hypertension, congestive heart failure, chronic hepatitis B infections were found. It was also told that 15 months ago he was diagnosed with choroidal melanoma and had Cyberknife treatment in the epicenter where he was admitted with the complaint of the redness in the eyes. In the physical examination, nothing was detected except for 3 cm hepatomegaly, icterus on the skin and sclera. Hyperbilirubinemia, increased liver function tests and

Yazışma adresi / Address reprint requests to: Dr. Serdar Olt
Sakarya University Faculty of Medicine, Department of Internal Medicine,
Sakarya

Telefon / Phone: +90-530-777-4064

Elektronik posta adresi / E-mail address: serdarolt84@yahoo.com

Geliş tarihi / Date of receipt: 10 Şubat 2012 / February 10, 2012

Kabul tarihi / Date of acceptance: 31 Temmuz 2012 / July 31, 2012

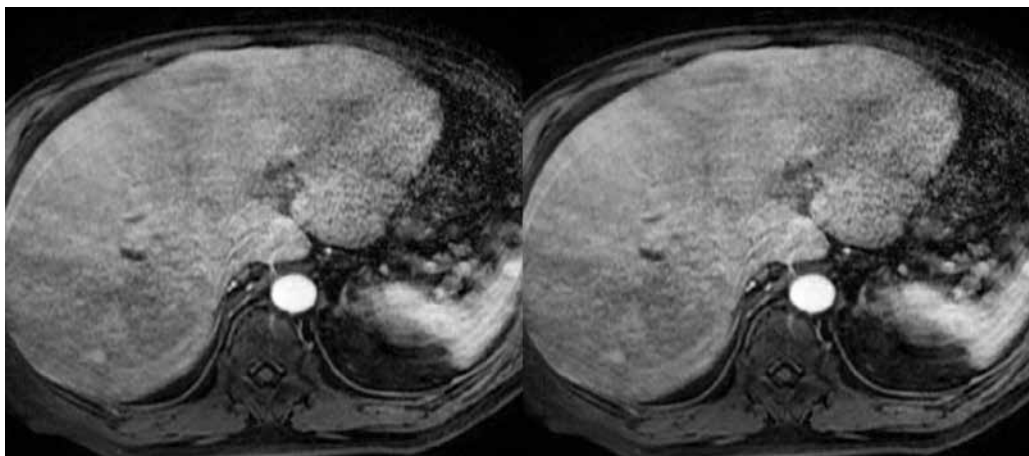


Figure 1: The dynamic magnetic resonance imaging of the abdomen

Table 1: Laboratory data of the case

| Parameters | |
|----------------------|-------|
| Urea (mg/dl) | 105.9 |
| Creatinine (mg/dl) | 1.7 |
| Na (mmol/l) | 140 |
| K (mmol/l) | 3,7 |
| Ca (mg/dl) | 7.9 |
| P (mg/dl) | 2.9 |
| Albumin (g/dl) | 3.1 |
| ALT (U/L) | 34 |
| AST (U/L) | 74 |
| ALP (U/L) | 133 |
| GGT (U/L) | 90 |
| LDH (U/L) | 2415 |
| T.BiL (mg/dl) | 31 |
| D.BiL (mg/dl) | 24.8 |
| I.BiL(mg/dl) | 6.2 |
| PT (8-13.5sn) | 17.4 |
| aPTT (22.7-31.8sn) | 82.2 |
| INR (0.85-1.3 sn) | 1.58 |
| WBC (4.6-10.2 (K/uL) | 11 |
| HGB (g/dl) | 8 |
| PLT (K/uL) | 174 |
| AFP | 5.15 |

increased urea, creatinine levels were detected in the laboratory tests (Table 1). In the abdominal MR, which was taken because of the jaundice and elevated liver enzymes, possibly metastatic mass images were observed (Figure 1). In order to confirm the diagnosis, core-needle liver biopsy was performed. Biopsy was reported as malignant melanoma metastasis (Figure 2). With the diagnosis of metastatic choroidal melanoma, patient was referred to oncology clinic for further treatment. The oncological consultation recommended palliative treatment due to his inconvenient general condition.

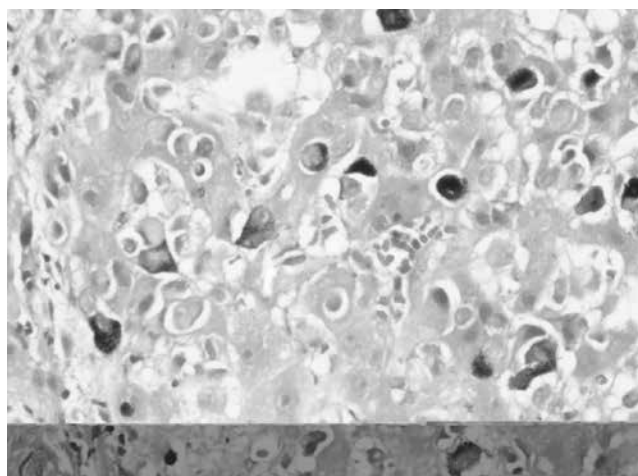


Figure 2: Pathological image of the liver metastases of malignant melanoma Enlargement by 40↑: malignant melanoma cells containing significant melanin with nucleoli

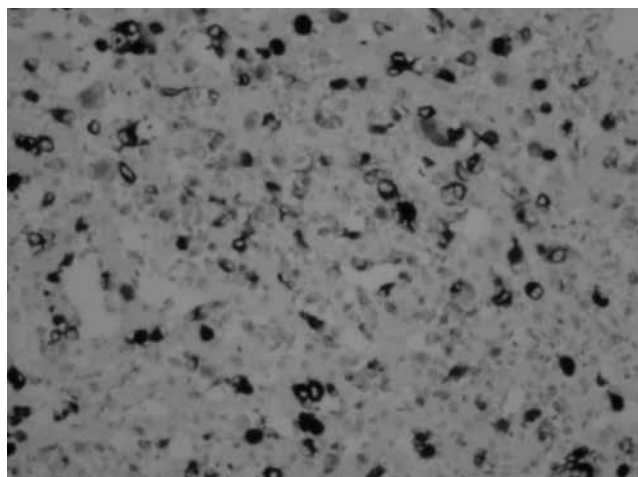


Figure 3: Pathological image of malignant melanoma metastases in the liver Enlargement by 20↑: HMB45 positivity in neoplastic cells

DISCUSSION

Although malignant melanoma usually develops from melanocytes in the basal layer of the epidermis, it less likely occurs in structures such as eyes and meninges, and its frequency is increasing all over the world (3-5). Malignant melanoma accounts for 5% of all cancers. Choroidal melanoma is the most common primary intraocular malignant tumor and have an incidence of approximately 4000 cases per year worldwide, in other words it occurs in 4.3 people out of 1 million. Liver is the organ which choroidal melanomas metastasis most often and has a poor prognosis (2,3). Choroidal melanoma have a better prognosis than melanoma with skin origin, although more often tend to metastasis (6,7). Defined risk factors for choroidal melanoma are determined as female gender, white skin, age and having a bright-colored iris (7). Although 50% of choroidal melanoma cases are asymptomatic, loss of vision, scotoma, and photopsia may be present in the form as well (3). Our patient presented to the eye clinic because of redness of eyes and diagnosed with choroidal melanoma. Choroidal melanoma making the metastasis most frequently to the liver and the other area that can metastasis are kidney, bone, lung and brain (8). Its prognosis is poor and it generally metastasis to the liver after 4 years of primary

treatment (7). The incidence of choroidal melanoma is section 4.3 per million (3).

Treatment options for these tumors include observation, external radiotherapy, trans-pupillary thermography and enucleation. Observation is the recommended for the patients with <3mm choroidal melanoma, it should be exposed repeating eye consultations and active treatment should be initiated only in the presence of tumor growth (9). It is not possible to cure the metastatic malignant melanoma, the principle of treatment is to provide palliation. Chemotherapy and immunotherapy are used frequently in the treatment. Dacarbazine, cisplatin, nitrosureas, fotemustine, vinca alkaloids, and fluorouracil are effective chemotherapeutic agents. Dacarbazine is the most commonly used one and treatment response as a single agent of it is about 20%. Preliminary studies with combined chemotherapy have showed higher response rates, however in large randomized trials these rates could not be repeated and contribution to survival were limited (10-14).

In this case, we aimed to take attention to the liver metastasis, seen in a rate of 4.3 out of 1 million, which was detected 15 months after the diagnosis of choroidal malignant melanoma and we wanted to remark the importance of polyclinic controls for early recognition of metastasis.

REFERENCES

- Kalra A, Kalra A, Palaniswamy C, Gajera M, Rajput V. Primary malignant melanoma presenting as superior mediastinal mass. *Int J Surg Case Rep* 2011; 2: 239-240.
- Agarwal SR, Bhattacharya I, Patil YV, Amrapurkar AD. Choroidal melanoma metastasizing to the biliary system: A diagnostic dilemma. *Indian J Med Paediatr Oncol* 2009; 30: 138-140.
- Singh AD, Topham A. Incidence of uveal melanoma in the United States: 1973-1997. *Ophthalmology* 2003; 110: 956-961.
- Orlando R, Lumachi F. Late liver metastases of choroidal melanoma detected by laparoscopy. *In Vivo* 2008; 22: 807-809.
- Scheier B, Amaria R, Lewis K, Gonzalez R. Novel therapies in melanoma. *Immunotherapy* 2011; 3: 1461-1469.
- Bloch-Marcotte C, Ambrosetti D, Novellas S, et al. Ovarian metastasis from choroidal melanoma. *Clin Imaging* 2008; 32: 318-320.
- de A Silva DO, Matis GK, Costa LF, et al. Ocular melanoma: Keep your eyes open for late brain metastases. *Surg Neurol Int* 2011; 2: 144.
- Camarillo Gómez C, Sánchez Ronco I, Encinas J. Choroidal metastases. *An Sist Sanit Navar* 2008; 3: 127-134.
- Cymbor MJ, Check JM. Choroidal melanoma: a review and case report. *J Am Optom Assoc* 1998; 69: 656-665.
- Robert TD. Interferon-alfa in malignant and viral diseases. *Drugs* 1993; 45: 177-211
- Huncharek M, Caubet JF, McGarry R. Singleagent DTIC versus combination chemotherapy with or without immunotherapy in metastatic melanoma: a meta-analysis of 3273 patients from 20 randomized trials. *Melanoma Res* 2001; 1: 75-81.
- Chapman PB, Einhorn LH, Meyers ML, et al. Phase III multicenter randomized trial of the Dartmouth regimen versus dacarbazine in patients with metastatic melanoma. *J Clin Oncol* 1999; 17: 2745-2751.
- Falkson CI. Experience with interferon alpha 2b combined with dacarbazine in the treatment of metastatic malignant melanoma. *Med Oncol* 1995; 12: 35-40.
- Legha SS, Ring S, Papadopoulos N, Plager C, Chawla S, Benjamin R. A prospective evaluation of triple drug regimen containi cisplatin, vinblastine and dacarbazine (CVD) for metastatic melanoma. *Cancer* 1989; 64: 2024-2029.