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Images in Surgery

Malignant Melanoma of Small Intestine presenting with Intussusception

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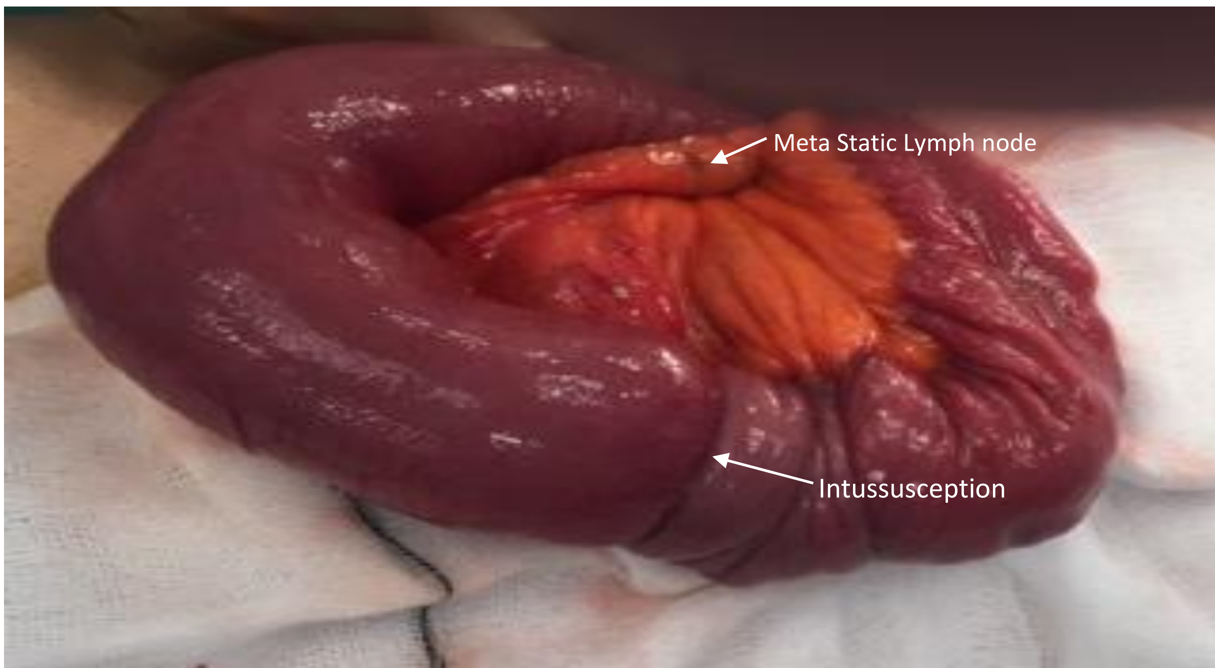
Image



Jejunoileal intussusception with few pigmented mesenteric lymph nodes

DESCRIPTION

A 62 year old gentleman was admitted with complaints of abdominal pain and not opening bowels for one day. He had a 4 month history of abdominal pain which had worsened for which he

came to the hospital. For the last three months he had loose motions approximately thrice daily. One month back he was admitted to Hospital for similar complaints when an ultrasound was done which showed gallbladder polyps and a few simple liver cysts. He also underwent colonoscopy which showed diverticulosis. During this admission a CECT abdomen and pelvis was done which reported a jejunoileal intusussception in the right lumbar region caused by an obstructing small bowel tumour with resultant acute mechanical small bowel obstruction. Rest of the intraabdominal organs were reported to be normal.

In view of the clinical findings and CT report, an Exploratory Laparotomy was done and the jejunoileal intusussception found, hence small bowel resection and anastomoses done. Patient had an uneventful post operative period and was discharged on the third post operative day.

The image shows the respected specimen of jejunoileal intusussception with few pigmented mesenteric lymph nodes. The histopathology was reported as small bowel Malignant melanoma with metastatic mesenteric lymph nodes.

Malignant melanoma appears at sites where melanocytes are typically found like skin, eyes, meninges and anal region. Malignant melanoma shows an unusual predilection to metastasise to small intestine and recent studies have implicated the chemokine receptors CCR9 and its ligand CCL25 as signals that lead to the preferential metastasis of malignant melanoma cells to the small intestine.

Clinically the presentation of small bowel melanoma is similar to those of other small bowel tumours like pain, intestinal obstruction due to occlusion or intusussception, anaemia, weight loss and palpable mass. Invagination, massive rectorrhagia and perforation are less frequent. Primary malignant small bowel tumours are rare and most malignancies of small bowel are metastatic . The malignant melanoma of small intestine is also usually metastatic even when a primary is unknown. Jejunum and ileum are most common sites followed by colon, rectum and stomach in metastatic melanoma of GIT.

Currently, surgery is reserved for patients with complications but surgical treatment has been seen to have an increase in overall survival compared to medical treatment. Also complete resection increases the median and 5 year survival but major resection like gasrectomy or APR should be avoided. Adjuvant immunotherapy with Interleukin-2 is also being used.

LEARNING POINTS:

Primary small bowel melanoma are exceedingly rare and even when a primary is unknown small bowel melanoma are usually metastatic. Clinical presentation is similar to other small bowel tumours like pain, obstruction, anaemia, weight loss and palpable mass. Surgical treatment has better survival compared to medical treatment but should be reserved for complications.

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