

A multifaceted tumour- clinical and histopathological diversity.

Dr Rhushvi Thakkar

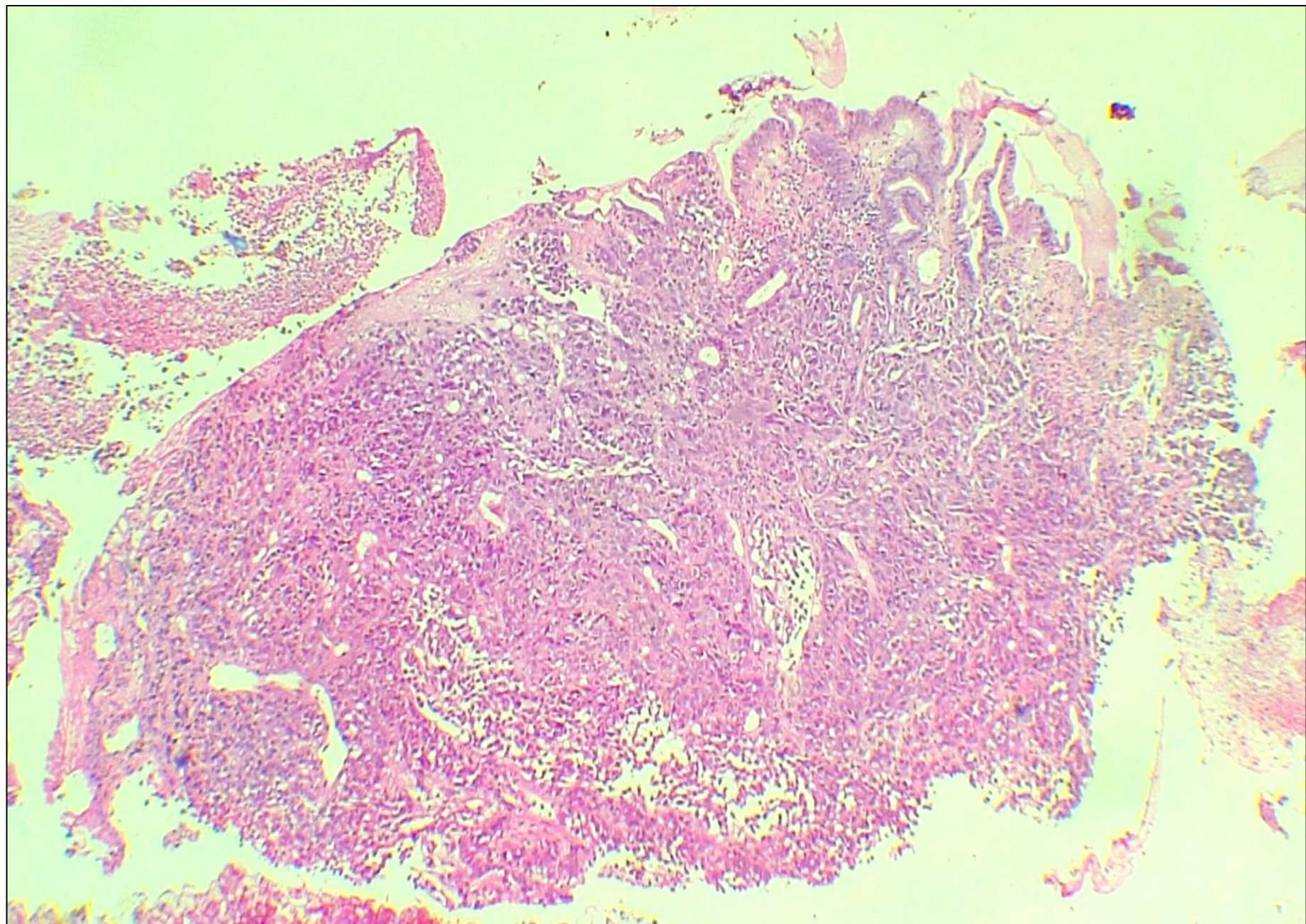
Junior resident

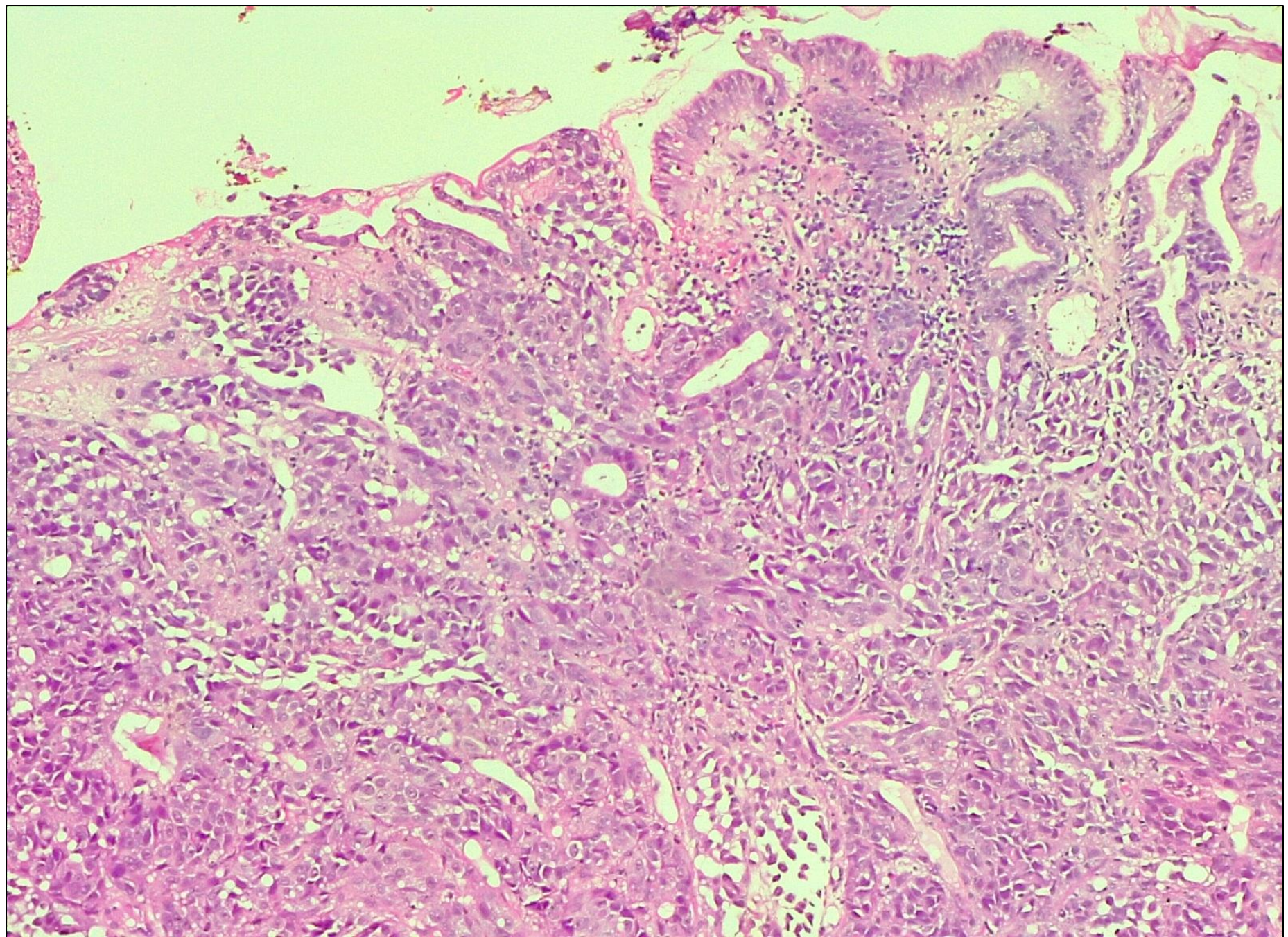
Department of Pathology

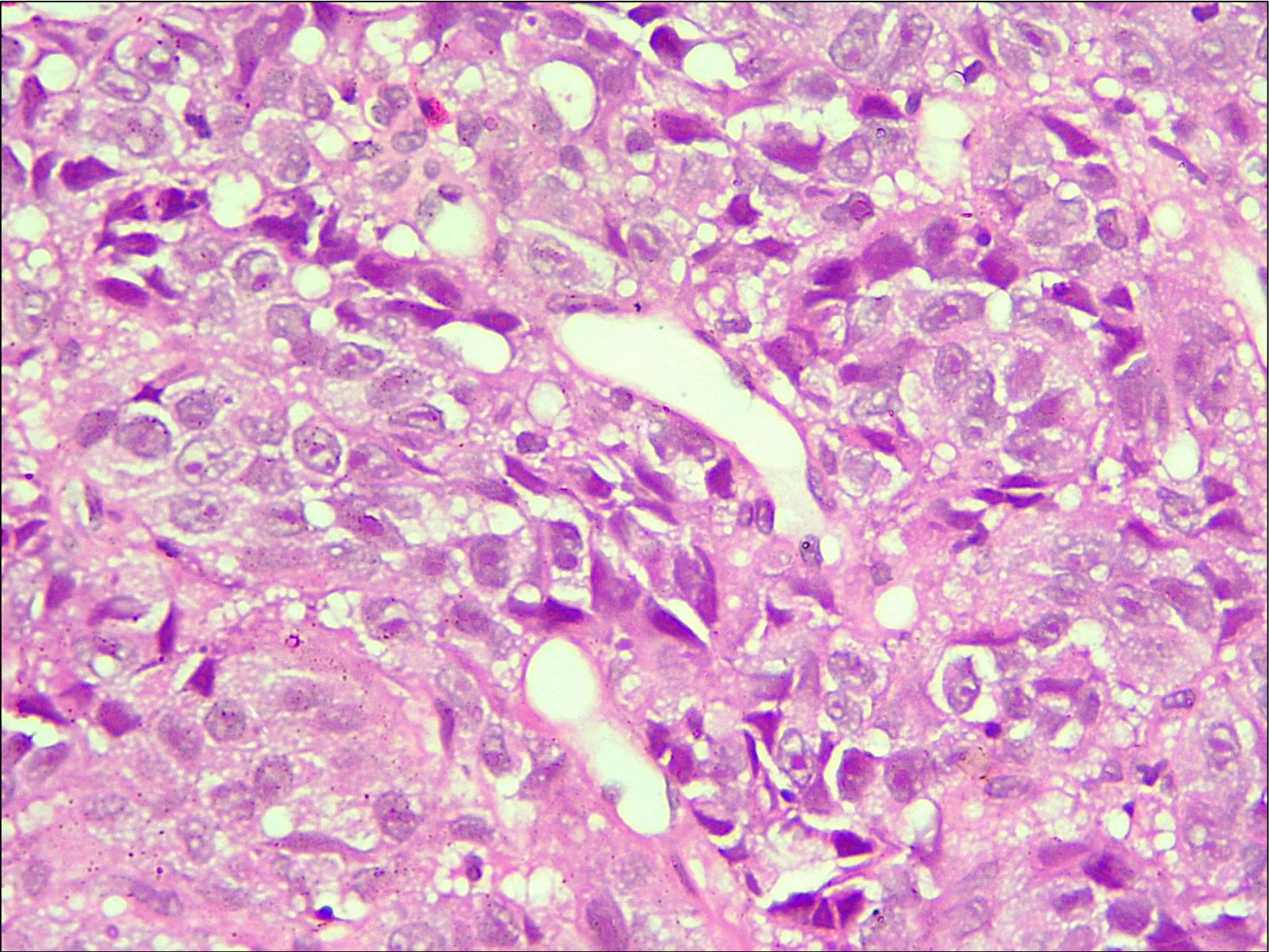
History

- 73 years /male
- C/O nausea & hematemesis
- OGD scopy:- 2x2 cm elevated lesion with central ulceration at fundus along greater curvature. Suggestive of :- GIST
- Biopsy of the above lesion was received in the form of two grey white soft tissue bits for HPE.









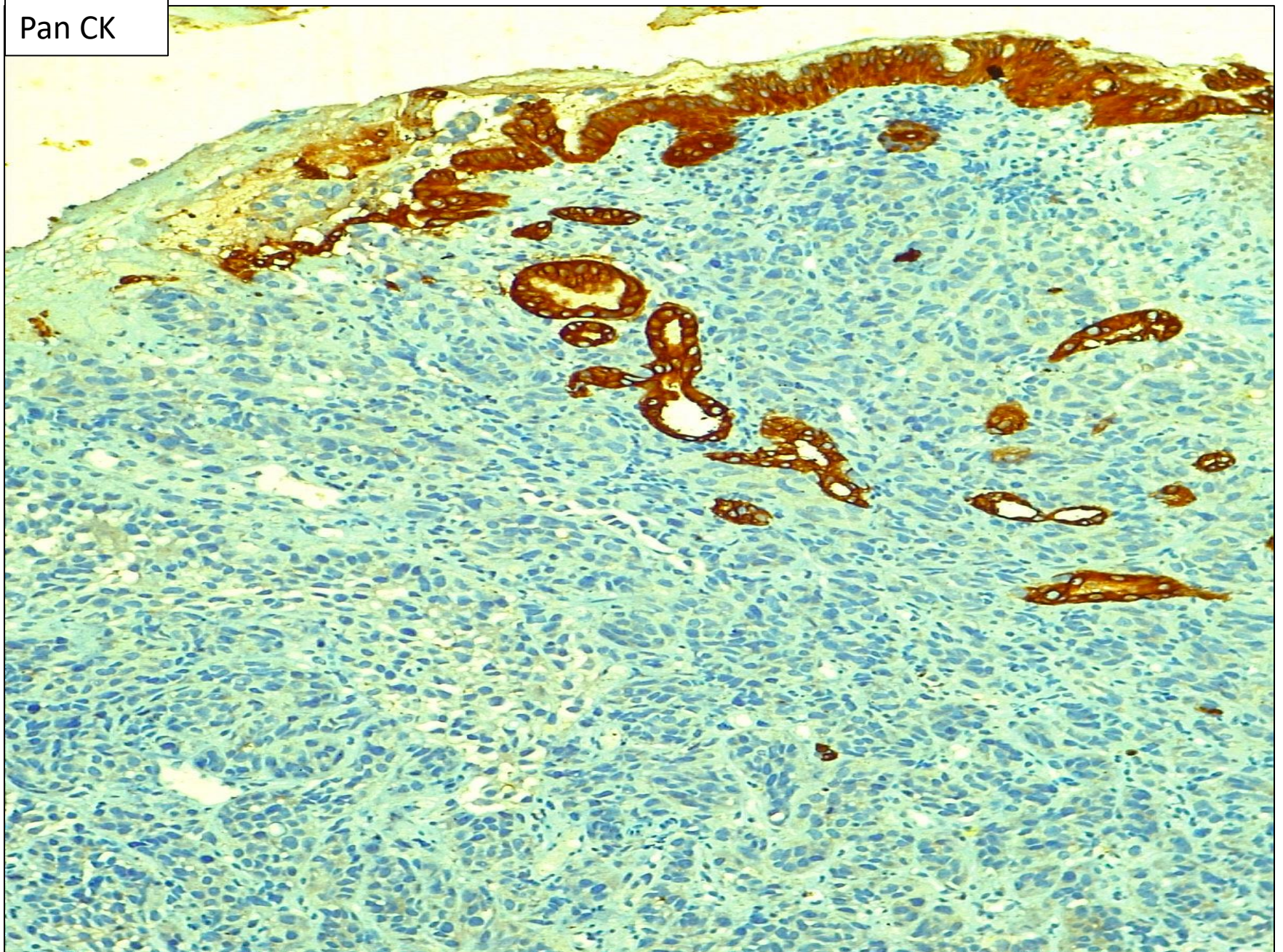
Differentials

Poorly differentiated malignant neoplasm

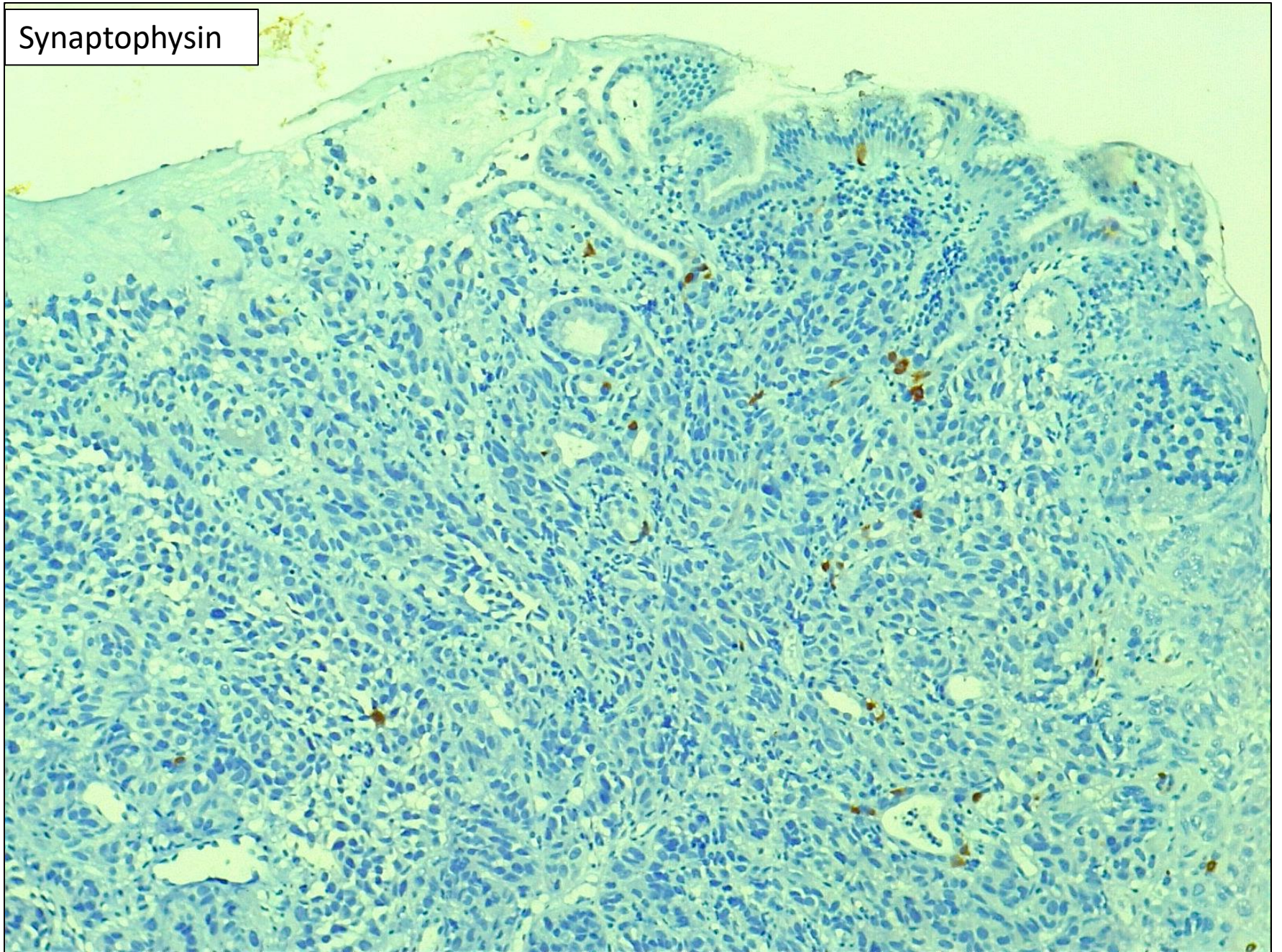
Possibilities

- Neuroendocrine carcinoma
- Poorly differentiated carcinoma

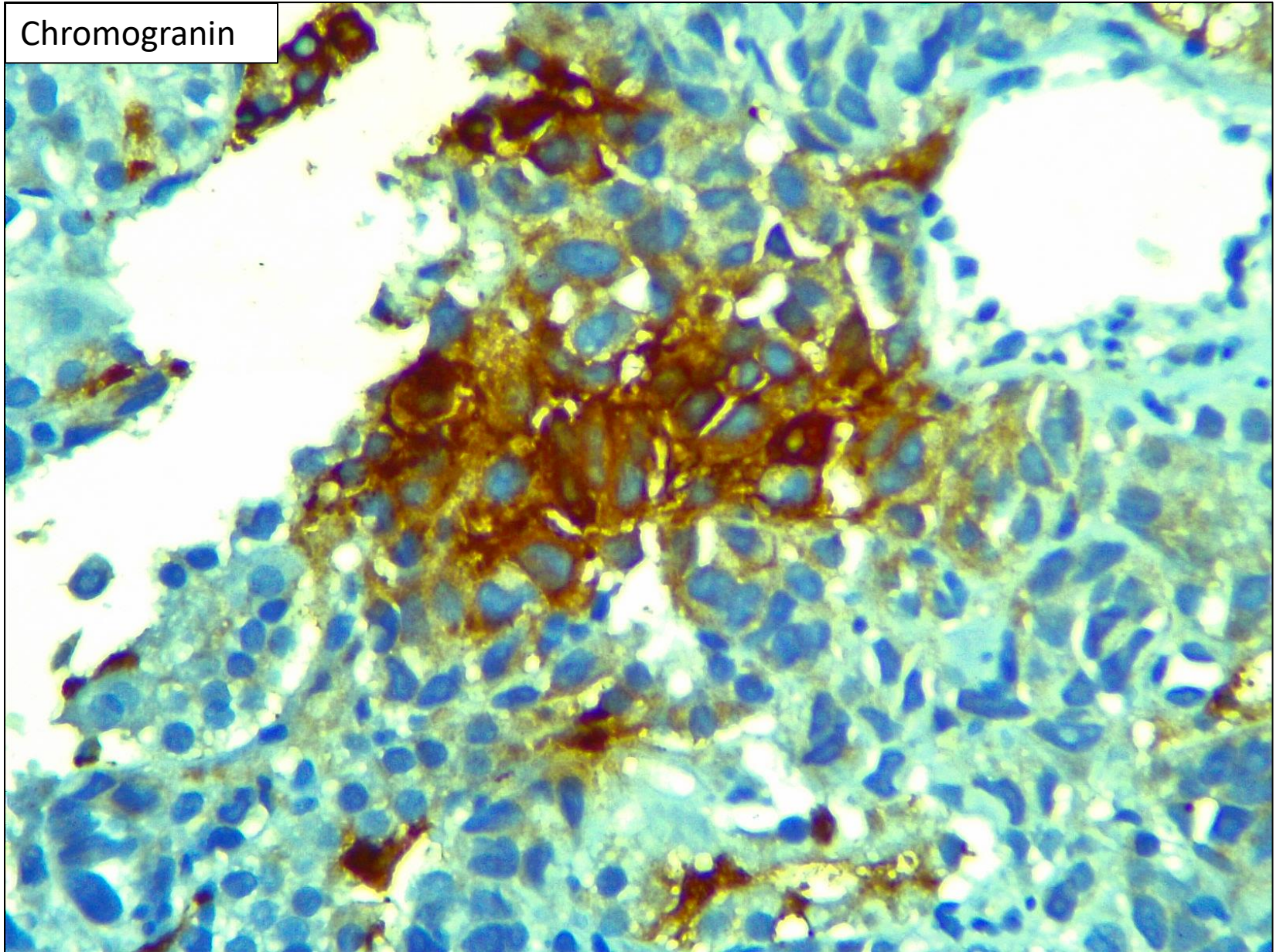
Pan CK



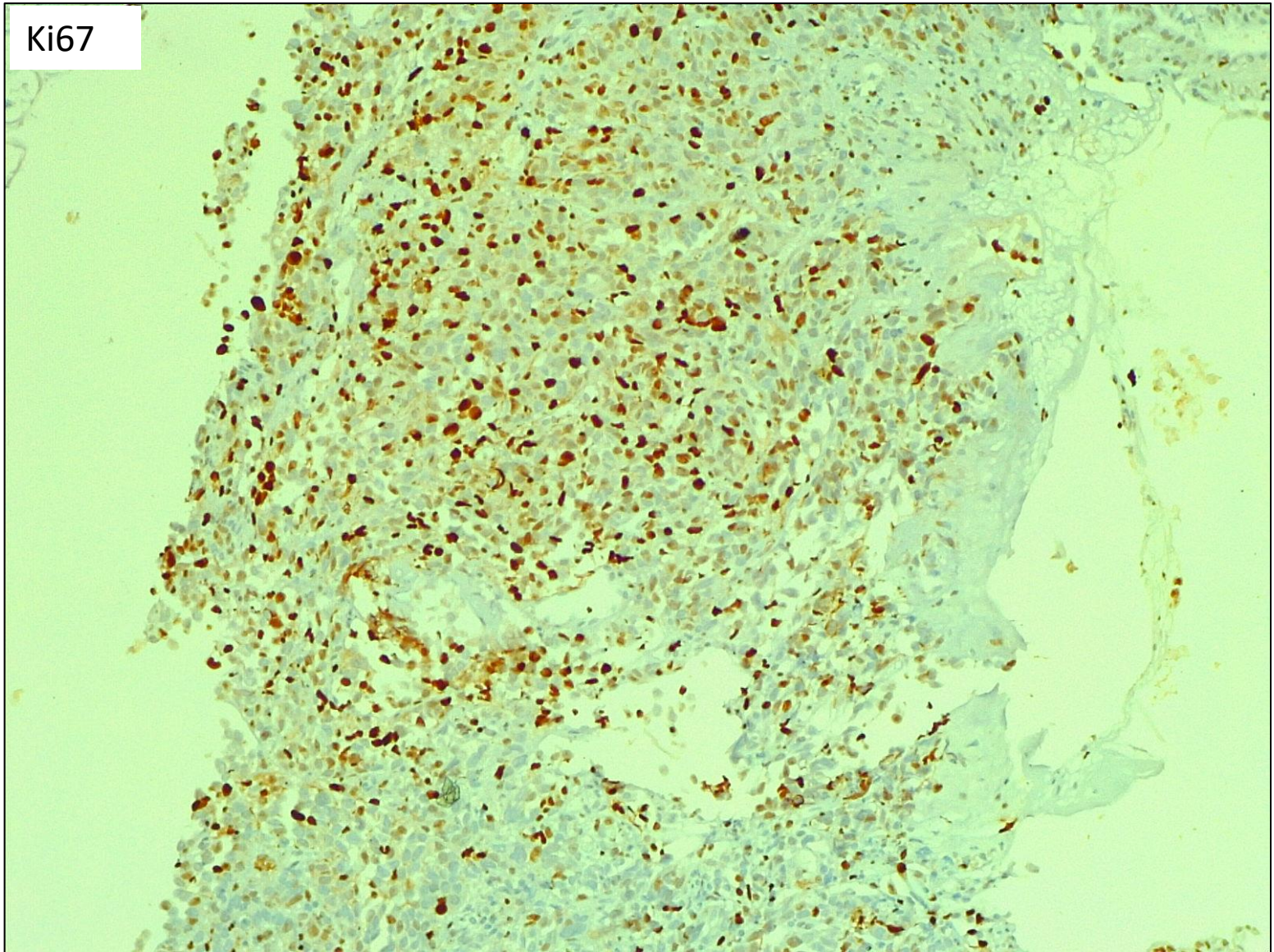
Synaptophysin



Chromogranin



Ki67

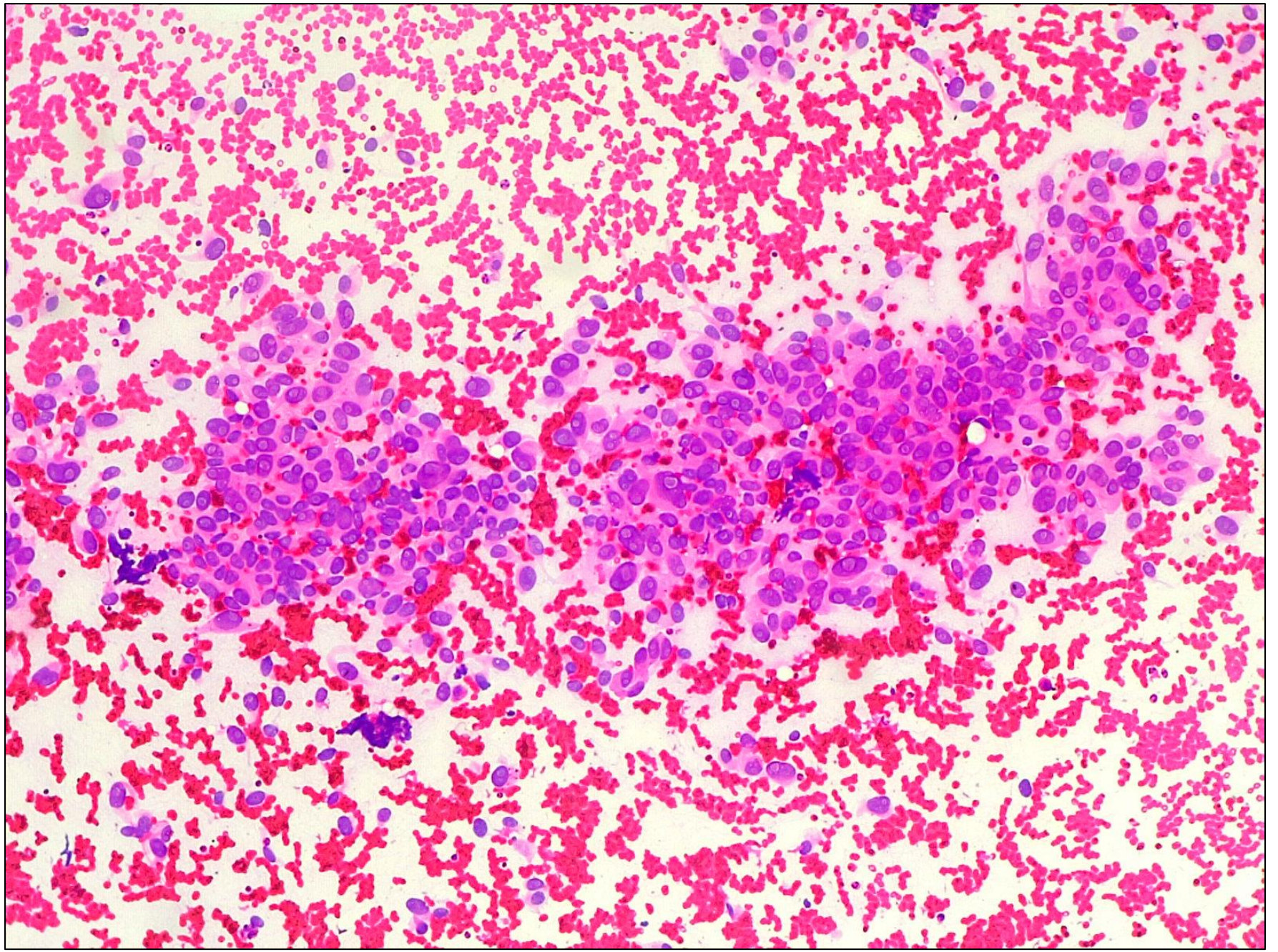


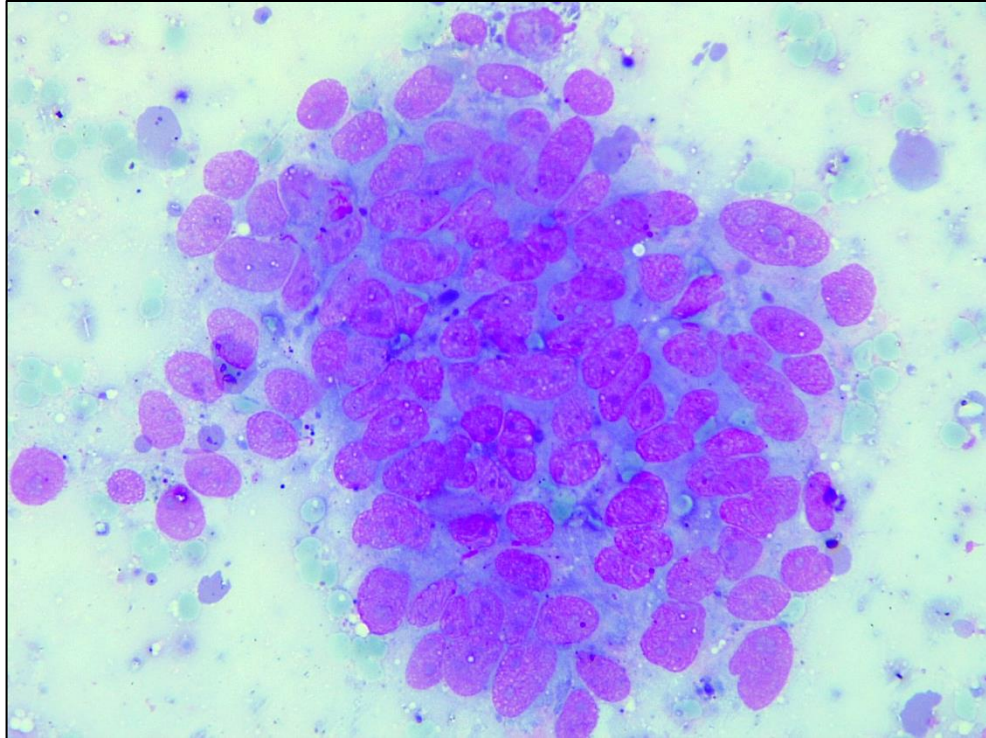
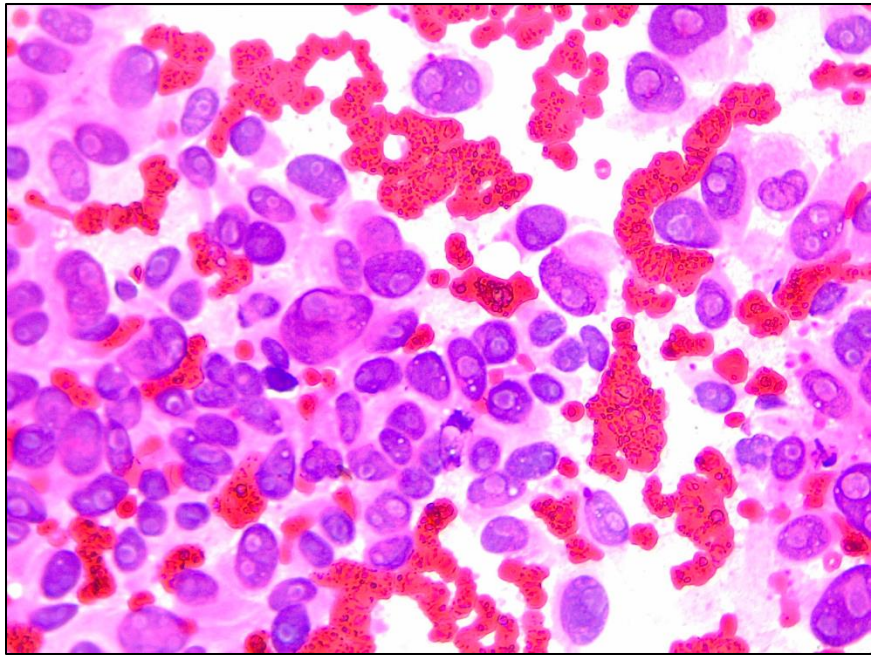


What next ????

Review of History

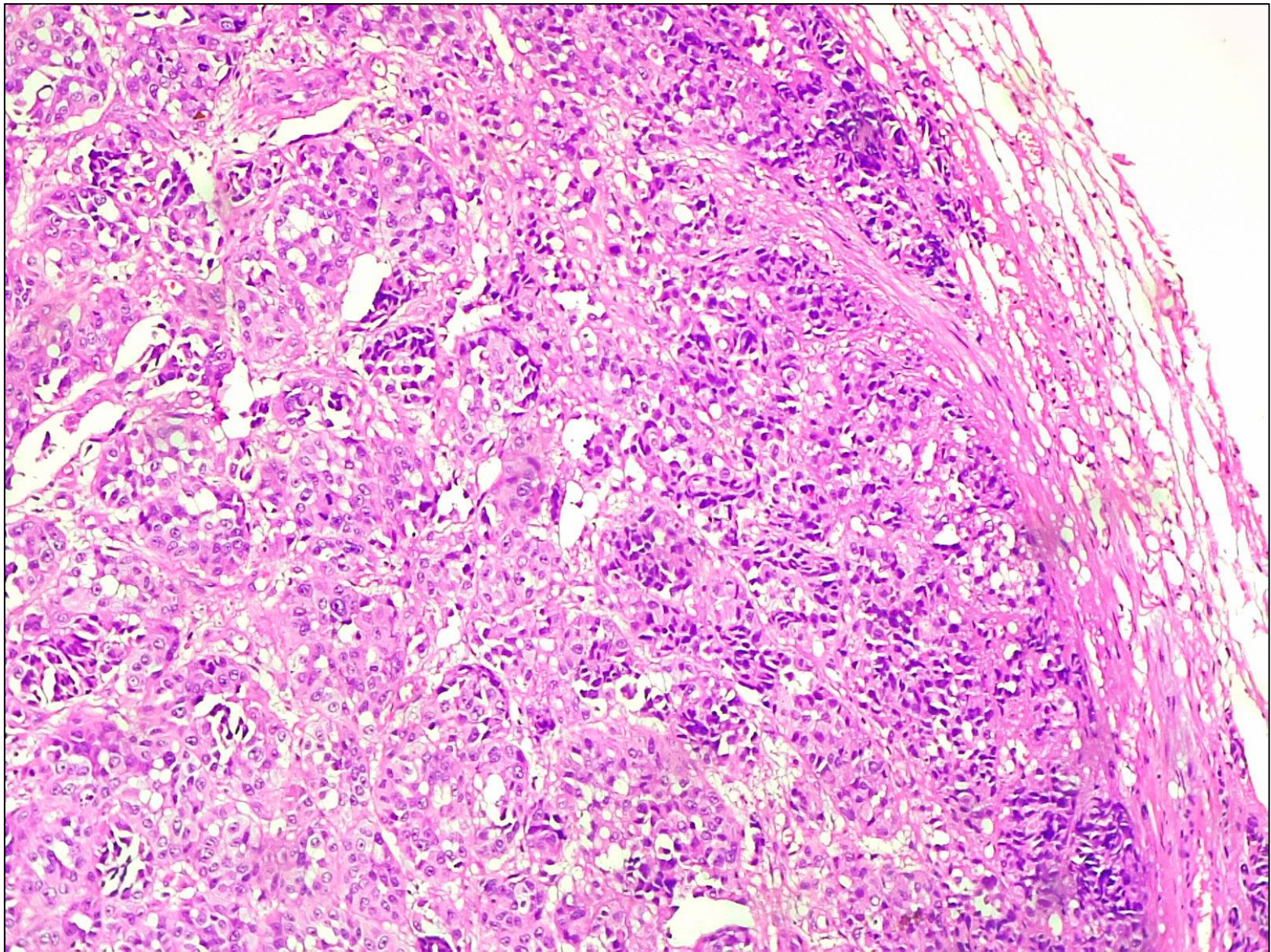
- USG findings were suggestive of multiple enlarged lymph nodes in the retroperitoneum, right internal & external iliac & inguinal regions, largest measuring 6.5 x 4.8 x 4 cm in right inguinal region. Imp: s/o lymphoma
- FNAC of was advised.

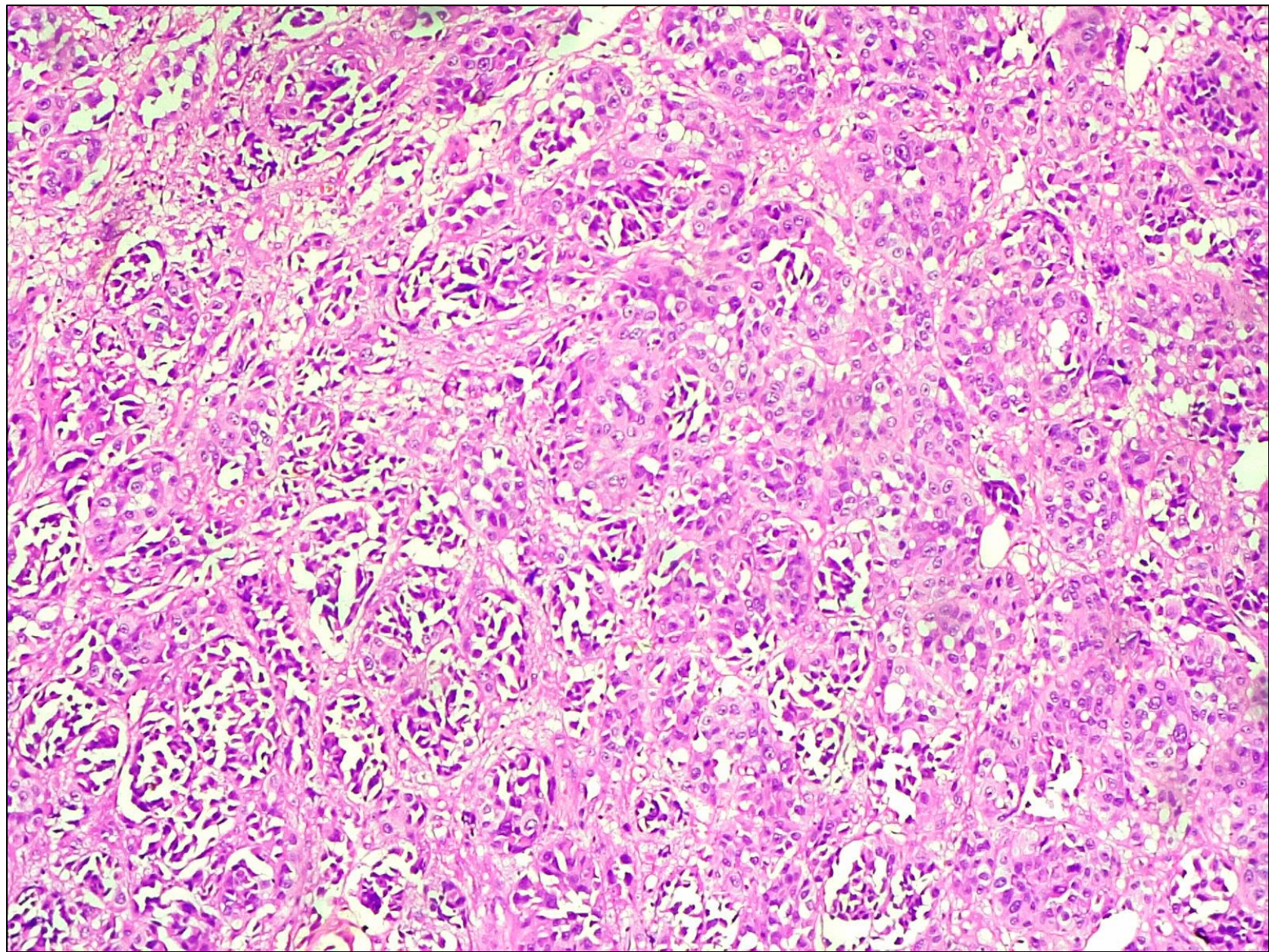


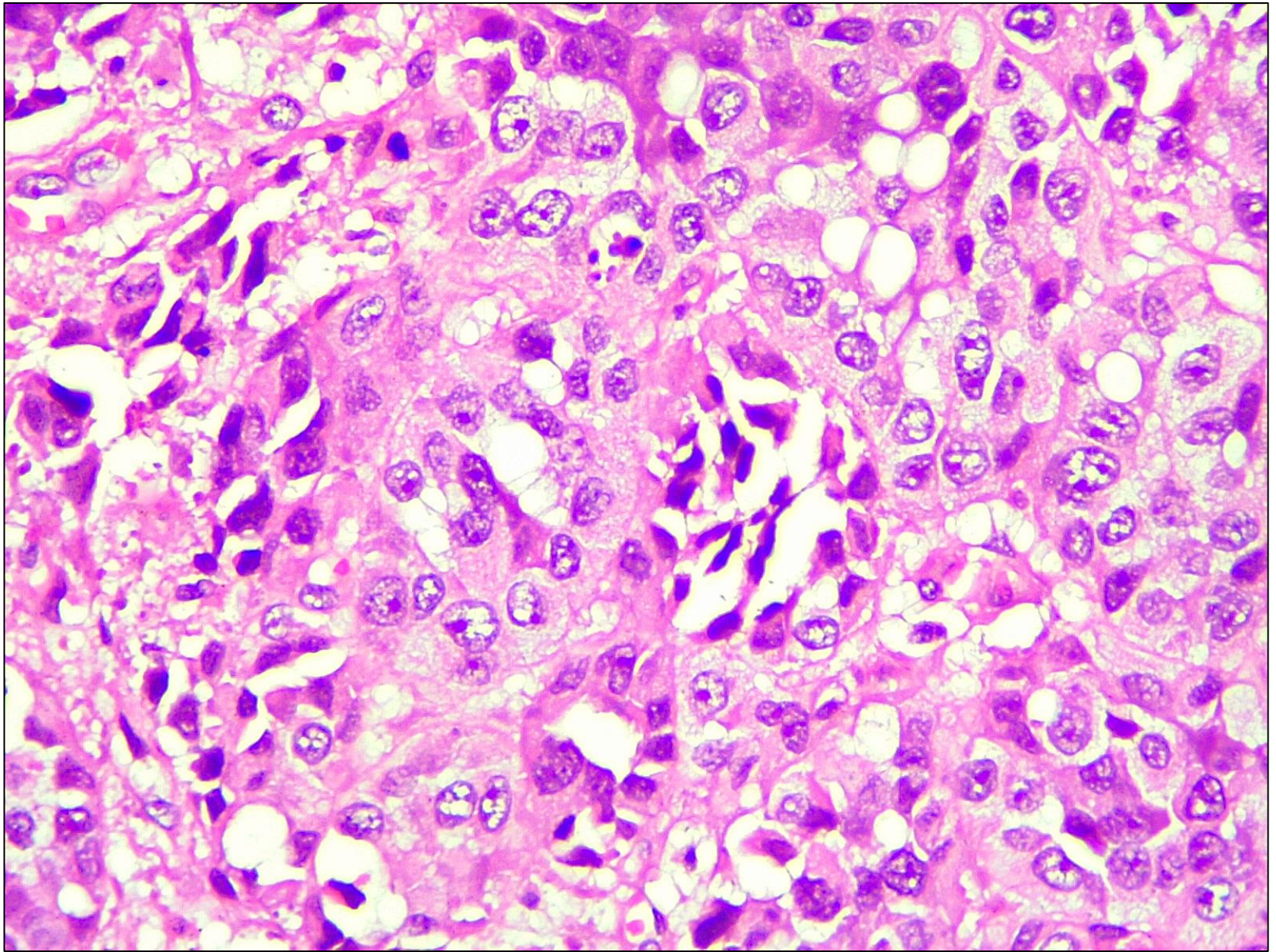


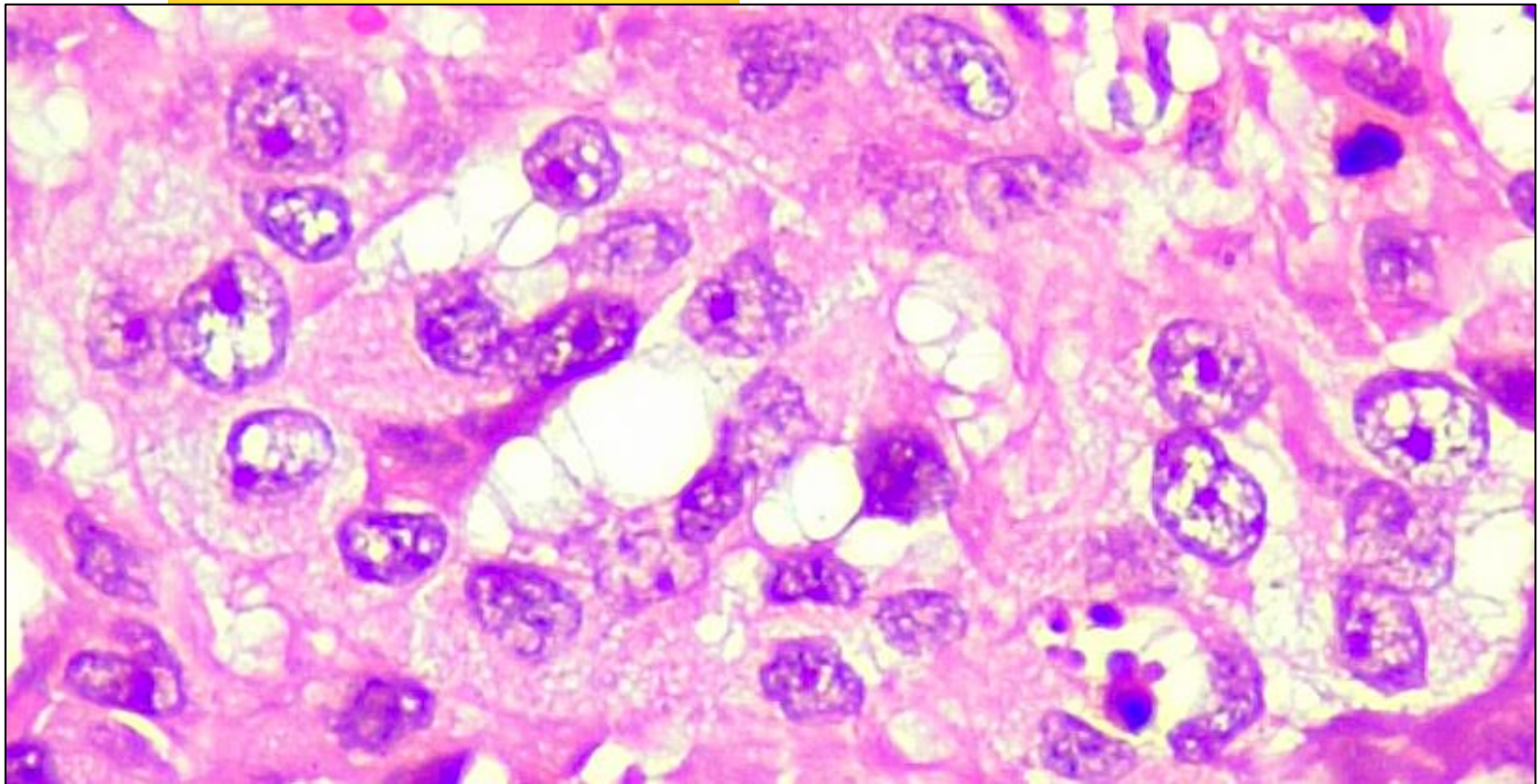
Diagnosis

- Metastasis of poorly differentiated malignant tumor
- Advice: Biopsy of right inguinal lymph node.



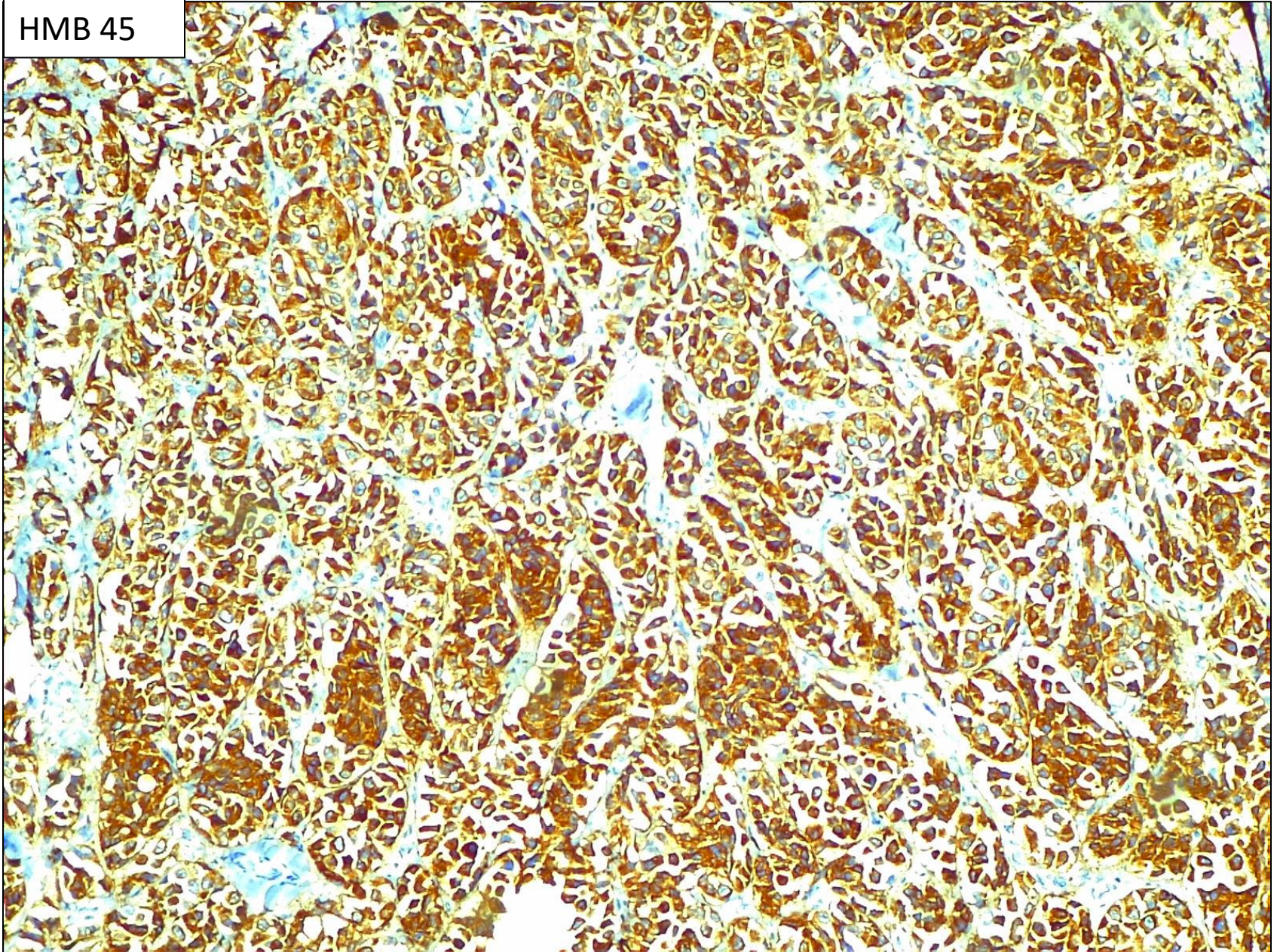




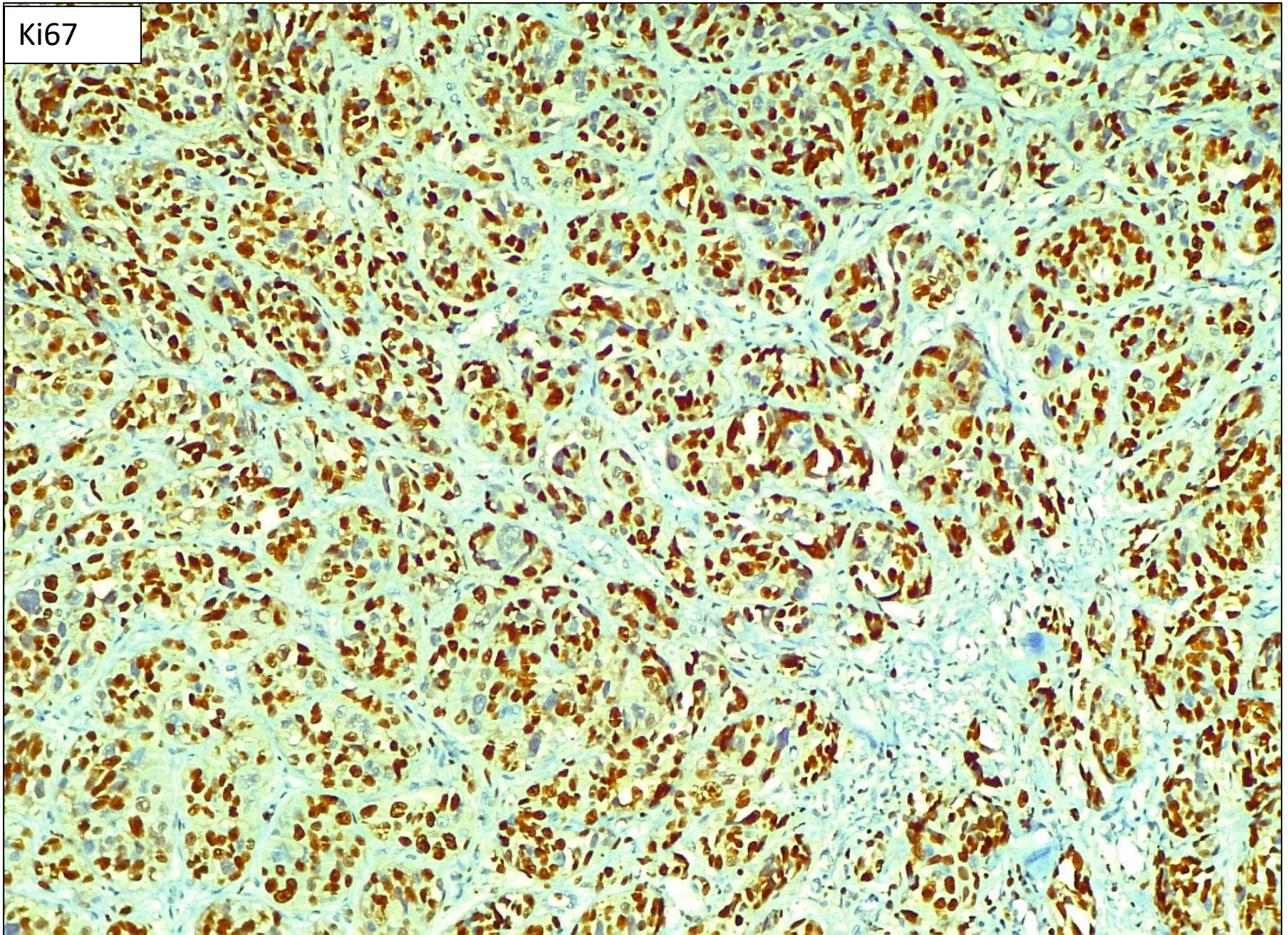




HMB 45



Ki67

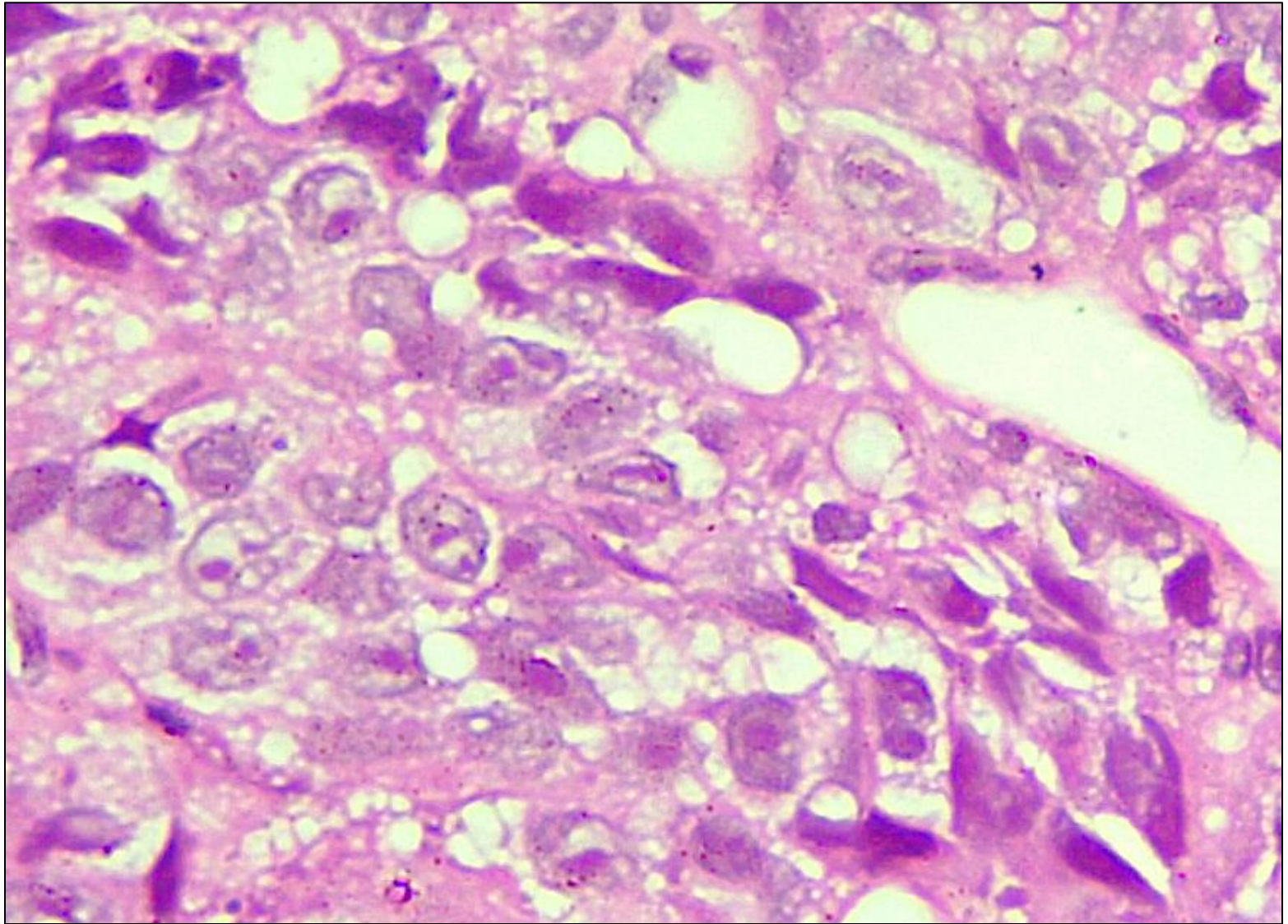


Diagnosis

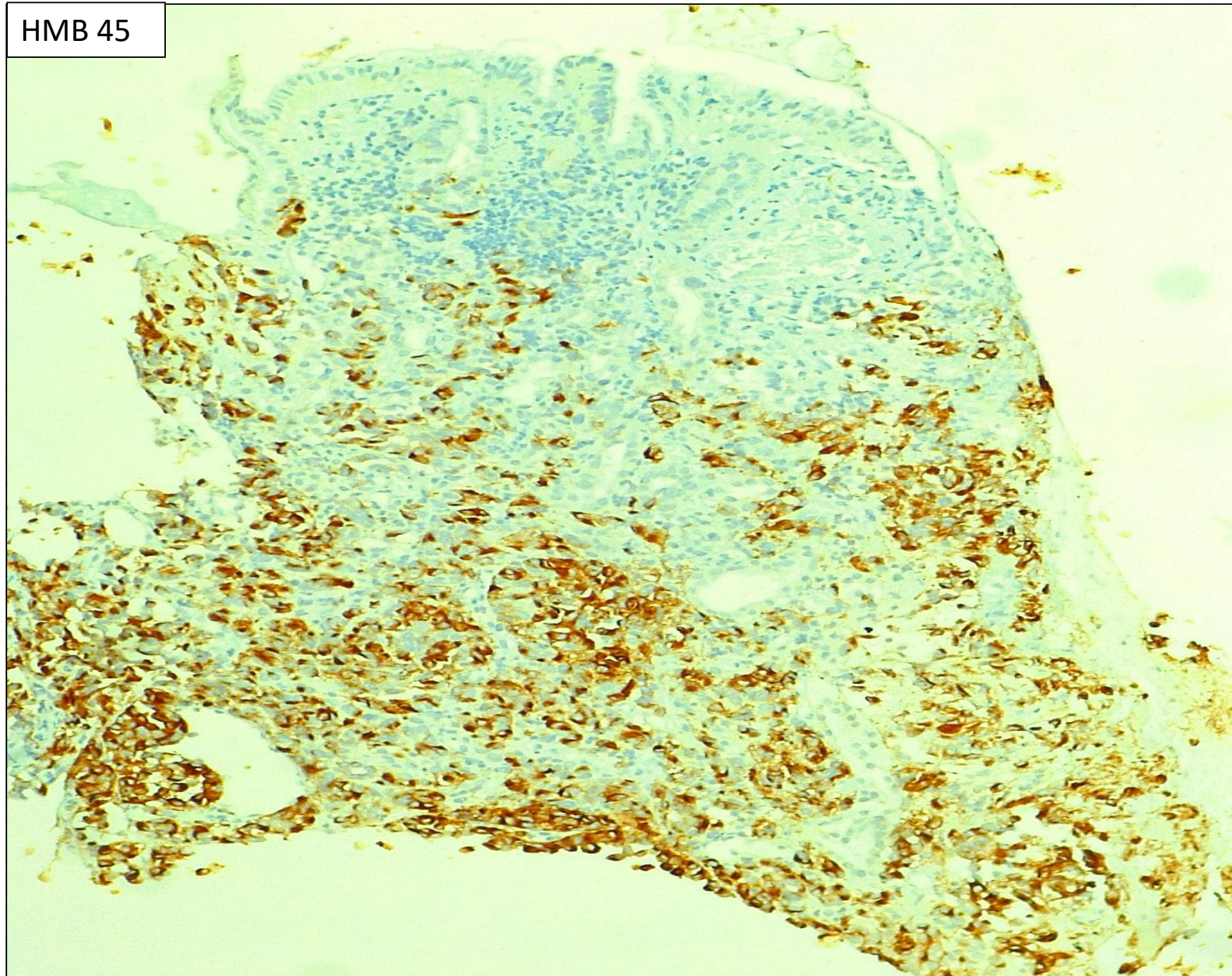
Metastasis of amelanotic melanoma.

Back to our biopsy





HMB 45



Final Diagnosis

Metastasis of amelanotic melanoma to stomach

As the patient was lost to further follow up, the primary site remained unresolved.

Discussion

- Metastatic melanoma can affect any organ of human body.
- Most common sites: skin, lung, brain, liver, bone, and lastly intestine.
- Metastasis to stomach is rare and usually not discovered until late.

- Treatment : Irrespective of the site of metastasis, Rx remains similar. As the stomach is rarely the only site of metastasis, systemic therapy is generally used.
- Prognosis: Poor in most melanomas with gastric metastasis.
- The average time for a primary melanoma to metastasize to the gastrointestinal tract is estimated to be 52 months.

- Additionally, gastric mucosa has a rich lymphatic and vascular supply, making gastric metastases particularly aggressive.
- Median survival is usually from 4 to 6 months.
- Focal or weak expression of at least one neuroendocrine marker was identified 37.2% cases.
- None of the cases will co-express all the neuroendocrine markers. It has no prognostic significance though.

- Amelanotic melanoma (AMM) is a rare form of melanoma (2-8%) which lacks visible pigment.
- Due to the achromic manifestation - difficult to diagnose.
- Hence often progresses into an invasive disease due to delayed diagnosis.
- Less favorable prognosis compared to other subtypes of melanoma.
- Thus, early identification and prompt therapeutic intervention enhances the prognosis of AMM.

References

- Groudan K, Ma W, Joshi K. Metastatic Melanoma Presenting as a Gastric Mass. *Cureus*. 2020 Dec 3;12(12):e11874. doi: 10.7759/cureus.11874. PMID: 33415027; PMCID: PMC7781786.
- Wong K, Serafi SW, Bhatia AS, Ibarra I, Allen EA. Melanoma with gastric metastases. *J Community Hosp Intern Med Perspect*. 2016 Sep 7;6(4):31972. doi: 10.3402/jchimp.v6.31972. PMID: 27609722; PMCID: PMC5016813.
- Wu Y, Lai Y, Zhang M, Li Z. Prognostic significance of the aberrant expression of neuroendocrine markers in melanomas. *Diagn Pathol*. 2021 Aug 28;16(1):78. doi: 10.1186/s13000-021-01135-x. PMID: 34454530; PMCID: PMC8403415.

Thankyou!