Editor's snapshot: an unexpected duodenal finding

Andrew David Nelson, Gillian H Bain, Ashley D Graham, et al.

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EDITOR’S QUIZ: GI SNAPSHOT

Editor’s snapshot: an unexpected duodenal finding

CASE DESCRIPTION
A 32-year-old Caucasian man presented with a 2-month history of fatigue, 4 kg weight loss and vague dyspepsia. He described no vomiting and no lower gastrointestinal symptoms. He was previously healthy with no significant past medical history, did not smoke and consumed around 10 units of alcohol per week. Systemic examination was normal. Blood tests revealed a mild normocytic anaemia (haemoglobin 128 g/l) with normal haematins. Urea and electrolytes, liver function tests, calcium and c reactive protein were all within normal limits.

Upper gastrointestinal endoscopy revealed an unusual raised lesion in the second part of the duodenum (figure 1).

QUESTION
What is the diagnosis?
See page 1601 for answer

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Contributors ADN drafted and revised the article. He is guarantor. GHB provided the image used in figure 1 and reviewed the draft article. ADG provided and annotated figure 2 as well as drafting the description of the histological findings in the discussion section. MCN and JSL reviewed and amended the draft article.

Competing interests None.

Ethics approval The study (upper gastrointestinal endoscopy) was performed as part of this patient’s management with his consent. We feel we have anonymised the information presented and that approval by an ethics committee is not needed.

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ANSWER
From question on page 1590

DISCUSSION
Histology (figure 2) and immunostudies confirmed malignant melanoma (lesional cells S100 and melan-A positive). CT showed lung, adrenal and cerebral metastases and skin examination revealed no primary lesion. Histological review of a naevus excised 6-years previously showed subtle melanoma, not appreciated originally. Our patient received four cycles of dacarbazine-cisplatin chemotherapy, but required surgery for intussusception. Gastrointestinal tract involvement occurs in around 60% of metastatic melanoma patients with only 4% diagnosed before death. Initial presentation with duodenal metastasis is unusual and limited to case reports, with typical symptoms including abdominal pain, bleeding and obstruction due to intussusception. Lesions are typically polypoidal and may be multiple.

Metastatic melanoma carries a dismal prognosis. Standard chemotherapy using dacarabine achieves response rates around 10% with median survival of less than 1 year. Around 50% of melanomas contain the activating V600E mutation in the serine–threonine protein kinase (B-RAF) gene which is targeted by vemurafenib. A recent phase 2 study showed a response rate of 48% with vemurafenib versus 5% with dacarabine therapy with good tolerability. Our patient was ineligible for vemurafenib due to intracerebral metastases. Despite rarely presenting to gastroenterologists, this case highlights the subtle nature of this disease as well as the recent changes in oncological treatment.

Figure 2  Histology from the duodenal lesion showing infiltration of the lamina propria by cytologically malignant epithelioid cells associated with prominent brown pigment (Haematoxylin and eosin; original magnification 40×).

Gut microbiota

REFERENCES