

Primary Melanoma of GI Tract, a Challenging Diagnosis: Two Case Report and Literature Review

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Abstract

Although melanoma accounts for 1% of all skin tumors, it is a leading cause of death from this group of pathologies. Melanoma metastasis has a preference for the GI tract, also due to the biological proximity between melanoma cells and GI epithelial cells. The digestive tract ante mortem accounts for 1-5% of melanoma metastases, postmortem it actually results in 60% of them, occupying an important place in the protocols of follow-up and diagnosis of melanomas.

Primary melanoma of the GI tract is a rare event and various studies refer to it as melanoma metastasis from an unknown site and accounts for about 2.5% of GI tract tumors. The diagnosis in this case is challenging, not only because of the histopathological features that are rarely typical of melanoma and require specific examinations for diagnosis, but more because of the staging and subsequent follow-up and treatment protocols, because the lack of evidence of a primary focus does not always exclude it, complicating the patient's follow-up and subsequent treatment.

We present two specific cases of gastrointestinal melanoma: a 45-year-old man with a submucosal resection for a rectal polyp which resulted in a non-pigmented epithelioid melanoma and a 73-year-old man with hematemesis diagnosed post gastrectomy, after detailed examinations, resulted in a pigmented malignant melanoma.

The diagnosis of GI tract primary melanoma is a challenging diagnosis because of its rarity, but it should be considered in the differential diagnosis by the pathologist.