Authors analysed 15 cases with visceral metastasis of melanoma. In eight cases the primary was unknown but in seven cases the data about primary was known. From 15 patients 10 were male and 5 female. All metastases were in abdominal cavity (liver-3, abdominal lymph nodes-4, stomach-2, bowel-4, omentum-1, spleen-1, oesophagus-1, adrenal-2 cases. In one case metastatic deposit was in brain and in one case in the vertebral body. In 6 cases visceral metastases were in more than one location. Key words: melanoma, metastasis, lymph nodes

UVOD

The melanoma arise most often in the skin. The most common first site of distant metastases (either alone or in combination) is skin (38%), lung (36%), liver (20%) and brain (20%) (Balch CM, et al, 1983). Brain metastases are clinically diagnosed in the majority of patients six months after diagnosis of primary cutaneous lesion (Fidler JJ, et al, 1999). Visceral metastases are rare. Metastases in other localisation is quite uncommon. In retrospective analysis of 40 patients with unknown primary melanoma lymph node metastases were found in 65% of cases, visceral lesions in 28%, and 8% were present in subcutaneous tissue (Nabari KK, et al, 1997). Visceral metastases depend on age, clinical stage, histologic type. The dissemination occurs in certain specific patterns with different clinical behavior (Akslen LA, et al, 1988). Premkumar A et al (1992) performed MR imaging in 48 patients with melanoma metastatic to visceral organs. Symptomatic metastases within the biliary tree are very rare. Thompson JF et al (1993) presented a case of metastasis in biliary three with obstructive jaundice and in whom computerized tomography (CT) scan revealed a spherical filling defect 1 cm in diameter in a lower end of common bile duct. Bedo F. et al (1996) described the metastasis of melanoma in gallblader. The prognosis is depended of early detection and surgical removal.

MATERIAL

We investigated 15 cases of visceral melanoma metastases (Table 1). In 5 cases the primary localisation was known and in eleven cases unknown. The metastases were present in gaster in three cases, small bowel (4 cases), liver, vertebra, adrenal and lymph node in 1 case per each localisation. In known primary localisation metastases developed from 2 to 9 years after the diagnosis of primary. The male patients predominate over the female patients (9 and 2 respectively). (Table 1)

Case 1


Case 2

Male, 59 years old. The primary localisation is the skin on back (1993). The first metastases in the left axillary lymph nodes (1995), the second in the right axillary nodes (1997) and in the subcutaneous tissue. The visceral metastases in the pyloric region.

Chemotherapy: 9 cycles (Velbe, Cisplatin), BCG, Nolvadex.
TABLE 1

VISCERAL MELANOMA

<table>
<thead>
<tr>
<th>Rb</th>
<th>Surg N</th>
<th>inic</th>
<th>m/f</th>
<th>age</th>
<th>primary</th>
<th>FI</th>
<th>metastasis</th>
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<td>598/98</td>
<td>ŽD</td>
<td>m</td>
<td>72</td>
<td>temps</td>
<td>5 yrs</td>
<td>liver brain</td>
<td>Cisplatin, DTIC, Interferon, BCG, Nolvadex 8 cycles</td>
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<td>2</td>
<td>137/99</td>
<td>CD</td>
<td>m</td>
<td>59</td>
<td>back</td>
<td>9 yrs</td>
<td>gaster</td>
<td>Velbe, DTIC, Nolvadex</td>
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<td>MM</td>
<td>m</td>
<td>68</td>
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<td>m</td>
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<td>gaster, adrenal, LN omentum</td>
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<td>KG</td>
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<td>f</td>
<td>61</td>
<td>u</td>
<td>u</td>
<td>lien</td>
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</table>

Case 3.

Male patient, 68 year old. The primary was in the right eye iris. The metastases are in lumbar vertebra 3 and 4, proximal part of both femur and in the liver. The diagnosis of iris melanoma was made after the diagnosis of metastatic lesions.

Therapy: clastoban tablets and symptomatic therapy. The diagnosis is made on bone biopsy.

Case 4.

Female, 55 year old. The primary localisation was unknown. This is the second gastric operation (the first 2 years before). No chemotherapy. The metastasis was present in the gastric submucosa.

Case 5.

Male patient, 40 years old. The primary localisation unknown. The secondary lesions in the jejunal wall and mesenteric lymph node. No chemotherapy. The diagnosis was made after exploratory laparotomy.

Case 6.

Male patient, 72 year old. The metastatic lesion in the gaster, adrenals, omentum and mesenteric lymph nodes. The therapy: surgery. Primary localisation was not found.

Case 7.

Male patient, 78 years old. The primary localisation unknown. Liver metastasis. No chemotherapy. Histological diagnosis was metastatic melanoma.
Case 8.

Female patient, 40 years old. Primary is in the skin of left leg (SSM: Clark III, Breslow 1.7 mm). Diagnosis is made in 2000 year. The metastases are in left ovary, retroperitoneal region large bowel, jejunum. Diagnosis was made after exploratory laparotomy.

Case 9.

Male patient, 49 years old. Primary localisation unknown. The metastatic lesion in the liver and pancreas. Exploratory laparotomy.

Case 10.

Male patient, 69 years old. The primary localisation unknown. The secondary lesions is in small bowel wall. Metastasectomy was made.

Case 11.

The male patient, 69 years old. The primary unknown. The secondary lesion in large bowel wall. Surgical metastasectomy was made.

Case 12.

Male patient, 52 years old. The primary unknown. Metastatic lesions in oesophageal wall, distal part. Hilar lymph nodes, right adrenal. Exploratory laparotomy was done.

Case 13.

Male patient, 73 year old. In pancreatic region tumor mass. After partial pancreatectomy the diagnosis of metastatic melanoma was made. Unknown primary.

Case 14.

Female patient, 57 year old. In small intestine region tumor mass. She was opereted 5 years before for crural melanoma. The mass was metastatic deposit of melanoma. Exploratory laparotomy with metastasectomy was made.

Case 15.

Female patient, 61 year old with splenomegaly. Histologically melanoma depositist was identified. Splenectomy was made.

DISCUSSION

We analysed fifteen cases with visceral metastases of melanoma. In eight cases the primary was unknown and in four cases the primary localisation was known. Interestingly 10 patients were male and only two female. All visceral metastases were in abdominal cavity (liver-4, abdominal lymph nodes-4, stomach-2, small bowel-4, omentum -1, oesophagus -1 and adrenal -2). The other metastases were in brain (one case) and vertebra (1 case). Most of these metastatic lesions were achromatic and developed hematogenously. The immunohistochemical method using HMB-45 antibody is very useful in diagnosis.

We presented experience of one Institution. In our cases exploration was made and the tumor mass or masses was removed. The histological diagnosis in all cases was malignant melanoma. The metastasectomy was in the same time diagnostic and therapeutic procedure. The further treatment was only paliative.

SUMMARY

VISCERALNE METASTAZE MELANOMA

Analiza 15 slučajeva

Autori su analizirali 15 bolesnika sa visceralnim metastazama melanoma. U 8 slučajeva nije bilo podataka o primarnom tumoru dok je u sedam slučajeva bilo podataka o primarnom melanomu. Od 15 bolesnika 10 su bili muškarci a samo 5 žene. Sve metastaze su bile u abdominalnoj duplji (jetra-3, abdominalni limfni ćvorovi-4, želudac -2, crevo-4, omentum-1, jednjak-1, slezina-1 i nadubreg -2 slučaja. U jednom slučaju metastaze su bile u mozgu i u jednom slučaju u kičmenom stubu. U 6 slučajeva visceralne metastaze su bile na više od jedne lokalizacije. Ključne reči: melanoma, metastaze, limfni ćvorovi

BIBLIOGRAPHY