

## LAPAROSCOPIC ATYPICAL GASTRECTOMY FOR THE TREATMENT OF AN ISOLATED METASTASIS FROM MELANOMA – CASE REPORT

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### BACKGROUND

Melanoma metastasize preferentially to the skin, subcutaneous tissue, brain, lungs and liver. Gastric metastasis from cutaneous melanoma are very rare and there are few cases published so far. There are no set criteria for surgical intervention.

### CASE REPORT

Female patient, 57 years old

#### 2016

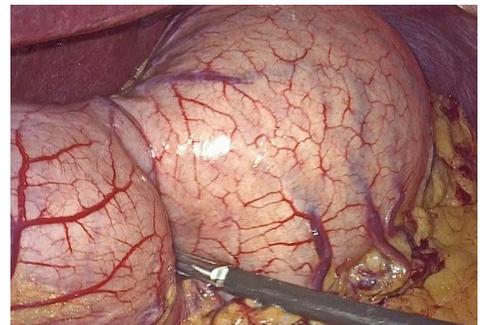
- Diagnosed with cutaneous melanoma on the 3<sup>o</sup> finger of the left hand → Treated with finger amputation and SLNB
- Histological exam: Breslow of 5mm, 1 mitosis/mm<sup>2</sup>; the isolated lymph nodes were negative
- The patient was proposed for surveillance

#### 11/2019

- The patient did a screening upper endoscopy, and it detected a gastric lesion
- The biopsy of this lesion was compatible with metastasis from malignant melanoma. PET-CT was positive for metastatic lesion in the proximal gastric body with no evidence of disease elsewhere.
- Multidisciplinary meeting → Surgery

#### 07/2020

- Laparoscopic atypical gastrectomy with the support of upper endoscopy in the operating room
- The intervention and post-operative course were uneventful
- Histologic exam: a metastasis of malignant melanoma excised with negative margins.



### FINAL CONSIDERATIONS

Patients with visceral melanoma metastasis usually have a very poor prognosis with a median overall survival of less than a year. Despite this, if the patient has a good performance status and a R0 resection is possible, surgical treatment could be considered.