

Melanoma of the Esophagus: Endoscopic Findings of Superficial and Advanced Tumors

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Keywords

Melanoma; Esophageal cancer

Clinical Image

We present two cases of representative endoscopic findings of melanoma of the esophagus (Figure 1) shows a superficial type of esophageal melanoma. A slightly elevated black pigmentation covering the esophageal wall entirely at 21 cm to 28 cm from the incisors is visible. Thoracoscopic and laparoscopic esophagectomy and cervical anastomosis using a gastric conduit were performed. Pathological examination and immunohistochemistry staining of the resisted specimens showed a melanoma of the esophagus with the depth of T1b-SM3 and no regional lymph node metastasis (Figure 2) shows a protruding advanced tumor surrounded by a superficial pigmentation of melanoma. Thoracoscopic and laparoscopic esophagectomy and a cervical anastomosis using a gastric conduit were performed. Pathological examination and immunohistochemistry staining showed melanoma of the esophagus with a depth of pT4a (adventitia) and regional lymph node metastasis.

Melanoma generally occurs on the skin of the whole body as a black pigmentation and rarely occurs in the digestive tract. In a previous study, Makuuchi et al. reported that the incidence of melanoma of the esophagus was 0.3% among all histological types of esophageal cancers in Japan and the prognosis was extremely poor [1]. Despite recent improvements in the outcomes of patients

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Figure 1: Superficial esophageal melanoma. A slightly elevated black pigmentation is visible at 21–28 cm from the incisors.



Figure 2: Advanced esophageal melanoma. Aprotruding tumor surrounded by a superficial pigmentation is visible.

with melanoma based on the advances in molecular targeted drugs [1,2], surgical resection remains the mainstay of treatment strategies and neoadjuvant or adjuvant therapies have not yet been established for patients with esophageal melanoma. A multimodal therapeutic strategy is urgently needed to treat this desperate disease [3].

References

- Makuuchi H, Takubo K, Yanagisawa A, Yamamoto S. Esophageal malignant melanoma: analysis of 134 cases collected by the Japan Esophageal Society. Esophagus. 2015;12(2):158-69.
- Tapalian SL, Sznol M, McDermott DF, Kluger HM, Carvajal RD, Sharfman WH, et al. Survival, durable tumor remission, and long-term safety in patients with advanced melanoma receiving nivolumab. J Clin Oncol. 2014;32(10):1020-30.
- Weber J, Mandala M, Del Vecchio M, Gogas HJ, Arance AM, Cowey CL, et al. Adjuvant nivolumab versus ipilimumab in resected stage III or IV melanoma. N Engl J Med. 2017;377:1824-35.