



## Severe anemia in a patient with vulvar melanoma

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### ARTICLE INFO

#### Article history:

Accepted 10 July 2020

Available online 1 September 2020

We report the case of a 78-year-old woman with a history of surgical excision of vulvar melanoma (VM; stage IV c-Kit<sup>ex-17</sup> mutated) who developed lung and nodal metastases, achieving 9-month complete response from anti-PD1 MoAb. She gave written consent for this publication; ethics committee approval was waived because of the case report format. Subsequently, the onset of fatigue associated with severe anemia (up to Hb 7.5 g/dL) occurred. Gastroscopy, colonoscopy, and hematologic investigations, such as bone marrow biopsy, were negative. The computed tomography scan showed an unspecific dilatation of the small bowel loops without air fluid levels. Based on these findings, she underwent video capsule endoscopy, showing an irregular, hyperemic, bloody, and pigmented ulcer of the first jejunal loop.

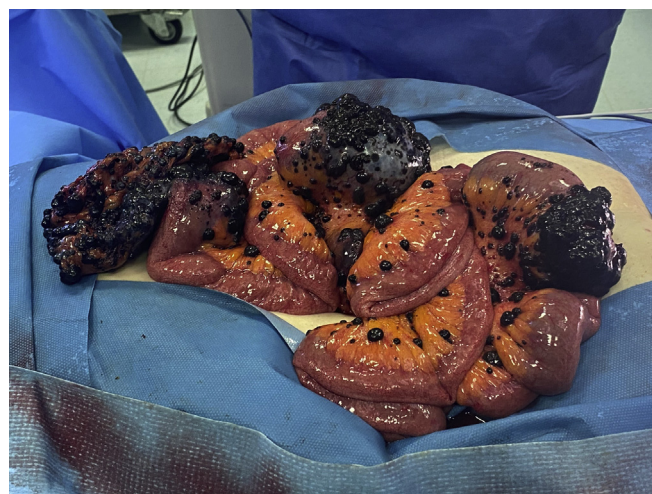
The patient was scheduled for surgical exploration. Laparotomy demonstrated an appalling, unexpected spreading of pigmented nodules coating the small bowel, great omentum, and parietal peritoneum (Fig 1) leading to 3 stenoses of the first, terminal jejunal, and last ileal loops. We performed 3 segmental resections of the stenoses, followed by mechanical anastomoses. Histology confirmed the metastatic spread of c-Kit<sup>ex-17</sup> mutated melanoma (Fig 2). The recovery was uneventful, and she was discharged after 15 days, thus starting a second-line therapy with Imatinib.

Marco Tucci and Alessandro Pasculli equally contributed to the present article.

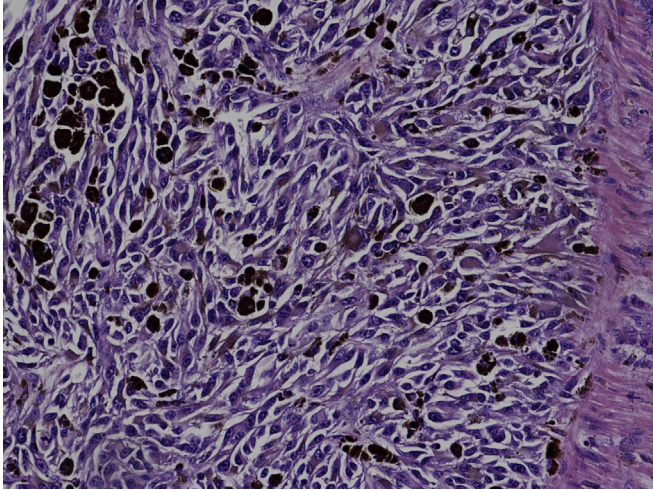
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Vulvar melanoma is a rare disease that accounts for 5% of all vulvar malignancies, showing low survival and high recurrence rate.<sup>1</sup> It occurs in elderly patients and mostly affects the clitoris and labia minora while being amelanotic in the 25% of cases.<sup>2</sup> c-Kit mutations characterize 31% of VMs, whereas Exon 17 ones, occurring in the 25% of cases, lead to a worse prognosis.



**Fig. 1.** Intraoperative findings of massive metastatic spread of melanotic melanoma nodules on the small bowel, great omentum, parietal peritoneum. The abdominal metastases are pigmented and spread almost ubiquitously, showing necrotic areas causing chronic bleeding and bowel stenoses.



**Fig. 2.** Multiple nodular localizations of melanotic melanoma in the small bowel wall and omentum, with extension from the subserosa to the mucosa. An extensive plexiform, perivascular and perineural distribution is present with a growth pattern characterized by nests, columns, and sheets of large atypical cells, destroying the normal intestinal structures.

Cutaneous melanoma frequently spreads toward gastrointestinal tract (50% of cases) although antemortem diagnosis occurs

only in 1% to 5% of cases.<sup>3</sup> VM is not apparently characterized by such a metastatic potential. This report represents the first case of diffuse gastrointestinal metastases from vulvar melanoma and underlines the pivotal role of video capsule endoscopy for their management.

#### **Conflict of interest/Disclosure**

All authors declare that they have no conflict of interest.

#### **Funding/Support**

This article received no funding.

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