

CLINICAL IMAGE

A rare cause of rectal bleeding

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Key Words : Anorectal melanoma, malignant melanoma, rectal bleeding

A 65 year-old-woman with a prior history of diabetes mellitus, heart failure and atrial fibrillation, was referred to our endoscopy unit because of rectal bleeding. Digital examination of the rectum revealed a firm, nonobstructing mass near the anal verge. Rectosigmoidoscopy showed a 3cm, blackish mass which is located next to internal hemorrhoids, and just above the dentate line (Figure 1). Biopsy of the mass lesion was performed. Bleeding after biopsy procedure was controlled by argon plasma coagulation therapy. What is your diagnosis?

The histopathological examination of the biopsy showed malignant melanoma, and S-100, HMB-45, Melan-A expression was positive with immuno-

histochemical staining (Figure 2a, b, c). Computed tomography (CT) of the thorax and abdomen showed no evidence of metastasis. Dermatologic and ophthalmologic examinations revealed no evidence of cutaneous or ocular primary lesion. The patient was diagnosed as primary anorectal melanoma and she underwent abdominoperineal resection due to lack of distant metastasis.

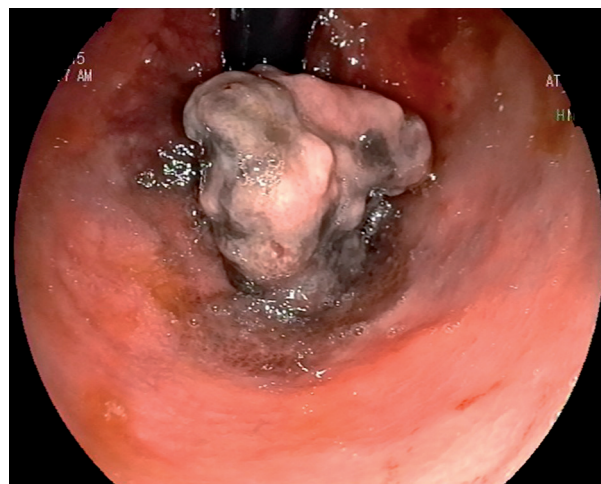


Figure 1. — Endoscopic picture of the mass.

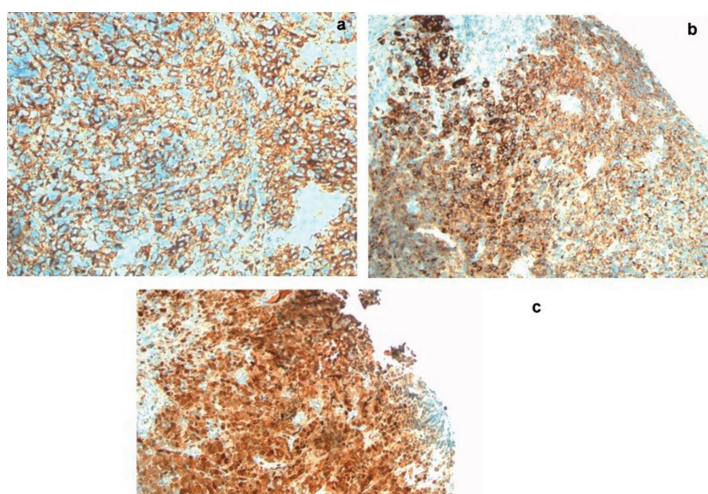


Figure 2. — Immunohistochemical staining with HMB-45 (a), Melan-A (b) and S-100 (c) stains.

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Submission date : 13/02/2018
Acceptance date : 15/02/2018