Uncommon cause of acute abdomen in adult patient

F. Carboni[1], F. Marandino[2], M. Valle[1]

(1) Department of Digestive Surgery, IRCCS Regina Elena National Cancer Institute, Rome, Italy ; (2) Department of Pathology, IRCCS Regina Elena National Cancer Institute, Rome, Italy.

Case description

A 41-year-old woman presented with acute abdominal pain, constipation and vomiting. Past history included immunotherapy for metastatic lymphnodes in the right axilla from metastatic melanoma of unknown primary for 20 months. No clinical response occurred and chemotherapy with carboplatin and placitaxel was performed for 4 months obtaining stable disease. At admission, physical examination revealed acute abdomen with pain, distension and absent bowel sounds. Laboratory tests were unremarkable. Computed tomography (CT) scan showed ileocolic invagination with dilated proximal small bowel (Fig. 1).

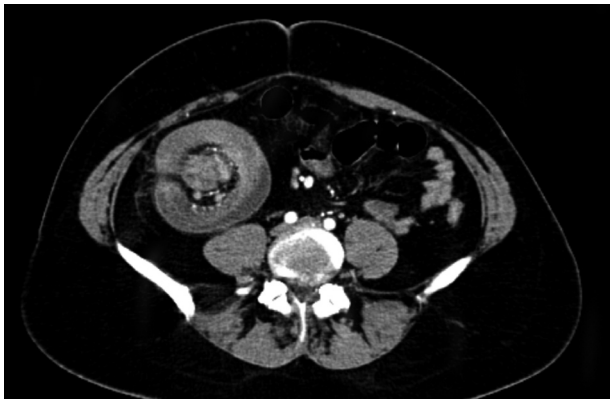

Fig. 1. — CT scan showing ileocolic invagination.

What is the diagnosis?

Emergency laparotomy showed intussusception in the ileocecal junction and reduction revealed two firm polypoid mass of 5 and 4 cm in the ileocecal region with narrowed lumen (Fig. 2a). Right hemicolectomy was performed. Microscopic examination showed malignant spindle cells neoplasm invading the intestinal wall, with negative lymphnodes. Immunohistochemical analysis was positive for Melanin A, HMB45 and S-100 (Fig. 2b), whereas Cytokeratins were negative. Histologic and immunhistochemical analysis were consistent with metastasis from melanoma. Postoperative course was uneventful and the patient was discharged 7 days later. Chemotherapy with Fotemustine was given and she is alive with stable disease 24 months after surgery.

Although up to 60% of patients who die with disseminated melanoma disease at autopsy have intestinal metastases, involvement is clinically diagnosed in less than of 5% of cases. The small bowel is the most common involved site, usually reflecting advanced disease and dismal prognosis (1). Diagnosis is challenging since symptoms are nonspecific, but acute presentation with obstruction, bleeding and perforation is rare. Intussusception represents an uncommon condition in adult patients, accounting for less than 5% of all intussusceptions and 1-5% of bowel obstructions. CT scan is the most sensitive imaging modality to detect the pathognomonic signs (2). Emergency surgery plays a role in the palliation of acute symptoms, but ileocolic intussusception due to metastatic melanoma is exceedingly rare (3). A combination of clinical history, morphological and immunohistochemical analysis is required to obtain the accurate diagnosis.

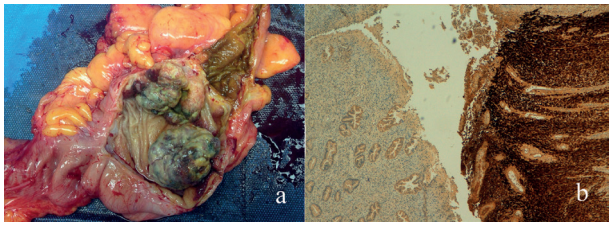

Fig. 2. — a : Macroscopic examination showing two firm polypoid mass in the ileocecal region. b : Immunohistochemical analysis showing diffuse positive staining for S-100 A.

Conflict of interest disclosure

The authors declare no financial relationship or others conflicts of interest relevant to this publication

References

1. HOLMBERG C.J., ALWAN G., NV L., BAGGE R.O., KATSARELIAS D. Surgery for gastrointestinal metastases of malignant melanoma: a retrospective exploratory study. *World J. Surg. Oncol*., 2019, **17** : 123.
2. AL-RADAIDEH A.M., OMARI H.Z., BANI-HANI K.E. Adult intussusception: a 14-year retrospective study of clinical and computed tomography diagnosis. *Acta Gastroenterol. Bel*., 2018, **81** : 367-372.
3. MANTAS D., DAMASKOS C., GARMPIS N., DIMITROULIS D., GARMPI A., GOGAS H. Abdominal emergencies in patient with stage IV melanoma: the role of surgery : a single-centre experience. *Anticancer Res*., 2019, **38** : 3713-3718.

Correspondence to : Dr. Fabio Carboni, Department of Digestive Surgery, IRCCS Regina Elena National Cancer Institute, via Elio Chianesi 53, 00144, Rome, Italy.
E-mail : fabiocarb@tiscali.it

Submission date : 30/01/2020
Acceptance date : 18/02/2020