

Metastatic Malignant Melanoma of the Papilla of Vater: An Unusual Case of Obstructive Cholestasis Treated with Biliary Prostheses

Adenocarcinoma is the most frequent malignant tumor of the papilla of Vater (1,2), and only a few cases of other malignancies been described in the literature (3). We report here on a case of metastatic malignant melanoma of the papilla, with endoscopic diagnosis and palliative treatment.

A 51-year-old man was diagnosed as having malignant melanoma with a brain metastasis, and received polychemotherapy. Three months later, the patient was readmitted due to progressive jaundice, pruritus, nausea, and vomiting, and the laboratory findings showed cholestasis. An abdominal ultrasound examination only found intrahepatic and extrahepatic bile duct dilation. Endoscopic retrograde cholangiography demonstrated a well-defined round black mass, 2 cm in diameter, occupying the papilla. Biopsy of the mass confirmed the diagnosis of malignant melanoma. Endoscopic sphincterotomy and placement of two

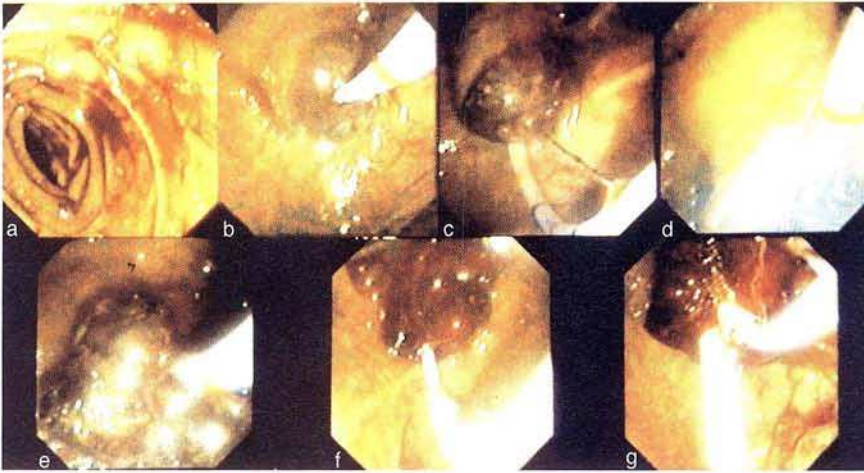


Figure 1: Endoscopy revealing typical melanoma metastases in the third part of the duodenum (a) and large papilla, with a dark tumor (b). A large endoscopic sphincterotomy did not provide biliary drainage (c, d) because of the size of the tumor, which everted from the duct after the sphincterotomy (e). Two 2.5-cm long 12-Fr Amsterdam-type plastic prostheses (f, g) stabilized the stent after the procedure, and allow adequate biliary drainage.

biliary prostheses (Amsterdam type) were followed by clinical improvement, with a reduction in the cholestasis (Figure 1). However, the patient's general condition deteriorated three months later, and he died due to the brain metastasis.

There have been few reports of endoscopic findings of metastatic melanoma in the upper gastrointestinal tract, although this tumor is the most common metastatic tumor in the small bowel and has been identified in postmortem studies in about 40% of patients with melanoma. However, it has only been found before death in 8% of the cases (5), most of these involving small-bowel intussusception or obstruction (4, 5). To the best of our knowledge, cholestasis due to metastatic melanoma of the papilla of Vater has not been previously reported. The placement of a biliary endoprosthesis usually results in symptomatic relief.

M. Sans, J. Llach, J.M. Bordas, V. Andreu, A. Campo, A. Castells, F. Mondelo, J. Terés, J. Rodés
Digestive Endoscopy and Gastroenterology Service, Liver Unit, and Dermatology Service, Hospital Clinic, Barcelona, Spain

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Corresponding Author

J.M. Bordas, M.D.
Endoscopy Unit, Hospital Clinic
Villarroel 170, 08036 Barcelona
Spain
Fax: +34-3-227 5454