

LETTERS TO THE EDITOR EDİTÖRE MEKTUPLAR

Esophageal melanocytosis

Özofageal melanositoz

To the Editor,

We report herein a rare case of esophageal melanocytosis that was found incidentally during upper endoscopy.

A 53-year-old woman was referred to the Gastroenterology Department for the investigation of elevated liver enzymes. She had a history of diabetes for 25 years and coronary artery balloon angioplasty a week before. She complained of epigastric pain and underwent upper gastrointestinal endoscopy. Upper endoscopy revealed a dark-brown, irregularly delineated mucosal discoloration in the lower third of the esophagus (Figure 1). Histologic examination of the endoscopic biopsy showed melanin pigment within the basal layer of the squamous epithelium and a few pigment-laden macrophages in the lamina propria (Figure 2). The pigment stained positively with Masson-Fontana and negatively with Prussian blue. Immunohistochemical stains were negative for S100 and HMB-45.

Esophageal melanocytosis is an uncommon benign lesion and it is exceedingly rare among the Western population (1). Only three cases are reported in the English literature from European countries - France (2), the Netherlands (3) and the United Kingdom (4). This lesion is usually located in the middle and lower third of the esophagus. Endoscopically, it is characterized by a circular, linear or oval flat dark-brown pigmented patch with irregular contours. Histologic features are characterized by melanocyte proliferation in the basal layer of the esophageal squamous epithelium. The lamina propria usually contains scattered melanophages. The major differential diagnosis includes melanocytic nevi and malignant melanoma. In contrast to melanocytosis, melanoma often presents as a

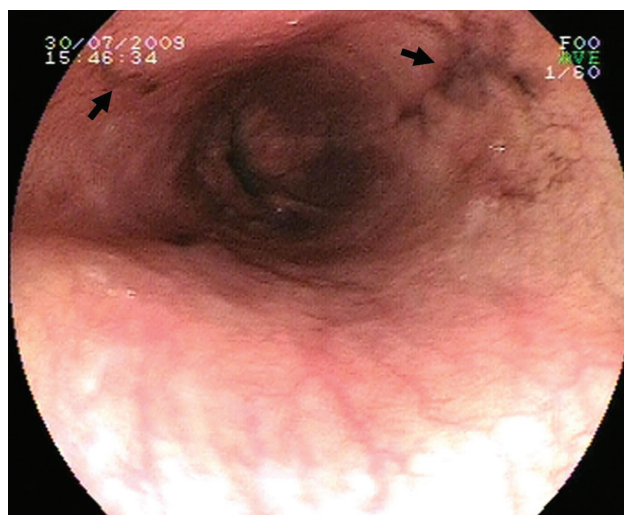


Figure 1. Endoscopy showing irregularly delineated dark-brown discoloration (arrows) in the lower esophagus.

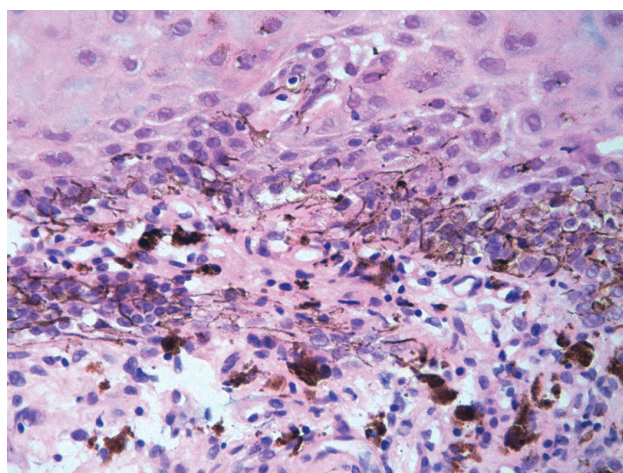


Figure 2. Biopsy showing increased dendritic melanocytes in the basal layer of the squamous epithelium and pigment-laden melanophages in the lamina propria (hematoxylin and eosin, X200).

polypoid mass endoscopically. Histologically, melanoma is mainly composed of atypical epithelioid or spindle cells. The absence of atypic melanocytic cells is essential for the exclusion of melanoma. Endoscopic differential diagnoses also include anthracosis, hemosiderosis, dye ingestion, and lipofuscin deposition (pseudomelanosis). These lesions may give rise to a similar endoscopic appearance

and can be excluded by identifying the nature of the pigment on histologic examination (1, 4).

Esophageal melanocytosis is a rare lesion that has no specific symptomatology and is usually discovered incidentally on endoscopy. There is no evidence of malignant transformation, and reported data suggest that this lesion requires no treatment or surveillance (5).

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Kemal DENİZ¹, Mehmet ÇELİKBİLEK²,
Edip TORUN², Mehmet YÜCESOY²,

Departments of ¹Pathology and ²Gastroenterology, Erciyes University, School of Medicine, Kayseri

Stomach full of ingested foreign bodies: More than a "metallic taste"

Yabancı cisimlerle dolu mide: Metalik tatdan daha fazlası

To the Editor,

A 20-year-old male was admitted to our gastroenterology outpatient clinic with complaints of dyspepsia and bloating. Upon further questioning, his parents reported that the patient had some psychological problems and had a habit of swallowing metallic objects. The physical examination was remarkable only for epigastric tenderness without peritoneal signs. A plain abdominal radi-

ograph revealed numerous accumulated foreign bodies in the stomach (Figure 1). During upper gastrointestinal endoscopic examination, we observed several foreign objects, including several nails, keys, safety pins, clippers, and a metallic identification tag, which were heaped together in the stomach cavity (Figure 2). Removal of some of the objects was attempted with forceps and a stan-

Address for correspondence: İlker TURAN
Gülhane Military Medical Academy, School of Medicine
Department of Gastroenterology Etlik 06010
Ankara, Turkey
Phone: + 90 312 304 40 43 • Fax: + 90 312 304 20 10
E-mail: ilkerturan@gmail.com

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