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Metastatic liver malignant melanoma of unknown origin

Primeri bilinmeyen metastatik karaciger malign melanomu

To the Editor,

Malignant melanomas usually originate from the skin (90%) (1). Cutaneous or subcutaneous nodules and lymph nodes are the most and abdominal viscera the least common sites of metastases of malignant melanomas. We discuss herein a patient with malignant melanoma in the liver of unknown origin.

A 60-year-old female admitted to the hospital with upper abdominal discomfort and a weight loss of 10 kg in the last two months. Abdominal ultrasound (USG) revealed liver enlargement (177 mm in diameter) with a mass lesion covering the right lobe and infiltrating the hilus of the left lobe. Laboratory analyses were in normal range. Serum alpha protein level was in normal range, and viral hepatitis serology was all negative except for antibody against hepatitis B antigen. Abdominal computed tomography (CT) showed multiple mass lesions in the liver, the largest in segment 5 with a diameter of 2 cm; some were observed to have central necrosis and enhanced with contrast agent in the arterial phase. The fine needle biopsy from the mass lesion in the liver revealed the diagnosis of malignant melanoma with EMA focally weak-positive, HMB45 focally strong-positive, and S100 diffuse-positive. Chromogranin was negative and mucin was also negative in neoplastic cells. This result was consistent with metastasis of malignant melanoma to the liver. There was no melanocytic origin or history of an excised melanocytic or pigmented lesion. Chest X-ray, ophthalmoscopy, examination of anogenital region, and upper and lower gastrointestinal endoscopy were all normal. Thereafter, the patient was diagnosed as stage 4 metastatic malignant melanoma of the liver of unknown origin according to the criteria of M.D. Anderson and not to be treated.

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Malignant melanomas are the common malignancies with ability to metastasize to the liver (1); moreover, acute hepatic failure was also described after liver metastasis of malignant melanomas (2). The percentage of metastatic melanomas of unknown origin was reported to range from 2.3-4.7% (3,5). The most commonly observed areas of metastatic melanomas of unknown origin were regional lymph nodes, subcutaneous areas, abdominal viscera, and tissues such as brain and lung (3,5). To our knowledge, there is only one case in the English literature of liver metastasis without origin, but this patient also presented with metastasis to the skin and lung (5). Extensive exclusion criteria of malignant melanomas of unknown origin were noted by Das Gupta et al. in 1965 (3). Patients undergoing prior excision of suspicious melanocytic or pigmented lesions despite different areas; patients with a history of orbital enucleation or exenteration; patients with scars in the region of the infiltrated lymph node drainage area; and patients without any examination of ophthalmic and genital areas were not included in the diagnosis of malignant melanomas of unknown origin. Upper airway and lower gastrointestinal examination (4), chest CT and/or X-ray, abdominal USG or CT, lymph node USG of palpable lymphadenopathy, and cranial CT or magnetic resonance imaging should be investigated before reaching the diagnosis of malignant melanomas of unknown origin (5).

In conclusion, metastatic liver malignant melanoma of unknown origin is a rare manifestation of malignant melanomas, and its diagnosis should be made only after fulfilling the exclusion criteria.

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Huge congenital epidermoid spleen cyst in an adult

Erişkin vakada dev konjenital epidermoid kist

To the Editor,

Spleen cysts are rare in clinical practice. They are classified essentially as parasitic or non- parasitic based on their etiology and as true or pseudo based on the presence or absence of lining epithelium. Primary cysts (true with own lining) represent 30-40% of all cysts and occur mostly in children. Secondary cysts (pseudocysts with no lining) are more frequent. The pathogenesis of true cysts

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