

Endoscopic Retrograde Cholangiography in a Metastatic Melanoma of the Gallbladder Presenting as a Gallstone Migration

Malignant melanomas are tumors with a high potential for metastatic diffusion. Metastasis to the gallbladder has been reported in 15–20% of cases (1), and may be disclosed by right upper abdominal quadrant pain (2) or even by acute cholecystitis (3). However, it often remains silent, and the diagnosis is usually made during surgical exploration or autopsy (1,3). We report here on a case of metastatic malignant melanoma of the gallbladder presenting as a gallstone migration, in which the preoperative diagnosis was suggested by endoscopic retrograde cholangiography.

A 74-year-old man who had been treated two years previously for a malignant melanoma of the right cheek was admitted for acute right upper abdominal quadrant pain, with fever and transitory jaundice. The physical examination revealed mild right upper quadrant tenderness, but no mass was felt, and he was afebrile. Laboratory studies showed moderate increase of alanine aminotransferase, aspartate aminotransferase, and gamma-glutamyltransferase activity, whereas the alkaline phosphatase, bilirubin, and white blood cell count values were normal. Abdominal ultrasound examination with a 3.5-MHz linear probe showed a diffuse thickening of the gallbladder wall, with the presence of an intraluminal soft-tissue mass without acoustic shadowing, which was not mobile when the patient changed position. Endoscopic retrograde cholangiography (ERC) revealed an irregular parietal defect in the gallbladder wall, with no visible gallstone, suggesting a tumoral process (Figure 1). A cholecystectomy by laparotomy was carried out. The opening of the surgical specimen revealed several small, pigmented calculi, and three blackish polypoid formations 8–15 mm in diameter, developing in an exophytic way on the surface of the gallbladder mucosa, and corresponding to the defects seen at ERC (Figure 2). Histological examination confirmed the diagnosis of gallbladder metastatic melanoma limited to the mucosa, affecting the muscular and serosal layers. The patient subsequently underwent a course of chemotherapy with dacarbazine and fotemustine, but died five months later of generalized metastases.

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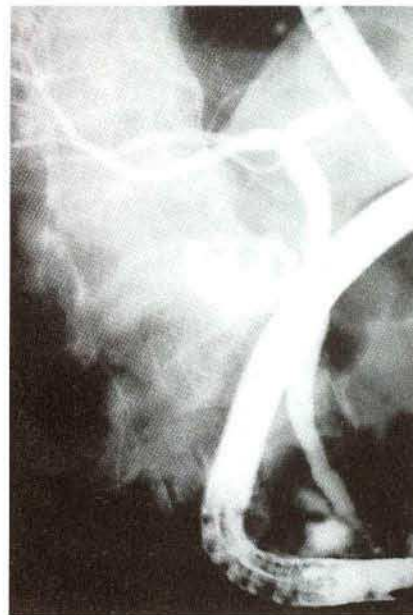


Figure 1: Endoscopic retrograde cholangiography, showing an irregular defect in the gallbladder, suggesting a tumoral process.

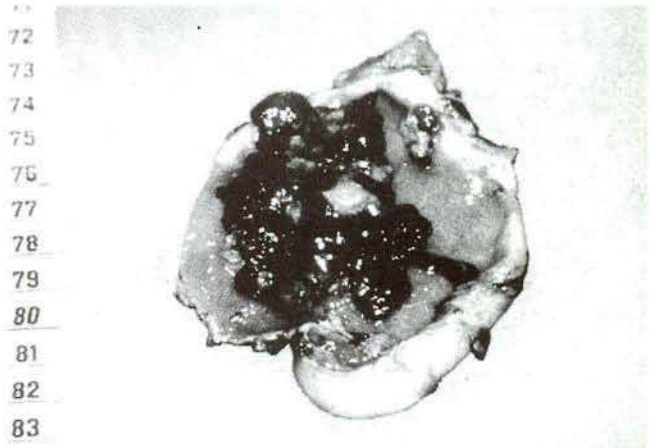


Figure 2: Cholecystectomy specimen. Three exophytic black-colored masses measuring 8–15 mm in diameter, corresponding to metastatic malignant melanoma.

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