

# INTESTINAL METASTATIC MALIGNANT MELANOMA AS A LEAD POINT OF ILEO-ILEAL INTUSSUSCEPTION

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## INTRODUCTION

Malignant melanoma has a predilection to metastasise to the gastrointestinal tract, especially the small bowels. Its tendency to behave as a lead point of intussusception has rarely been reported.<sup>1,2,3,4</sup> Often, the clinical presentation is non specific or even asymptomatic, making diagnosis difficult. We reviewed a case of malignant melanoma with intestinal metastasis causing intussusception.

## CASE REPORT

A 54 years old lady with a history of mucosal malignant melanoma of the hard palate cT3N1M0, was initially referred to the surgical team from the oncology outpatient clinic for an incidental finding of a small bowel intussusception on a contrasted computed tomography (CT) reassessment scan post radiotherapy and immunotherapy. She has completed 35 cycles of fascio-cervical radiotherapy 3 months and 3 cycles of Dembrolizumab 1 month prior.

She has been having mild intermittent colicky periumbilical pain for the past month, associated with loose stools. Abdominal examination was unremarkable. Contrast CT shows laser degree of soft tissue thickening at the midline of the hard palate extending to upper alveolar gingiva and similar surrounding bone erosion, representing residual tumor or post-radiation changes. However, there are new findings of mesenteric lymphadenopathies, complicated with an incidental findings of long segment small bowel intussusception with nodal lead point causing small bowel obstruction.

Intra-operatively, there was an ileo-ileal intussusception of 15cm in length, 20cm from ileocecal valve, with extensive mesenteric lymphadenopathy. Segmental bowel resection with primary end-to-end anastomosis was performed. Bivalved specimen revealed two closely located intraluminal pigmented tumors as the lead point, which was subsequently confirmed on histopathological examination as metastatic melanoma. She was discharged well on postoperative day 5.



Figure 1: contrasted computed tomography image shows a long segment ileo-ileal intussusception



Figure 2: Ileo-ileal intussusception with metastatic melanoma as lead point

## DISCUSSION/CONCLUSION

Surgery is considered the standard approach in adult cases of intussusception, however, the literature lacks the consensus on the treatment algorithm and definitive operative management. Open surgery is still the choice of management, however, there is increasing number of studies suggest the feasibility of laparoscopic approach with the known benefits of minimally invasive surgery.<sup>5</sup> In this report, we demonstrate a rare case of intestinal metastatic melanoma causing intussusception despite receiving immunotherapy after radiotherapy, laparoscopic surgery was converted to an open laparotomy, and we found that tactile feedback is valuable in being able to safely examine the involved bowel segment and detecting lymph node involvement.

## REFERENCES

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