



Image of the Month

Malignant melanoma in the pelvic cavity mimicking a gastrointestinal stromal tumor

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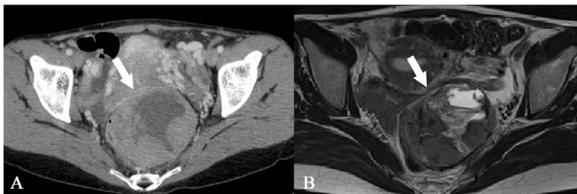


Fig. 1. Computed tomography (A) and magnetic resonance (B) images of the pelvic melanoma (arrow).

A 45-year-old woman without a remarkable past medical history presented with lower abdominal pain. Computed tomography (Fig. 1A) and magnetic resonance imaging (Fig. 1B) revealed a huge rounded pelvic mass measuring 91 × 83 mm, adjacent to the left side of the rectum, and multiple liver masses. The pelvic mass was heterogeneous and revealed irregular enhancement. Colonoscopy showed displacement of the rectum, similar to a submucosal tumor, without mucosal changes. A rectal or pelvic gastrointestinal stromal tumor (GIST) with multiple liver metastasis was initially suspected. Per-anal endoscopic ultrasonography (EUS) revealed mixed solid and cystic components in the mass (Fig. 2A). An EUS-guided fine-needle biopsy specimen from the solid portion of the mass revealed melanoma tumor cells (Fig. 2B, C). Immunostaining revealed the cells to be positive for HMB-45 and Melan-A. No

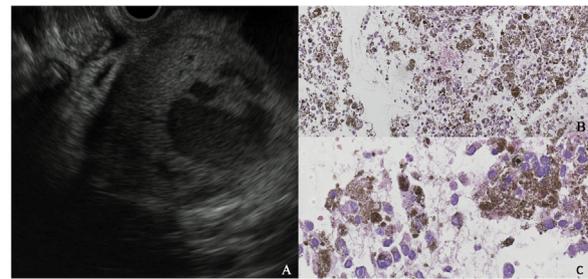


Fig. 2. Endoscopic ultrasonography image (A) and Histopathological examination (B, C) of the pelvic melanoma.

lesions were observed on the skin, eyeball, nasal cavity, oral cavity, or vagina. Based on these findings, a pelvic melanoma with liver metastasis was diagnosed. Seven months after initiating treatment with nivolumab, the patient died.

We encountered a rare case of a melanoma that presented as a large pelvic tumor mimicking GIST without any skin lesions. Malignant melanoma should be considered in the differential diagnosis of pelvic or rectal submucosal tumors.

Conflict of interest

None declared.

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