Resection of a Large Retroperitoneal Melanoma Metastasis

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Introduction

The management and outcomes of metastatic melanoma has been revolutionized by immunotherapy.

There is still a role of surgery as an adjuvant to systemic therapies

Case Presentation

74-year-old male with NRAS, BRAF 594 mutant metastatic melanoma, managed with wide local excision and axillary lymph node dissection in 2015.

In 2018, presented with multifocal recurrence (bowel, retroperitoneum and mediastinum), but had complete radiographic response with ipilimumab and nivolumab.

Developed a single site of progressive disease that enlarged to 10cm despite immunotherapy. (Figure 1)

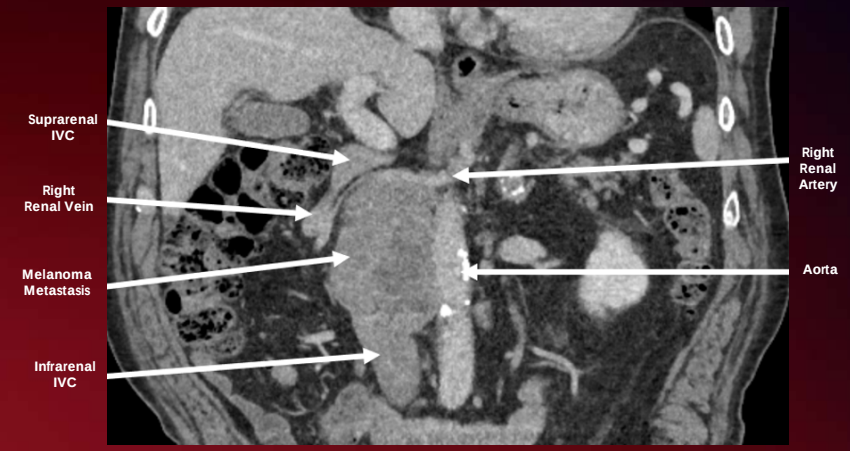

Figure 1. Coronal computed tomographic imaging showing the retroperitoneal mass and its adjacent structures. (inferior vena cava, IVC)

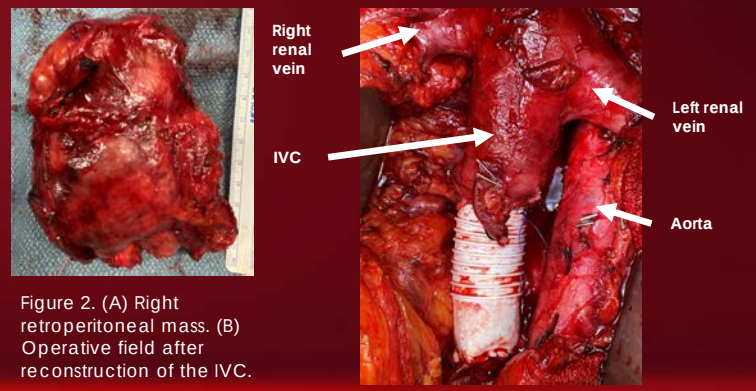

Figure 2. (A) Right retroperitoneal mass. (B) Operative field after reconstruction of the IVC.

Management

Multidisciplinary discussion

Exploration first confirmed no other sites of metastasis and full exposure of the mass indicated resectability.

Resection performed with short segment of IVC *en bloc;* IVC reconstructed with synthetic tube graft (Figure 2).

Final pathology confirmed resection with negative margins.

Discussion

Surgery for advanced melanoma is undergoing a paradigm shift with the emergence of metastatectomy for oligoprogressive disease.[1,2,3,4]

Safe in the appropriate oncologic setting.

References
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