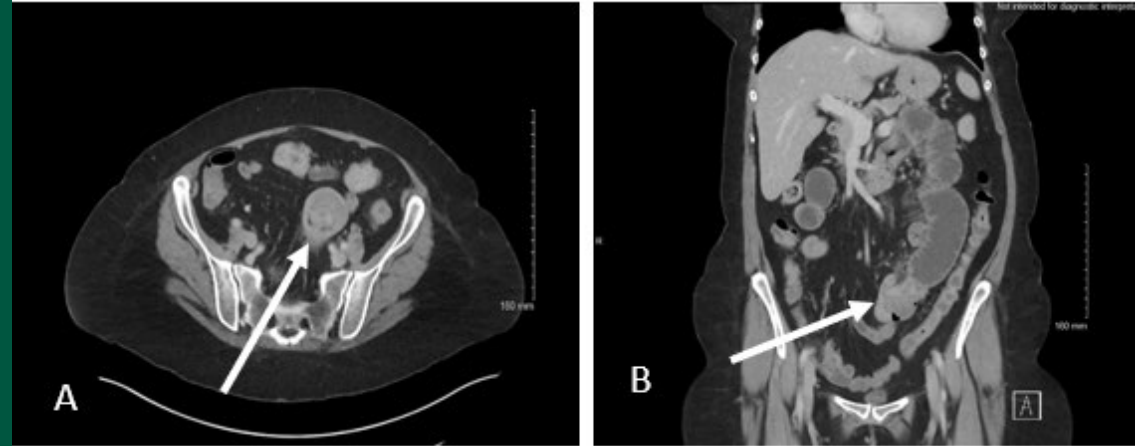


Small Bowel Intussusception Secondary to Malignant Melanoma 11 Years after Melanoma-in-Situ Excision

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Background

- Intussusception accounts for 1% of all bowel obstructions¹
- Metastatic melanoma is a rare cause of intussusception
- Median survival is 4-6 months with <5% 5-year survival¹
- GI metastasis after melanoma-in-situ excision is rare

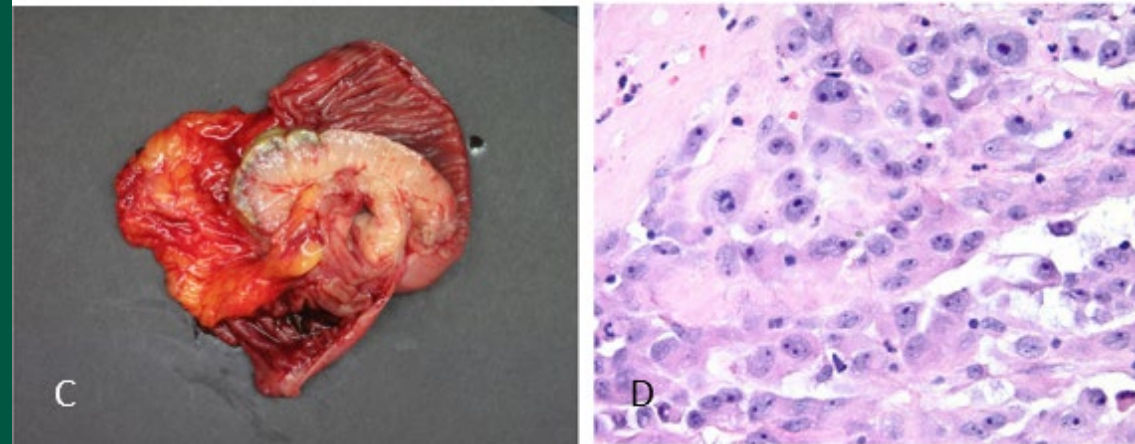


Outcome

- Exploration with reduction and resection was performed (Figure 1C)
- 6.5 cm malignant melanoma
- Histologic staining positive for S-100, Mart1, and Sox10 (Figure 1D)
- The patient recovered from her surgery without complication
- Postoperative PET-CT identified left thyroid papillary thyroid carcinoma

Case Report

- 68-year-old F presented with vague abdominal pain, nausea, vomiting for 6 months
- History of complete melanoma-in-situ excision 11 years prior
- Small bowel intussusception with intraluminal lead point on CT



Conclusion

- Melanoma-in-situ has metastatic potential
- Intussusception in a patient with a history of melanoma
- Surgical resection is the mainstay of treatment

Reference

1. Barussaud M, Regenet N, Briennon X, et al. *Int J Colorectal Dis.* 2006;21(8):834-839.

Figure 1: Radiographic and pathologic images