



Gastroduodenal lesions in iron-deficiency anemia

What is the diagnosis?

Question:

Recently, we admitted a 79-year-old man with severe iron-deficiency anemia to our department, which has been practiced an upper endoscopy to establish the etiology of the disease. In this technique, we observed several subcentimeter lesions with blackish pigmentation in the gastric body and one bigger in the fundus with a large base adhered to deep planes, in which pigmentation (Figure 1) is more evident. We detected another hyperpigmented lesion of approximately 1 cm in the second part of the duodenum. Besides, a physical examination revealed the presence of two lesions in the skin of the abdomen and head, identical to those smaller found in the stomach.



Figure 1. Sessile polyp with hyperpigmentation in the gastric fundus

Answer: Gastroduodenal metastasis of a melanoma

The histopathology of the lesion revealed the existence of a metastatic melanoma. We chose conservative management because of the severe physical deterioration of the patient; therefore, the primary tumor has an unknown origin.

The incidence of a metastatic melanoma with an unknown primary origin is 3.2%, and it occurs mainly in elderly men (1). Given its aggressiveness, survival in these patients is very limited, with a median of 3 to 13.2 months (2), and survival decreases if the primary tumor is not found or any therapeutic measure is performed, as in our patient. The gastrointestinal tract is generally one of the most common sites for the metastases of these tumors (3).

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Informed Consent: Written informed consent was obtained from the patient who participated in this study.

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