

EDITOR'S QUIZ: GI SNAPSHOT

Robin Spiller, *Editor*

An unusual cause of melena

Clinical presentation

A 79 year old Caucasian male presented with a two week history of melena. His past medical history included hypertension, atrial fibrillation, and malignant melanoma. He was on warfarin. Examination demonstrated a palpable irregular liver edge and the presence of melena was confirmed on per-rectal examination. Routine bloods showed an admission haemoglobin of 76 g/dl and an international normalised ratio of 3.0. Warfarin was withheld and an oesophago-gastro-duodenoscopy was performed.

Gastrosocopy identified three ulcers with craters in the gastric fundus, the largest being approximately 2.5 cm in size (fig 1). A single ulcer (0.5 cm) was seen in the gastric antrum and another ulcer (1.5 cm; fig 2) was seen in the second part of the duodenum. There were no stigmata of active bleeding. The above ulcers were biopsied. Figure 3 shows the gastric mucosa and submucosa (haematoxylin-eosin $\times 100$) and fig 4 shows immunohistochemical staining of the gastric mucosa with HMB45, MART-1, and tyrosinase cocktail ($\times 400$).

Question

What is the diagnosis?

See page 1193 for answer

This case is submitted by:

K P Basavaraju, K Armitage

Department of Gastroenterology, Stepping Hill Hospital, Stockport, UK

C R Hunt

Department of Histopathology, Stepping Hill Hospital, Stockport, UK

N K Ahluwalia

Department of Gastroenterology, Stepping Hill Hospital, Stockport, UK

Correspondence to: Dr K P Basavaraju, Department of Gastroenterology, Stepping Hill Hospital, Stockport, UK; krishna.basavaraju@stockport.nhs.uk

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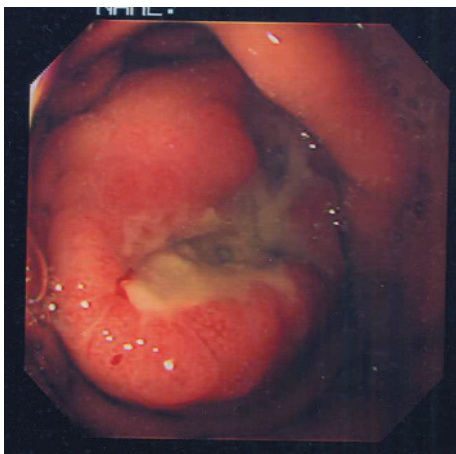


Figure 1 An ulcer in the gastric fundus.

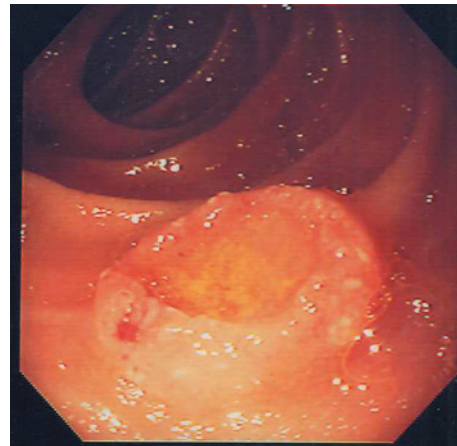


Figure 2 An ulcer in the second part of the duodenum.

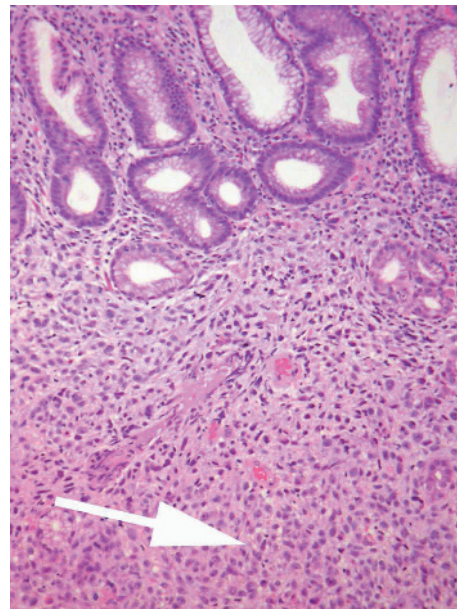


Figure 3 Gastric mucosa and submucosa (haematoxylin-eosin $\times 100$).

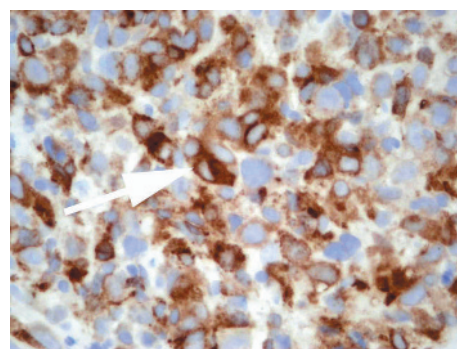


Figure 4 Immunohistochemical staining of the gastric mucosa with HMB45, MART-1, and tyrosinase cocktail ($\times 400$).