A 50-year-old man presented with a 2-month history of dysphagia and weight loss. A gastroscopy was done and showed an irregular submucosal bulge with a blue-black hue along the whole length of the esophagus (Fig. 1 and Fig. 2). An endoscopic ultrasound was performed to look for vascularity, and showed a solid lesion with intraluminal and extraluminal growth limited to the serosa (Fig. 3). A computed tomography (CT) chest scan was done and this showed a solid lesion involving the whole length of the esophagus, loss of planes to the posterior trachea and aorta, and multiple bony lesions (Fig. 4). Endoscopic biopsies showed malignant cells arranged in sheets with moderate cytoplasm and moderately pleomorphic nuclei (Fig. 5), and a coarse brown granular pigment with Masson-Fontana stain. Immunohistochemistry results were as follows: CK negative, HMB-45, S-100, and Vimentin positive, suggestive of malignant melanoma. Primary malignant melanoma of the esophagus arises from melanin cells of the mucosal epithelial basal layer. It is a rare disease with extremely poor prognosis owing to its high metastatic potential. It represents 0.1% to 0.2% of all esophageal malignant tumors and generally presents with dysphagia (80% cases), retrosternal or epigastric discomfort or pain [1,2]. The lower third of the esophagus is the most common site followed by the middle and upper esophagus [1]. Our patient had involvement of the whole esophagus which makes it a rarer presentation. Diagnosis can be suspected during endoscopy if the mass has a black or dark brown pigment [2]. Positive immunohistochemistry for S-100, and HMB-45 helps in diagnosis [2]. Surgery is the mainstay of treatment when possible [1,3].
Competing interests: None

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