

World Journal of *Gastrointestinal Surgery*

World J Gastrointest Surg 2023 February 27; 15(2): 121-306



Contents

Monthly Volume 15 Number 2 February 27, 2023

EDITORIAL

- 121 Hot topics in pancreatic cancer management
Caputo D

REVIEW

- 127 Minimum platelet count threshold before invasive procedures in cirrhosis: Evolution of the guidelines
Biolato M, Vitale F, Galasso T, Gasbarrini A, Grieco A
- 142 Comprehensive multimodal management of borderline resectable pancreatic cancer: Current status and progress
Wu HY, Li JW, Li JZ, Zhai QL, Ye JY, Zheng SY, Fang K

MINIREVIEWS

- 163 Impact of endoscopic ultrasound-guided radiofrequency ablation in managing pancreatic malignancy
Lesmana CRA
- 169 Current management of concomitant cholelithiasis and common bile duct stones
Pavlidis ET, Pavlidis TE
- 177 Surveillance strategies following curative resection and non-operative approach of rectal cancer: How and how long? Review of current recommendations
Lauretta A, Montori G, Guerrini GP

ORIGINAL ARTICLE

Retrospective Study

- 193 Causes of epigastric pain and vomiting after laparoscopic-assisted radical right hemicolectomy - superior mesenteric artery syndrome
Xie J, Bai J, Zheng T, Shu J, Liu ML
- 201 Analysis of the impact of ERAS-based respiratory function training on older patients' ability to prevent pulmonary complications after abdominal surgery
Gu YX, Wang XY, Xu MX, Qian JJ, Wang Y
- 211 Prognostic value of preoperative immune-nutritional scoring systems in remnant gastric cancer patients undergoing surgery
Zhang Y, Wang LJ, Li QY, Yuan Z, Zhang DC, Xu H, Yang L, Gu XH, Xu ZK
- 222 Efficacy and safety of preoperative immunotherapy in patients with mismatch repair-deficient or microsatellite instability-high gastrointestinal malignancies
Li YJ, Liu XZ, Yao YF, Chen N, Li ZW, Zhang XY, Lin XF, Wu AW

Observational Study

- 234 Hepatobiliary manifestations following two-stages elective laparoscopic restorative proctocolectomy for patients with ulcerative colitis: A prospective observational study

Habeeb TAAM, Hussain A, Podda M, Cianci P, Ramshaw B, Safwat K, Amr WM, Wasefy T, Fiad AA, Mansour MI, Moursi AM, Osman G, Qasem A, Fawzy M, Alsaad MIA, Kalmoush AE, Nassar MS, Mustafa FM, Badawy MHM, Hamdy A, Elbelkasi H, Mousa B, Metwalli AEM, Mawla WA, Elaidy MM, Baghdadi MA, Raafat A

SYSTEMATIC REVIEWS

- 249 Hypophosphatemia as a prognostic tool for post-hepatectomy liver failure: A systematic review

Riauka R, Ignatavicius P, Barauskas G

META-ANALYSIS

- 258 Network meta-analysis of the prognosis of curative treatment strategies for recurrent hepatocellular carcinoma after hepatectomy

Chen JL, Chen YS, Ker CG

- 273 Does size matter for resection of giant versus non-giant hepatocellular carcinoma? A meta-analysis

Lee AJ, Wu AG, Yew KC, Shelat VG

CASE REPORT

- 287 Primary malignant melanoma of the esophagus combined with squamous cell carcinoma: A case report

Zhu ML, Wang LY, Bai XQ, Wu C, Liu XY

- 294 Mesh erosion into the colon following repair of parastomal hernia: A case report

Zhang Y, Lin H, Liu JM, Wang X, Cui YF, Lu ZY

LETTER TO THE EDITOR

- 303 Fecal microbiota transplantation as potential first-line treatment for patients with *Clostridioides difficile* infection and prior appendectomy

Zhao JW, Chang B, Sang LX

ABOUT COVER

Editorial Board Member of *World Journal of Gastrointestinal Surgery*, Dirk Uhlmann, FACS, MD, PhD, Chief Doctor, Professor, Department of Visceral, Thoracic and Vascular Surgery, Klinikum Döbeln, Döbeln 04720, Germany. dirk.uhlmann@klinikum-doebeln.de

AIMS AND SCOPE

The primary aim of *World Journal of Gastrointestinal Surgery* (WJGS, *World J Gastrointest Surg*) is to provide scholars and readers from various fields of gastrointestinal surgery with a platform to publish high-quality basic and clinical research articles and communicate their research findings online.

WJGS mainly publishes articles reporting research results and findings obtained in the field of gastrointestinal surgery and covering a wide range of topics including biliary tract surgical procedures, biliopancreatic diversion, colectomy, esophagectomy, esophagostomy, pancreas transplantation, and pancreatectomy, etc.

INDEXING/ABSTRACTING

The WJGS is now abstracted and indexed in Science Citation Index Expanded (SCIE, also known as SciSearch®), Current Contents/Clinical Medicine, Journal Citation Reports/Science Edition, PubMed, PubMed Central, Reference Citation Analysis, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Superstar Journals Database. The 2022 Edition of Journal Citation Reports® cites the 2021 impact factor (IF) for WJGS as 2.505; IF without journal self cites: 2.473; 5-year IF: 3.099; Journal Citation Indicator: 0.49; Ranking: 104 among 211 journals in surgery; Quartile category: Q2; Ranking: 81 among 93 journals in gastroenterology and hepatology; and Quartile category: Q4.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Rui-Rui Wu; Production Department Director: Xiang Li; Editorial Office Director: Jia-Ru Fan.

NAME OF JOURNAL

World Journal of Gastrointestinal Surgery

ISSN

ISSN 1948-9366 (online)

LAUNCH DATE

November 30, 2009

FREQUENCY

Monthly

EDITORS-IN-CHIEF

Peter Schemmer

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/1948-9366/editorialboard.htm>

PUBLICATION DATE

February 27, 2023

COPYRIGHT

© 2023 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjgnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



Primary malignant melanoma of the esophagus combined with squamous cell carcinoma: A case report

Mei-Lin Zhu, Ling-Yun Wang, Xue-Qin Bai, Chen Wu, Xiang-Yu Liu

Specialty type: Gastroenterology and hepatology

Provenance and peer review: Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): 0
Grade B (Very good): B, B
Grade C (Good): C
Grade D (Fair): 0
Grade E (Poor): 0

P-Reviewer: Atanasova EG, Bulgaria; ISHIDA T, Japan; Scriba MF, South Africa

Received: November 14, 2022

Peer-review started: November 14, 2022

First decision: November 30, 2022

Revised: December 13, 2022

Accepted: January 10, 2023

Article in press: January 10, 2023

Published online: February 27, 2023



Mei-Lin Zhu, Department of Geriatrics, Jining No. 1 People's Hospital, Jining 272000, Shandong Province, China

Ling-Yun Wang, Chen Wu, Xiang-Yu Liu, Department of Gastroenterology, Jining No. 1 People's Hospital, Jining 272000, Shandong Province, China

Xue-Qin Bai, Department of Pathology, Jining No. 1 People's Hospital, Jining 272000, Shandong Province, China

Chen Wu, College of Clinical Medicine, Jining Medical University, Jining 272013, Shandong Province, China

Corresponding author: Xiang-Yu Liu, MD, Attending Doctor, Department of Gastroenterology, Jining No. 1 People's Hospital, No. 6 Jiankang Road, Jining 272000, Shandong Province, China. lxys8765@163.com

Abstract

BACKGROUND

Primary malignant melanoma of the esophagus is a rare malignant tumor of the esophagus, and its combination with squamous cell carcinoma is also rare. Here, we report the diagnosis and treatment of a case of primary esophageal malignant melanoma combined with squamous cell carcinoma.

CASE SUMMARY

A middle-aged man underwent gastroscopy for dysphagia. Gastroscopy revealed multiple bulging esophageal lesions, and after pathologic and immunohistochemical analyses, the patient was finally diagnosed with "malignant melanoma with squamous cell carcinoma". This patient received comprehensive treatment. After one year of follow-up, the patient was in good condition, and the esophageal lesions seen on gastroscopy were controlled, but unfortunately, liver metastasis occurred.

CONCLUSION

When multiple esophageal lesions are present, the possibility of multiple pathological sources should be considered. This patient was diagnosed with primary esophageal malignant melanoma combined with squamous cell carcinoma.

Key Words: Squamous cell carcinoma; Primary malignant melanoma; Endoscopy; Case

report

©The Author(s) 2023. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: Here, we report a 53-year-old man with primary malignant melanoma of the esophagus combined with squamous cell carcinoma diagnosed by endoscopy, biopsy, imaging evaluation, and physical examination; this diagnosis was confirmed by immunohistochemistry. The patient was treated with immunotherapy, radiotherapy, and chemotherapy. As of now, the patient has recovered well.

Citation: Zhu ML, Wang LY, Bai XQ, Wu C, Liu XY. Primary malignant melanoma of the esophagus combined with squamous cell carcinoma: A case report. *World J Gastrointest Surg* 2023; 15(2): 287-293

URL: <https://www.wjgnet.com/1948-9366/full/v15/i2/287.htm>

DOI: <https://dx.doi.org/10.4240/wjgs.v15.i2.287>

INTRODUCTION

Among malignant tumors, esophageal cancer currently ranks seventh worldwide in terms of incidence and sixth in terms of mortality rate. More than 90% of esophageal cancers in China are of the esophageal squamous cell carcinoma pathological type. In contrast, melanoma accounts for only 0.1% of all esophageal malignancies[1]. Although both types of malignant tumors can occur in the esophagus, no case of esophageal malignant melanoma combined with squamous cell carcinoma has been reported. Here, a case of primary esophageal malignant melanoma combined with squamous cell carcinoma is reported.

CASE PRESENTATION

Chief complaints

A 53-year-old man underwent esophagogastroduodenoscopy for dysphagia.

History of present illness

The patient had a history of progressive dysphagia for more than 1 mo.

History of past illness

The patient had no past medical problems.

Personal and family history

He smoked 30 cigarettes per day for 30 years but only rare drinks alcohol. He is a farmer by profession and has other bad habits. No significant personal or family history was noted.

Physical examination

He was 1.76 m tall, weighs 72 Kg and has a BMI of 23.2 Kg/m². During physical examination, no specific physical signs were found.

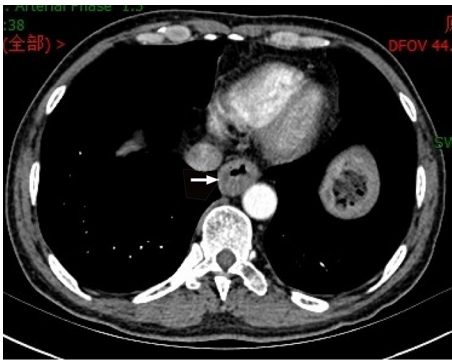
Laboratory examinations

Routine blood, liver function, renal function and prothrombin tests were normal. Alpha-fetoprotein, carcinoembryonic antigen, carbohydrate antigen 19-9, carbohydrate antigen 724, neuron-specific enolase and cytokeratin-19-fragment were normal.

Imaging examinations

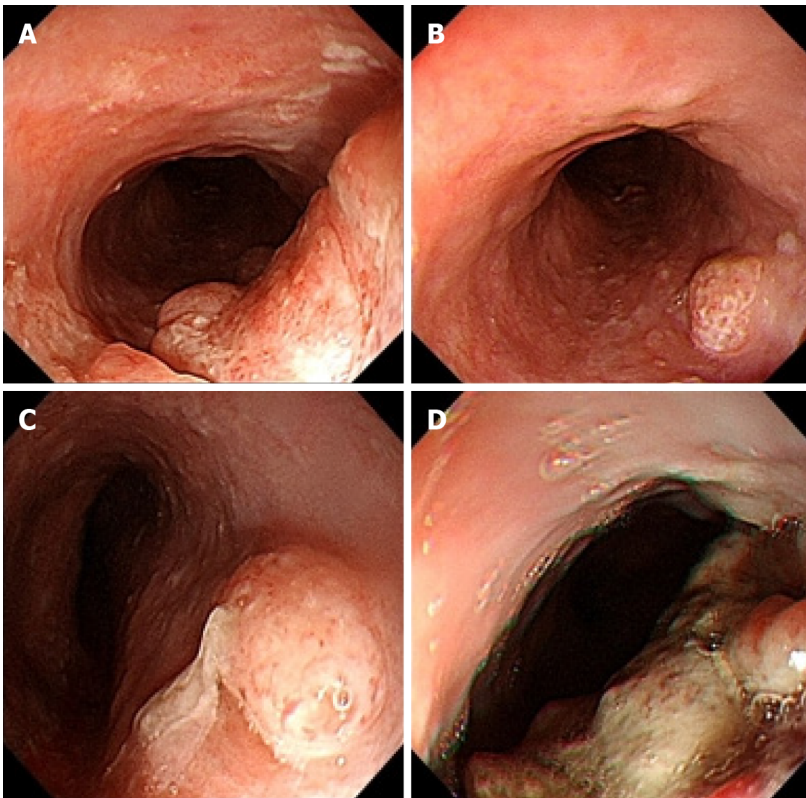
Chest and enhanced abdominal computed tomography (CT) indicated upper and lower esophageal wall thickening, and the lumen was narrow. Enhanced scanning showed the enhancement of the wall. The mediastinal lymph nodes were enlarged. Multiple small nodules were seen in both lungs, and emphysema, liver cysts, and cholecystitis were also observed (Figure 1).

Gastroscopy observation showed irregular hyperplasia at 23-27 cm from the incisor, with no melanin deposition; hemispherical bulges at 29 cm and 32 cm from the incisor; and irregular hyperplasia at 39-43 cm from the incisor, indicating ulcers with a small amount of melanin deposition. Biopsies were performed at 23-27 cm, 32 cm, and 39-43 cm (Figure 2).



DOI: 10.4240/wjgs.v15.i2.287 Copyright ©The Author(s) 2023.

Figure 1 Computed tomography indicates thickening of the esophageal wall.



DOI: 10.4240/wjgs.v15.i2.287 Copyright ©The Author(s) 2023.

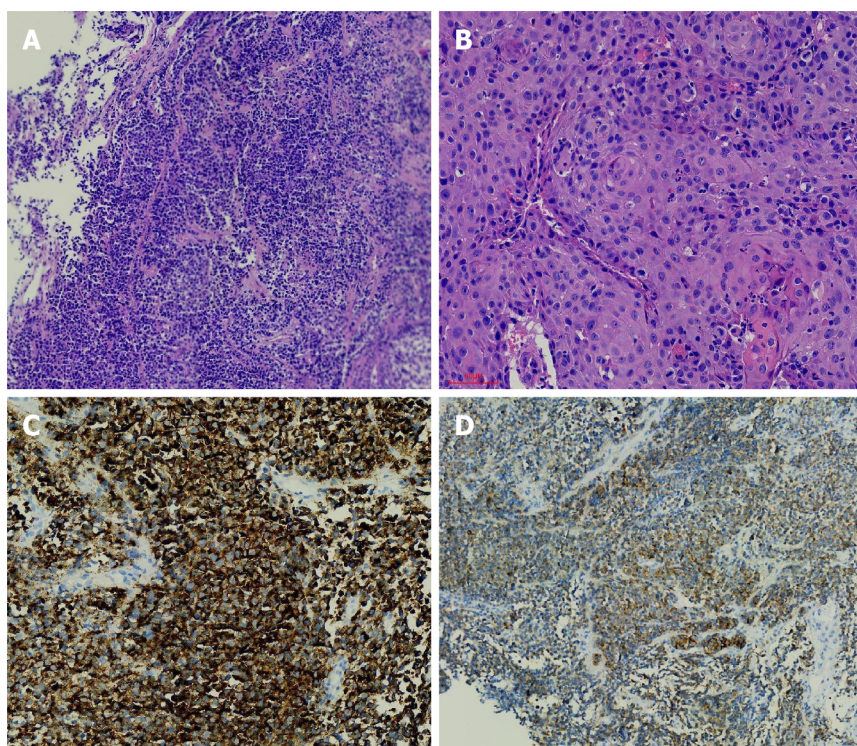
Figure 2 Gastroscopy suggested multiple lesions of the esophagus. A: 23–27 cm from the incisor; B: 29 cm from the incisor; C: 32 cm from the incisor; D: 39–43 cm from the incisor.

Pathologic analysis indicated malignant melanoma (23–27 cm from the incisor, 39–43 cm from the incisor) combined with squamous cell carcinoma (23–27 cm from the incisor) and solitary squamous cell carcinoma (32 cm from the incisor). Immunohistochemistry showed the following: Vimentin(+), HMB45(+), Melan-A(+), S-100(focus+); squamous cell carcinoma CK5/6(+), P40(+), P63(+), LCK(+), CD56(-), CgA(-), and Syn(-); and Ki-67(+) was approximately 30% (Figure 3).

Upper gastrointestinal imaging revealed irregular filling defects approximately 4.5 cm and 5.7 cm in length in the upper and lower sections, respectively, which were accompanied by tube wall stiffness, poor expansion, restricted passage of contrast agent, and disruption of the continuity of the mucosa (Figure 4).

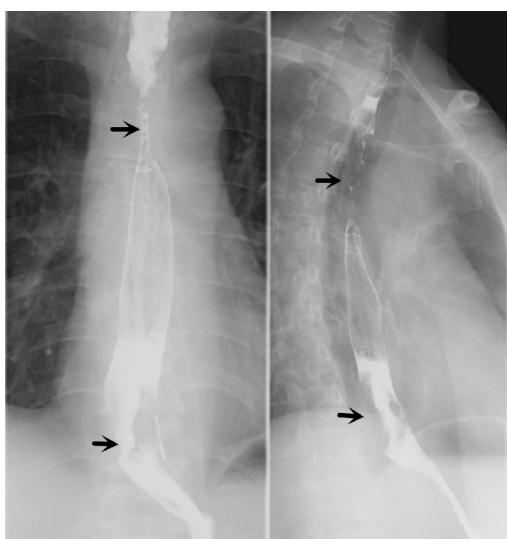
Positron emission tomography/computed tomography (PET/CT) showed thickening of the upper and lower thoracic walls of the esophagus, an abnormal increase in fluorodeoxyglucose (FDG) metabolism, and multiple enlarged lymph nodes in the mediastinum and right axilla. Multiple small nodules were observed in both lungs, and the FDG metabolism was increased.

No metastatic lesions were observed on brain magnetic resonance imaging (MRI).



DOI: 10.4240/wjgs.v15.i2.287 Copyright ©The Author(s) 2023.

Figure 3 Endoscopic biopsy. A: HE staining of malignant melanoma; B: HE-stained squamous cell carcinoma; C: Immunohistochemical HMB45 positivity; D: Immunohistochemical Melan-A positivity.



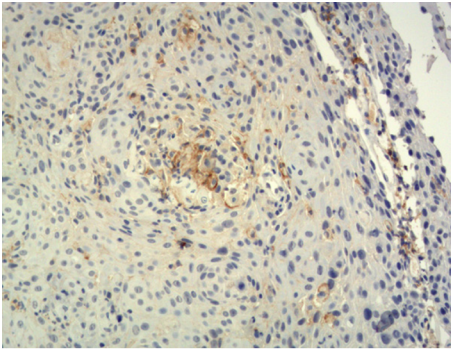
DOI: 10.4240/wjgs.v15.i2.287 Copyright ©The Author(s) 2023.

Figure 4 Esophageal barium swallow (the arrow indicates the location of the lesion).

The microsatellite instability results were MSS. Programmed death ligand-1 immunohistochemistry 22C3: The tumour proportion score results were 1%-2% (Figure 5).

FINAL DIAGNOSIS

The final diagnosis was esophageal malignant melanoma, esophageal squamous cell carcinoma (stage IV), bilateral lung metastases, and metastases in the mediastinal lymph nodes and right axillary lymph nodes.



DOI: 10.4240/wjgs.v15.i2.287 Copyright ©The Author(s) 2023.

Figure 5 Programmed death ligand-1 immunohistochemistry 22C3: The tumour proportion score results were 1%-2%.

TREATMENT

The patient was first treated with 1 cycle of 200-mg camrelizumab, followed by 2 cycles of 300-mg nab-paclitaxel. Later, the patient was administered local radiotherapy, which was terminated because the patient could not tolerate it. Subsequently, he was given 2 cycles of 200-mg camrelizumab and 300-mg nab-paclitaxel.

OUTCOME AND FOLLOW-UP

The patient underwent another gastroscopy six months later, and no obvious space-occupying lesion was observed in the esophagus, while only a small amount of melanin deposition was seen (Figure 6). Regrettably, both enhanced CT and enhanced MRI of the patient's abdomen suggested liver metastasis. It is recommended that patients continue treatment with camrelizumab combined with apatinib. The current case has been followed-up for approximately 1 year, and he has not experienced dysphagia.

DISCUSSION

Primary malignant melanoma of the esophagus (PMME) is a rare disease that accounts for 0.5% of all nonskin melanomas[2]. Primary melanin-free melanoma is also extremely rare, with slightly more than 20 cases reported thus far[3], and combined esophageal squamous cell carcinoma is even rarer.

The average age of patients with PMME is 60.5 years, and the incidence rate is higher in male patients than in female patients, with a ratio of 2:1[4,5]. The degree of PMME malignancy is high and is associated with a poor prognosis; PMME has a median survival rate of 18.1 mo and a 5-year survival rate of less than 10%[6].

The clinical manifestations of PMME are similar to those of esophageal squamous cell carcinoma, and most patients experience the following symptoms: Dysphagia, poststernal pain, and weight loss. Hematemesis and melena are rare. Typical PMME on endoscopy is a lobular or polyp-like tumor with clear boundaries and pigmentation. More than 90% of PMME lesions are located in the distal 2/3 of the esophagus[7]. Approximately 10% to 25% of PMME cases have lesions that are different colors, including purple, brown, and white, depending on the amount of melanin[8,9]. Some tumors are composed of melanin-free cells, and the identification of other tumors by endoscopy is difficult. The pathological manifestations of primary malignant melanoma in the esophagus can represent the superficial spreading type or a nodule-like growth pattern, and a distinct Peyer's patch-like or freckle-like melanocyte nest invasion is observed in adjacent squamous epithelium. Tumor cells are primarily composed of epithelial-like mole-like cells, which are round, oval, polygonal, or shuttle shaped and have large nuclei and large, clear nucleoli. Base film samples are dyed to show thick-walled blood vessels and tubes, which are significant features of melanoma[10]. HMB-45, S-100, vimentin, and melanoma-specific antigen (Melan-A) are specific to this diagnosis[11].

PMME mainly occurs through hematogenous metastasis and lymphatic metastasis, and common sites of metastases include the liver (31%), mediastinum (29%), lung (18%), and brain (13%)[12]. Whether mediastinal invasion, lymphadenopathy, and distant metastasis are present can be determined through chest and abdominal CT, which can be used to show and determine the stages of lesions. PET-CT plays an important role in the diagnosis of metastatic lesions.

Esophageal malignant melanoma has no specific treatment, and complete surgical removal of lesions is preferred, along with lymph node clearing. Four to six cycles of temozolomide/dacarbazine (DTIC)-based auxiliary chemotherapy are recommended. Radiation therapy is also a possibility. DTIC is the



DOI: 10.4240/wjgs.v15.i2.287 Copyright ©The Author(s) 2023.

Figure 6 Gastroscopy review.

“gold standard” for the medical treatment of advanced melanoma, but its overall efficacy is poor. For targeted therapy, ipilimumab can be used to treat advanced melanoma. Anti-PD-1 and anti-CTLA-4 drugs and IL-2 are FDA-approved immunotherapy drugs that result in significant survival benefits in patients with advanced skin melanoma, but their effects on esophageal malignant melanoma require further investigation[13-15].

Esophageal squamous cell carcinoma is the most common malignant tumor of the esophagus. Patients are located in cities in China with a high incidence of esophageal cancer[16,17], which is mainly associated with diet and lifestyle habits. Radical surgery is the main approach for treating esophageal squamous cell carcinoma. PD-1 inhibitors are currently the first-line drugs for advanced melanoma and have been shown to be effective in treating squamous cell carcinoma of the esophagus[18]. Although radiotherapy and chemotherapy are not sensitive to malignant melanoma of the esophagus, the patient was treated with nab-paclitaxel in combination with squamous cell carcinoma of the esophagus and 40 Gy/20 F radiotherapy to the esophageal lesion and mediastinal lymph node area. Overall, our treatment was effective.

CONCLUSION

In this case, many lesions indicative of esophageal disease were found by gastroscopy. The lesions contained no melanin on their surfaces and were thus unsuitable for endoscopy-based diagnosis and identification. Through pathology and immunohistochemistry, esophageal malignant melanoma combined with esophageal squamous cell carcinoma was diagnosed. This case demonstrated that multiple lesions in the same location can represent different pathologies.

We report a very rare case of primary malignant melanoma of the oesophagus combined with squamous cell carcinoma. Although we do not have much experience in treating this disease, the patient's oesophageal lesions were well controlled through aggressive treatment. We hope this will provide an insight into the diagnosis and treatment of this type of disease.

FOOTNOTES

Author contributions: Zhu ML and Wang LY contributed equally to this work; Zhu ML, Liu XY, Wang LY designed the research report; Bai XQ provided pathological diagnosis and pictures, Zhu ML and Wu C analyzed the data and wrote the manuscript; Wang LY and Liu XY guided and reviewed this article; All authors have read and approved the final manuscript.

Informed consent statement: Informed written consent was obtained from the patients for publication of this report and any accompanying images.

Conflict-of-interest statement: All the authors declare that they have no conflict of interest to report.

CARE Checklist (2016) statement: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-

NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

Country/Territory of origin: China

ORCID number: Mei-Lin Zhu 0000-0003-3830-5494; Ling-Yun Wang 0000-0003-4514-7498; Xue-Qin Bai 0000-0003-0448-4906; Chen Wu 0000-0003-1352-8931; Xiang-Yu Liu 0000-0003-4702-976X.

S-Editor: Liu JH

L-Editor: A

P-Editor: Liu JH

REFERENCES

- 1 Ito S, Tachimori Y, Terado Y, Sakon R, Narita K, Goto M. Primary malignant melanoma of the esophagus successfully treated with nivolumab: a case report. *J Med Case Rep* 2021; **15**: 237 [PMID: 33947459 DOI: 10.1186/s13256-021-02821-6]
- 2 Koga N, Kubo N, Saeki H, Sasaki S, Jogo T, Hirose K, Nakashima Y, Oki E, Koga Y, Oda Y, Oiwa H, Oiwa T, Maehara Y. Primary amelanotic malignant melanoma of the esophagus: a case report. *Surg Case Rep* 2019; **5**: 4 [PMID: 30635729 DOI: 10.1186/s40792-019-0564-2]
- 3 Zhang RX, Li YY, Liu CJ, Wang WN, Cao Y, Bai YH, Zhang TJ. Advanced primary amelanotic malignant melanoma of the esophagus: A case report. *World J Clin Cases* 2019; **7**: 3160-3167 [PMID: 31624769 DOI: 10.12998/wjcc.v7.i19.3160]
- 4 Sabanathan S, Eng J, Pradhan GN. Primary malignant melanoma of the esophagus. *Am J Gastroenterol* 1989; **84**: 1475-1481 [PMID: 2688398]
- 5 Sabat J, Mannan R, Legasto A, Connery C. Long-term survivor of primary malignant melanoma of the esophagus treated with surgical resection. *Int J Surg Case Rep* 2015; **6C**: 182-185 [PMID: 25543881 DOI: 10.1016/j.ijscr.2014.12.016]
- 6 Gao S, Li J, Feng X, Shi S, He J. Characteristics and Surgical Outcomes for Primary Malignant Melanoma of the Esophagus. *Sci Rep* 2016; **6**: 23804 [PMID: 27033424 DOI: 10.1038/srep23804]
- 7 Sanchez AA, Wu TT, Prieto VG, Rashid A, Hamilton SR, Wang H. Comparison of primary and metastatic malignant melanoma of the esophagus: clinicopathologic review of 10 cases. *Arch Pathol Lab Med* 2008; **132**: 1623-1629 [PMID: 18834221 DOI: 10.5858/2008-132-1623-COPAMM]
- 8 Taniyama K, Suzuki H, Sakuramachi S, Toyoda T, Matsuda M, Tahara E. Amelanotic malignant melanoma of the esophagus: case report and review of the literature. *Jpn J Clin Oncol* 1990; **20**: 286-295 [PMID: 2255105]
- 9 Joob AW, Haines GK 3rd, Kies MS, Shields TW. Primary malignant melanoma of the esophagus. *Ann Thorac Surg* 1995; **60**: 217-222 [PMID: 7598604]
- 10 Wei XJ, Zhang YN, Liu WH, Zheng XD, Zhang SH, Zhou XG. Primary malignant melanoma of esophagus. *Zhonghua Binglixue Zazhi* 2018; **47**: 548-550 [DOI: 10.3760/cma.j.issn.0529-5807.2018.07.015]
- 11 Zhou SL, Zhang LQ, Zhao XK, Wu Y, Liu QY, Li B, Wang JJ, Zhao RJ, Wang XJ, Chen Y, Wang LD, Kong LF. Clinicopathological characterization of ten patients with primary malignant melanoma of the esophagus and literature review. *World J Gastrointest Oncol* 2022; **14**: 1739-1757 [PMID: 36187400 DOI: 10.4251/wjgo.v14.i9.1739]
- 12 Machado J, Ministro P, Araújo R, Cancela E, Castanheira A, Silva A. Primary malignant melanoma of the esophagus: a case report. *World J Gastroenterol* 2011; **17**: 4734-4738 [PMID: 22180718 DOI: 10.3748/wjg.v17.i42.4734]
- 13 Diagnosis And Treatment Guidelines For Colorectal Cancer Working Group CSOCOC. Chinese Society of Clinical Oncology (CSCO) diagnosis and treatment guidelines for colorectal cancer 2018 (English version). *Chin J Cancer Res* 2019; **31**: 117-134 [PMID: 30996570 DOI: 10.21147/j.issn.1000-9604.2019.01.07]
- 14 Chinese guidelines for diagnosis and treatment of melanoma 2018 (English version). *Chin J Cancer Res* 2019; **31**: 578-585 [PMID: 31564801 DOI: 10.21147/j.issn.1000-9604.2019.04.02]
- 15 Davey MG, Miller N, McInerney NM. A Review of Epidemiology and Cancer Biology of Malignant Melanoma. *Cureus* 2021; **13**: e15087 [PMID: 34155457 DOI: 10.7759/cureus.15087]
- 16 Medical Administration of the National Health Care Commission of the People's Republic of China. Standardization for diagnosis and treatment of esophageal cancer (2022 edition). *Zhonghua Xiaohuawaike Zazhi* 2022; **21**: 1247-1268 [DOI: 10.21147/j.issn.1000-9604.2022.04.01]
- 17 Jansson C, Oh JK, Martinsen JI, Lagergren J, Plato N, Kjaerheim K, Pukkala E, Sparén P, Tryggvadottir L, Weiderpass E. Occupation and risk of oesophageal adenocarcinoma and squamous-cell carcinoma: The Nordic Occupational Cancer Study. *Int J Cancer* 2015; **137**: 590-597 [PMID: 25557854 DOI: 10.1002/ijc.29409]
- 18 Teng Y, Guo R, Sun J, Jiang Y, Liu Y. Reactive capillary hemangiomas induced by camrelizumab (SHR-1210), an anti-PD-1 agent. *Acta Oncol* 2019; **58**: 388-389 [PMID: 30700195 DOI: 10.1080/0284186X.2019.1567935]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: bpgoffice@wjgnet.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

