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Summary

OCCULT METASTATIC MELANOMA PRESENTING AS ACUTE LIVER FAILURE: A DIAGNOSTIC CHALLENGE

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Hepatobiliary

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A 61-year-old male with acute liver failure initially suspected to be Budd-Chiari syndrome was diagnosed by liver biopsy as metastatic melanoma without cutaneous lesions and died two days after transplantation was contraindicated.

KEY POINTS

- Percutaneous liver biopsy showed near-total hepatic replacement by HMB-45-positive pigmented tumor cells, confirming metastatic melanoma in a patient with no skin lesions.
- MSCT imaging revealed massively enlarged liver (32x25x31 cm) with hepatic vein compression, left hepatic vein thrombosis and intrahepatic IVC obliteration initially suggesting Budd-Chiari syndrome.
- The patient presented with hyperbilirubinemia (90 µmol/L), coagulopathy (INR 1.72), hepatocellular injury (ALT 500 IU/L, AST 800 IU/L) and progressed to grade 3 hepatic encephalopathy with hyperammonemia (300 µmol/L).
- Infiltrative malignancy should be considered in acute liver failure of unclear etiology, and liver biopsy remains essential for diagnosis when metastatic disease mimics vascular hepatic pathology.

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