Introduction

Malignant melanoma (MM) is the most common malignant disease in pregnancy. Pregnancy-associated malignant melanoma is diagnosed in pregnancy and up to five years after birth. Liver are often the location of multiple metastasis and MM rarely passes through the placenta. Evaluation and therapy of pregnant women is similar to those in non-pregnant patients. Imaging diagnostics is only needed in pregnancy with advanced disease. Chest radiography, ultrasonography, MRI and sentinel node biopsy are the diagnostic techniques of choice. Serum LDH is an important independent prognostic factor in patients with disseminated melanoma. BRAF and checkpoint inhibitors are teratogenic and after 34th week of pregnancy it is necessary to start the delivery.

There is no difference in survival between pregnant women and the rest of the population.

Methods

In this article we present a case report of a 29 years old woman in the 28th week of pregnancy with a large liver tumor. She mentioned surgical treatment of MM from 4 years ago. (Breslow 0.9, Clark III). Tumor was removed with a safety margin.

Results

Ultrasoundography showed diffuse suspicious minor focal changes in the liver. Blood analysis showed pathologic liver enzymes, elevated LDH and S-100. We transfer the patient to the Clinic of Gynecology and Obstetrics the next day. A biopsy of the liver was performed and histological examination confirmed a metastatic MM. After 14 days a Caesarean section was performed, and an alive boy was born. After seven days the B-RAF and MEK inhibitors were administered. She was released from the hospital five days later in good psychophysical condition.

Conclusion

After one month, control blood tests showed a strong decline in S-100, LDH and liver enzymes.

This article presents the diagnostic procedure at liver tumor, suspicious of metastatic MM in pregnancy and effective therapy at this moment.