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Título
Combined Immunotherapy and Hepatic Resection in Cutaneous Melanoma Liver Metastases

Introdução
Malignant melanoma is a common malignancy and major cause of cancer mortality. Distant metastases occur in ~30% of patients, with hepatic involvement in ~15%. Immune checkpoint inhibitors, particularly nivolumab, have markedly improved outcomes. Evidence suggests that, in selected patients with controlled extrahepatic disease, combining immunotherapy with liver metastasectomy may enhance survival. We report a case of hepatic metastatic melanoma treated with nivolumab and surgical resection.

Material e Métodos
A 41-year-old man with prior stage IA melanoma developed a hemorrhagic 6-cm liver metastasis seven years later, managed with embolization and biopsy confirmation. Staging excluded extrahepatic disease. He received nivolumab with partial response, followed by left lateral hepatectomy.

Resultados
Pathology showed complete response, with necrotic nodules and no viable melanoma. Follow-up imaging confirmed ongoing disease-free status, maintained 12 months after resection.

Discussão
Conventional radiotherapy and chemotherapy show limited benefit in advanced melanoma, whereas targeted agents and immune checkpoint inhibitors have become preferred systemic options. Nivolumab can induce durable responses and enable resection in selected stage IV patients. In this case, effective systemic control permitted R0 hepatectomy, achieving sustained disease-free survival. Multidisciplinary evaluation is crucial for optimizing outcomes and defining the role of surgery in the immunotherapy era.

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