Spleen Secondaries as Melanoma Masses: Historical Highlights

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Abstract

The comprehensive book on cancer metastasis considered that relatively high incidence would be found with carcinoma of breast and melanoma. However, 19th Century examples were not included. Therefore, this paper explores the Transactions of the Pathological Society of London which came into existence during the 1846-48 periods, i.e., 10 years after this growth entered the English literature. Therefore, the old foundings are thought to be worthy of documentation. In conclusion, the picture remains that of the scarcity of spleen secondaries.

Keywords: Spleen, melanoma, metastasis, history

Introduction

The monumental book on the spread of tumors in the human body pays special attention to secondary growths found in the organs [1]. What does it say about the spleen? It scarcely itemized this organ except in relation to the "Relatively high incidence…found with carcinoma of the breast, melanoma and chorionepithelioma." Accordingly, having in my possession The Transactions of the Pathological Society of London, which started publishing in the 1846-48 period [2], let me document interesting evidence of melanomas invading the spleen between that period and the 1890s.

Historical texts

Some pathologists merely confirmed the normalcy of the spleen, [3] including the weight [4]. On his own part, Moore [5] mentioned the spleen and the chest as the uninvolved sites. Furthermore, the question of the rarity of splenic melanoma was raised by Mackenzie [6]. Indeed, he acknowledges the help of Professor Greenfield as the authority concerned with "making and staining the sections that so beautifully illustrate the case."

Of the organs invaded in his case, Fagge [7] included the spleen. For the sake of comparison, Calvert and Pigg [8] listed the data obtained from other Transactions. They found the maximum of 19 times with regard to the liver, the spleen lagging behind with only 2 cases. A chain of invaded organs was described by Sanderson as follows [9]:

In the subjacent cellular tissue, on both sides of the vertebral column, were a number of tumors, varying in size from that of a pin’s head to that of a large walnut. These were most abundant on the left side where they formed a chain connecting the spleen with the kidney and extending from the latter into the pelvic cavity.

On his part, Coupland [3] pointed to the heavily invaded liver whose left lobe "extended to the spleen, its outer margin being bent forwards where it came in contact with the organ." In particular, Bryant [10] was able to count two splenic melanoma masses. That same number was also found by Beadles [11] whose description was apposite as follows:

Greatly enlarged, weighed 1 lb., firm, and dark in colour. Two deposits the size of large peas and of a pale colour were situated in the interior of the organ.

Discussion

Above are the collated instances of spleens invaded in cases of melanoma. Clearly, much as invasion does occur, the ultimate impression is that of the scarcity of melanotic colonies.

It is of interest that, nowadays, the picture remains that of single case reports found in literature searches as regards such organs as the bowel, [12] ovary [13] kidney [14] and lung [15]. Incidentally, from Rio de Janeiro, a team of researchers concluded that “The spleen is the main mass of lymphoid tissue in the body, but it was not a typical site of neoplastic metastasis…” [16].

References

3. Coupland S (1880) Primary diffuse malignant growth in the liver, in which the characters of sarcoma and carcinoma were apparent. Trans Path Soc Lond 31:130-135.
10. Bryant T (1863) Melanotic tumour developed in a mole; excision; and the secondary formation of melanotic tumours in the integuments and nearly every internal organ. Trans Path Soc Lond 14:246-247.