

The Finger as a Rare Site of Melanoma among Female Nigerian Igbos

Onuigbo WIB^{1*}, Mundhenk AR² and Akpuaka FC³

¹Medical Foundation and Clinic, 8 Nsukka Lane, Enugu, Nigeria

²Pilgrim Baptist Hospital, Issele-Uku, Nigeria

³National Orthopaedic Hospital, Enugu, Nigeria

*Corresponding author: Wilson I. B. Onuigbo, Medical Foundation and Clinic, 8 Nsukka Lane, Enugu, Nigeria, Tel: +2348037208680; E-mail: wilson.onuigbo@gmail.com

Rec date: August 05, 2015; Acc date: August 12, 2015; Pub date: August 25, 2015

Copyright: © 2015 Onuigbo WIB. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

It has been hypothesized that establishing a histopathology data pool is useful in epidemiology research. Such a pool was established among the Igbos, who constitutes one of the three largest Ethnic Groups in Nigeria, West Africa. In an earlier personal series based on the 1970 to 1974 cohort, the regional distribution of 21 cases of melanoma was 17 (81%) in the foot, one each in the eye and conjunctiva, the remaining two being in the groin. Since that report, it is now possible for the cohort to be analysed up to the year 2000. Curiously, only 2 cases have appeared in the female finger. They constitute the substance of the present paper.

Keywords: Melanoma; Females; Finger; Ethnicity; Target therapy

Introduction

A Birmingham (UK), group [1] hypothesized that the establishment of a histopathology data pool suffices to encourage epidemiological research. Incidentally, the senior author, WIBO, had established such a Reference Pathology Laboratory from 1970 among the Igbos, who constitute one of the three largest Ethnic Groups in Nigeria, West Africa [2]. In this context, a series arose therefrom and consisted of 36 papers for the Degree of MD of the University of Glasgow [3]. Among them was the 1970-1974 paper on 21 melanoma cases [4]. Interestingly, this constituted mostly of the foot (81%) with strangling cases in the eye and groin. Among the whole cohort, it is publishable that only 2 cases involved the finger. These could be culled from the Request Forms because I accepted them only when apt short clinical information could be supplied. Interestingly, both cases involved females. Therefore, they are deemed worthy of seeing the light of day in this exclusive female dermatology Journal.

Case 1

30-year-old woman presented on 27th August, 1974, with tumor of left 4th finger whose distal digit had been affected for one year. It bled easily and was initially treated with indigenous medicines. The axillary lymph nodes were fairly enlarged and painful. The specimen was a 5.5 cm long amputated digit with dark growth at its tip where the nail should have been found. On section, blackish tissue was seen under the 3 cm diameter ulcer. Also submitted were masses of lymph nodes, the largest measuring 5.0×2.5×2.5 cm. On section, they exhibited dark necrotic tumor tissue. Microscopy confirmed the presence of malignant melanoma in the finger and lymph node metastases. Incidentally, there was the following addition to the Report: "This is the first case of melanoma in the hand in my collection! The others have been in the foot and eye. Altogether, a most enlightening case".

Case 2

65-year-old woman presented on 18th September, 1984, with a dark subungual spot on the left middle finger which had been there for 3 years. It was asymptomatic until 2 months ago when it increased in size and ulcerated. It rapidly increased in size and began to fungate. Supraclavicular or axillary lymph nodes were not enlarged. The specimen consisted of a 6 cm long amputated finger with 2.5 cm wide ulcerated terminal portion. There was a black halo with brownish growths. Microscopy confirmed the diagnosis of malignant melanoma.

Discussion

Since this last case came to hand, none had been encountered by the year 2000. This was when other laboratories began to function in the community. Incidentally, I believe that, in medical research, the Requested Reprint (RR) is a significant tracer tool [5]. However, appealing to my rich sublibrary of RR revealed no examples of finger melanoma. The nearest to this theme was the Australian paper which mentioned "hand" without the "digit" specification [6].

In this context, Kuphas and Bosserhoff [7] reviewed recent progress in understanding the pathology of malignant melanoma. However, there was in it no mention of fingers. Similarly, Evoy's group [8] did not advert to it in answering the important question, namely, "what is new in the management of malignant melanoma?"

Therefore, it suffices to conclude that the present paper sufficiently brings to light the important epidemiological aspect, namely, that it is based on that malignancy which has been described as follows: "metastatic melanoma is an aggressive disease, notorious for its resistance to conventional therapy" [9]. However, the omens are improving with immunotherapy [10]. Incidentally, I should draw attention here to the potentiality of "Erythrocyte Associated Necrosis Factor" (EANF). Indeed, in my opinion [11,12], should turn out to become very significant in present day vigorous pursuit of that target therapy which could conduce to cancer cure.

References

1. Macartney JC, Rollason TB, Colding BW (1980) Use of a histopathology data pool for epidemiological analysis. *J Clin Pathol* 33: 351-359.
2. Basden GT (1966) *Niger Ibos*. Frank Cass, London, UK.
3. Onuigbo WIB (1980) Studies on the geographical pathology of the Igbos of Nigeria. M.D. Thesis, Glasgow University, Scotland.
4. Onuigbo WIB (1975) Malignant melanomas in the Igbos of Nigeria. *Br J Plast Surg* 28: 114-117.
5. Onuigbo WIB (1985) Reprint requests – a tool for documentation. *International Forum on Information and Documentation*. 10: 7-9.
6. Scott JP, Jolly KD, MacKinnon MJ, Clarke AM (1980) Melanoma in Otago and Southland. *N Z Med J* 673: 422-424.
7. Kuphal S, A Bosserhoff (2009) Recent progress in understanding the pathology of malignant melanoma. *J Pathol* 219: 400-409.
8. Evoy D, Keli M, Redmond HP (1999) What is new in the management of malignant melanoma? *Journal of the Irish College of Physicians and Surgeons* 28: 217-220.
9. Harbst K, Lauss M, Cirenajwis H, Winter C, Howlin J, et al. (2014) Molecular and genetic diversity in the metastatic process of melanoma. *Journal of Pathology* 233: 39-50.
10. Eggermont AM, Schadendorf D (2009) Melanoma and immunology. *Hematol Oncol Clin North Am* 23: 547-564.
11. Onuigbo WIB (2013) Nature's necrosis factor when associated with erythrocytes may not only explain the surprises in lung cancer metastasis but also suggest target therapy. *Med Hypotheses* 80: 698-700.
12. Onuigbo WIB (2014) Anomalous lung cancer carriage: A historical review with present prospects. *Int J Surg* 12: 734-736.