Rare Cases of Finger Melanoma In Males In A Developing Community

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Abstract

Rare cases of melanoma featured in the literature. Some are exemplified. The present paper considers the Igbo ethnic group of Nigeria whose melanomas attack the foot, including toes, but rarely are found in the fingers. Two examples are documented.

Keywords: Melanoma; Usual Sites; Rare Sites; Fingers; Igbo; Nigeria

Introduction

The melanoma is peculiar on account of its characteristic pigmentation. Little wonder that it featured in the museums of old [1]. Nowadays, curious cases appear in the literature. To be exemplified is its causation of acute aortic occlusion [2]. So is orbital recurrence after 42 years [3]. In this context, 2 cases came up with reference to characteristic neurotropic perineural invasion of cranial nerves and extension along cranial nerves to the central nervous system [4]. To such examples, there may be added the more mundane cases of finger melanoma among the Igbo ethnic group of Nigeria [5] in whom the foot is almost exclusively involved [6].

Case Reports

NM, a 35-year-old man presented at the University of Nigeria Teaching Hospital, Enugu, with 10 year story of black streak under the right middle finger nail. Avulsion of the nail was done on two occasions. This was followed by amputation of the pulp. It swelled up. On examination, the clubbed stump was hyperpigmental. The regional lymph nodes were not enlarged.

8 cm long amputated finger was received by the author in a Regional Pathology Laboratory. It displayed a bulbous dark tip without nail. On section, dark brown soft tumor tissue extended from the tip to a distance of 3 cm. Microscopically, a melanin producing, spindle called tumor grew luxuriously in the dermis showing pleomorphic and giant cells. Malignant melanoma was diagnosed.

IM, 60-year-old man attended the Queen Elizabeth Hospital, Umuahia, with the history of a hard growth in the pulp of the left thumb of 9 months duration. The growth increased in size with patchy variety of colors. In the last month, the lesion started discharging pus mixed with blood.

The amputated digit showed an ulcerated bulbous area measuring 3.5 cm x 3.0 cm. On section, a brownish region was merged with necrotic areas. Microscopy revealed a lesion characterized by the presence of giant cell of various sizes in association with hemorrhages, hemosiderin, pigmentation and fibrous tissue reaction. Special staining confirmed the presence of malignant melanoma.

Discussion

A group in UK recorded that the establishment of a histopathology data pool stimulated epidemiologic analysis [7]. It is such a pool that came to life in Enugu, Nigeria, among the Igbo ethnic group [8] under the author. The 2 presented cases cropped up in the midst of as many as over 100 pedal primary malignant melanomas.

A Chinese report concluded that “The occurrence of malignant melanoma in fingers is particularly rare” [8]. There is also the case of a 51-year-old Indian male [9]. Surprisingly, there was a long history of the lesion with no evidence of metastasis. On the contrary, a Japanese man was found to have died 16 years after the initial surgery on his right third finger [10], thereby indicating “the importance of periodic life-long follow-up in treating malignant melanoma.”

References


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