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Satellite Metastases of Pedal Melanomas in a Developing Community

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Abstract

According to its very name, the satellite metastasis, this is self-explanatory. In a recent case, it was occult in the auricle. Therefore, this paper considers a well known site, the foot, with reference to 8 cases found among the ethnic group called the Ibos or Igbos, whose domain is in the South-Eastern part of Nigeria.

Keywords: Skin; Melanoma; Metastasis; Satellite; Developing Community

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Introduction

The very name of "satellite metastasis" is self-explanatory. In a Greek case of 90-year-old man, the helix of the right ear was the primary site, while the wedge resection revealed the seat of an occult satellite [1]. Therefore, this paper concerns the well-known pedal melanoma [2] with special reference to the Ibo or Igbo ethnic group [3]. The South-Eastern Region of Nigeria is their domain, while the source was the Regional Histopathology data pool manned by the author from 1970.

Investigation

The guide line followed was that of the Birmingham (UK) group's recommendation. It was to the effect that establishing a histopathology data pool facilitates epidemiological analysis [4]. Since I became the pioneer pathologist at the pool established by the Government of the Eastern Region of Nigeria at Enugu, the opportunity was such that I insisted on well filled forms accompanying formol-saline bottled specimens. In particular, I kept personal copies of all the cases. In sum, their manual analysis facilitated analysis as tabulated below.

Results

The ages ranged from 34 to 60 years (mean 49.4 years). The female/male ratio was 5:3. The characteristic black color was absent in case 8. As my Glasgow teacher put it long ago [5], "Heavily pigmented primary tumours may produce amelonatic secondary deposits and vice versa, and pigment production does not appear to be related to prognosis."

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No.	Initials	Age	Sex	Descriptions
1	EG	60	М	Satellite pigmented areas
2	BP	40	F	Black nodules
3	NU	50	F	Satellite nodules
4	ON	34	F	Satellite nodules
5	UN	52	F	Satellite nodules
6	AO	50	F	Satellite nodules
7	OB	51	М	Satellite nodules
8	UC	58	М	Amelanotic satellite nodule

 Table 1: Epidemiological data on 8 cases of pedal melanoma.

Discussion

A combined team of German and Australian authors drew attention to the fact that, the "prognosis of patients with loco-regional skin metastases has not been analyzed in detail" [6]. In this context, American groups presented several patients who had evidence of microsatellites in their primary melanoma [7,8]. Therefore, the above study from a developing community was deemed to be worthwhile.

As with lung cancer [9], these nodules were defined as well-circumscribed foci clearly separated from the main tumor but with identical histologic characteristics. The one exception was the local case which was not as colorful as the primary. This is in keeping with the known diversity between metastatic melanoma tumors in individual patients [10]. In this context, since there is considerable variation in incidence between countries [11], this paper adds to world knowledge of this most interesting cancer.

References

- Koltsidopoulos P and Skoulakis C. "Occult satellite metastasis of an auricular melanoma". *Cleveland Clinic Journal of Medicine* 82.9 (2015): 577-578.
- 2. Onuigbo WIB. "Is pedal melanoma among a Nigerian Ethnic Group preventable?" *Journal of Cancer Prevention & Current Research* 8.1 (2017): 00267.
- 3. Basden GT. "Niger Ibos". Lond: Cass (1966).
- Macartney JC., *et al.* "Use of a histopathology data pool for epidemiological analysis". *Journal of Clinical Pathology* 33.4 (1980): 351-353.
- 5. Milne JA. "An introduction to the diagnostic histopathology of the skin". Lond: Edward Arnold (1972): 314.
- 6. Weide B., *et al.* "Prognostic factors of melanoma patients with satellite or in-transit metastasis at the time of stage III diagnosis". *PLOS ONE* 8.4 (2013): e63137.
- 7. Sheikh L., *et al.* "The role of microsatellites as a prognostic factor in primary malignant melanoma". *Archives of Dermatology* 14.6 (2005): 739-742.
- 8. Balch CM. "Microscopic satellites around a primary melanoma: Another piece of the puzzle in melanoma staging". *Annals of Surgical Oncology* 16.5 (2009): 1092-1094.
- 9. Deslauriers J., *et al.* "Carcinoma of the lung: Evaluation of satellite nodules as a factor influencing prognosis after resection". *The Journal of Thoracic and Cardiovascular Surgery* 97.4 (1989): 504-512.
- 10. Harbst K., et al. "Molecular and genetic diversity in the metastatic process of melanoma". The Journal of Pathology 233 (2014): 39-50.
- 11. Ali Z., et al. "Melanoma epidemiology, biology and prognosis". European Journal of Cancer Supplements 11.2 (2013): 81-91.

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