

Melanomatosis Associated with Leprosy: Case Report

Wilson IB Onuigbo*

**Department of Pathology, Medical Foundation and Clinic, Nigeria.*

Received February 14, 2018; Accepted February 18, 2019; Published May 28, 2019

ABSTRACT

A historical case report concerned wide distribution of skin metastases. Therefore, this paper sets out to provide 2 such modern cases occurring in a developing community in Nigeria, especially as both were associated with leprosy.

Keywords: Melanoma, Metastases, Widespread, Skin, Leprosy, History

INTRODUCTION

Concerning a historical case, front and back Figures were presented in order to depict the melanomatosis encountered in a patient in 1891 [1]. In this context, Ariel [2] portrayed picturesquely the case of a man suffering from extensive metastases of dermal and subcutaneous malignant melanoma limited to the right side of the body, with the left side remaining singularly free. Likewise, Sarkisian [3] reported the metastases of melanoma witnessed in but unusual sites.

Therefore, this paper seeks to a Nigerian ethnic group [4]. These manifested because, as was predicted by a Birmingham (UK) group, the establishment of a histopathology data pool encourages epidemiological analysis [5]. Such a pool was established by the Government of the then Eastern Region in 1970 after the Civil War with the author as the pioneer pathologist. The pathology of the Igbo has been well published since then [6].

CASE REPORT

1. NE, 60 year old man attended the Mile 4 Hospital, Abakaliki and was seen by Dr. MA MacRae. He complained of many “lumps” appearing all over the body since 3 months. They started with one near the shoulder. He was a discharged leprosy patient with chronic plantar ulcer. On examination, widespread, subcutaneous nodules of varying sizes all over the body were seen, especially on the trunk. They were not ulcerated but firm, some larger ones being tender. The 1.5 × 1.0 cm skin ellipse bore a dark nodule on section. On microscopy, the nodule was seen to be due to malignant melanoma. Accordingly, melanomatosis was diagnosed. As my Report stated, “It is well to biopsy the plantar ulcer which may reveal the primary site.” However, there was no follow-up reported.

2. UN, 60 year old female attended the Mater Hospital, Afikpo, under the care of Dr M. Molloy. Multiple widespread nodules were found all over the body subcutaneously. Some were umbilicated. The lesions had been present for 3 years, the spread being gradual. She was a discharged leprosy patient with foot ulcer. The specimen was a 2.5 cm partly incised ellipse with a blackish nodule. Microscopy confirmed the diagnosis of metastasing malignant melanoma.

DISCUSSION

A remarkable feature is that both patients attended two Missionary Hospitals run by foreigners. This emphasizes the role of foreign help in running the Health Services of a developing community.

Another point of interest is the use of a central laboratory by distant hospital. Long ago, there was debate as to whether this was fruitful in the UK [7]. Actually, local experience counters this view [8].

The pathogenesis of generalized melanosis was explored in 1981 but the emphasis was on melanuria [9]. Consequently, future studies should relate to the association with those previously suffering from leprosy.

Alone case of squamous carcinoma arising in a leprosy neurotropic ulcer with review of the literature is on record

Corresponding author: Wilson IB Onuigbo, Department of Pathology, Medical Foundation and Clinic, 8 Nsukka Lane, Enugu 40001, Nigeria, E-mail: wilson.onuigbo@gmail.com

Citation: Onuigbo WIB. (2019) Melanomatosis Associated with Leprosy: Case Report. J Cancer Sci Treatment, 1(2): 40-41.

Copyright: ©2019 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.

[10]. In a local survey of plantar carcinomas in 18 cases, melanoma was not encountered [11]. Incidentally, as the ulcer may be dirty and deceptively dark, it is only on sectioning as well as on microscopy that diagnosis becomes clear.

REFERENCES

1. Mackenzie J (1891) Melanotic sarcoma, very widely disseminated. *Trans Path Soc Lond* 42: 321-329.
2. Ariel IM (1975) Disseminated melanoma with unique unilateral distribution. *Cancer* 36: 2143-2146.
3. Sarkisian JS (1975) Metastatic melanoma in two unusual sites. *U.S. Navy Med* 65: 8-9.
4. Basden GT (1966) *Niger Ibos*. Cass, London.
5. Macartney JC, Rollaston TP, Codling BW (1980) Use of a histopathology data pool for epidemiological analysis. *J Clin Pathol* 33: 351-353.
6. Onuigbo WIB (1980) Studies on the geographical pathology of the Igbos of Nigeria. Glasgow University.
7. Lilleyman J (2002) From the president. *Bull Roy Coll Pathol* 117: 2-3.
8. Onuigbo WIB, Onuigbo WIB, Mbanaso AU (2005) Urban histopathology service for a remote Nigerian hospital. *Bull Roy Coll Pathol* 132: 32-34.
9. Eide J (1981) Pathogenesis of generalized melanosis with melanuria and melanoptysis secondary to malignant melanoma. *Histopathology* 5: 285-294.
10. Troy JL, Grossman ME, Walther RR (1980) Squamous-cell carcinoma arising in a leprous neurotrophic ulcer: Report of a case. *J Dermatol Surg Oncol* 6: 650-661.
11. Onuigbo WIB, Njeze GE (2014) Plantar squamous cell carcinoma in a developing country. *Intl Interdisciplin Res J* 4: 2-16.