

Presentation of Regressed Pedal Melanoma as a Groin Mass

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Abstract

Malignant melanoma is well known for its unusual manifestations. Now, it has been proposed in the UK that the establishment of a histopathology data pool is useful in epidemiological analysis. Therefore, this paper illustrates how such a pool subsisting in a developing community could throw light on the presentation in the groin of the melanoma patient. It had arisen in the foot. Such case reports are necessary, especially in the developing communities. For example, a wedge from the abdominal wall of a 8-year-old girl led to the discovery for the first time of the human living *Paragonimus uterobilateralis*.

Keywords: Melanoma; Foot; Regression; Groin; Presentation

Introduction

Cancer regression has long been speculated on. The personal historical review of it was published by one of us. It concerned its manifestations in the English publications from 1753 to 1897 [1]. Now, it has been suggested that the establishment of a histopathology data pool helps in epidemiological analysis [2]. Therefore, an interesting example of its pertinence in this developing community was published concerning a small innocent looking nodule in the abdominal wall of a 8-year-old girl of the Igbo Ethnic Group [3] turned out to be the discovery of the human living adult *Paragonimes uterobilateralis* [4]. In this context, it is well to add this case to the world literature of melanoma becoming regressed in the foot but showing up as a metastatic deposit in the groin. It is also advantageous in showing the importance of a subsisting Reference Pathology Laboratory, seeing that some people have even criticized this approach [5].

Case Report

A 48-year-old woman of the Igbo Ethnic group presented at the University of Nigeria Teaching Hospital, Enugu, under one of us. The history was of a huge ulcerated pigmented lump that had been present in the left groin since 6 months. There was also a localized pigmented lesion on the left sole.

The biopsy specimen received by one of us consisted of a 16 x 10 x 8 cm elliptical mass of skin with blackish ulcer. On section, it showed a fleshy growth with softened black central area. There was also another specimen of thick horny skin 6 x 5 cm across.

Microscopic examination showed the groin growth to be spindle celled. It formed melanin pigment abundantly, necrosis being marked in parts. Lymphoid tissue was also involved. On the other hand, the accompanying skin section exhibited normal pigmentation, thus suggesting that the primary lesion had regressed. Accordingly, metastatic melanoma was diagnosed per se.

Discussion

This case shows the advantage which accrues from the use of the debated Laboratory service that is based outside the original Hospital in a developing community [6]. Thus, Internet search led to Thomas and Badini [7] whose review indicated “the often overlooked primary innate immunity tumor immunology and spontaneous regression in cancer.”

It is of some interest that the groin was involved in our patient and not the popliteal fossa. Indeed, the sentinel node, when encountered in the popliteal fossa, is a rarity [8]. Perhaps, more thorough search of this fossa should always be conducted in order to exclude micrometastatic foci [9].

Returning to the possibility of regression of a pedal primary itself, it is substantial that, as Challis and Stam stated, [10] the hope “is that the continued publication of cases of spontaneous, or at least unidentified, regressions will prove to be of heuristic value.” In this context, the present material was derived from the Clinical Notes supplied. Therefore, it does not have the backing of any other information such as those of imaging and therapy information.

Conclusion

In terms of value, there is the recent contribution from one of us concerning the possible role played by a natural entity called the “Erythrocyte Associated Necrosis Factor” (EANF) in cancer regression [11]. For explanation, the famous story was that of a monk who was due to be amputated for bone cancer. In sum, he prayed so fervently that regression occurred by daybreak [12]. Of course, the long-term hope is that Translational Medicine will identify this Intrinsic Factor [13]. When this materializes, it will be like the problem of bleeding which was fatal until solved by the discovery of the Coagulation Factor [14]. Meanwhile, there should be continuing pursuit of elements such as those of the molecular and genetic diversity of the metastatic process of melanoma [15].

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