

## Spleen Secondaries as Melanoma Masses: Historical Highlights

Wilson I. B. Onuigbo<sup>\*1</sup>

<sup>1</sup>Department of Pathology, Medical Foundation and Clinic, 8 Nsukka Lane, Enugu 400001, Nigeria

<sup>\*</sup>Corresponding author: Wilson I. B. Onuigbo, Department of Pathology, Medical Foundation and Clinic, Enugu, Nigeria, Tel: +23408037208680; E-mail: wilson.onuigbo@gmail.com

Received date: July 02, 2016; Accepted date: September 14, 2016; Published date: September 21, 2016

Copyright: © 2016 Onuigbo. 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

The comprehensive book on cancer metastasis considered that relatively high incidence would be found with carcinoma of breast and melanoma. However, 19th Century examples were not included. Therefore, this paper explores the Transactions of the Pathological Society of London which came into existence during the 1846-48 periods, i.e., 10 years after this growth entered the English literature. Therefore, the old findings are thought to be worthy of documentation. In conclusion, the picture remains that of the scarcity of spleen secondaries.

**Keywords:** Spleen, melanoma, metastasis, history

### Introduction

The monumental book on the spread of tumors in the human body pays special attention to secondary growths found in the organs [1]. What does it say about the spleen? It scarcely itemized this organ except in relation to the “Relatively high incidence...found with carcinoma of the breast, melanoma and chorionepithelioma.” Accordingly, having in my possession The Transactions of the Pathological Society of London, which started publishing in the 1846-48 period [2], let me document interesting evidence of melanomas invading the spleen between that period and the 1890s.

### Historical texts

Some pathologists merely confirmed the normalcy of the spleen, [3] including the weight [4]. On his own part, Moore [5] mentioned the spleen and the chest as the uninvolved sites. Furthermore, the question of the rarity of splenic melanoma was raised by Mackenzie [6]. Indeed, he acknowledges the help of Professor Greenfield as the authority concerned with “making and staining the sections that so beautifully illustrate the case.”

Of the organs invaded in his case, Fagge [7] included the spleen. For the sake of comparison, Calvert and Pigg [8] listed the data obtained from other Transactions. They found the maximum of 19 times with regard to the liver, the spleen lagging behind with only 2 cases. A chain of invaded organs was described by Sanderson as follows [9]:

In the subjacent cellular tissue, on both sides of the vertebral column, were a number of tumors, varying in size from that of a pin's head to that of a large walnut. These were most abundant on the left side where they formed a chain connecting the spleen with the kidney and extending from the latter into the pelvic cavity.

On his part, Coupland [3] pointed to the heavily invaded liver whose left lobe “extended to the spleen, its outer margin being bent forwards where it came in contact with the organ.” In particular, Bryant [10] was able to count two splenic melanoma masses. That same number was also found by Beadles [11] whose description was apposite as follows:

Greatly enlarged, weighed 1 lb., firm, and dark in colour. Two deposits the size of large peas and of a pale colour were situated in the interior of the organ.

### Discussion

Above are the collated instances of spleens invaded in cases of melanoma. Clearly, much as invasion does occur, the ultimate impression is that of the scarcity of melanotic colonies.

It is of interest that, nowadays, the picture remains that of single case reports found in literature searches as regards such organs as the bowel, [12] ovary [13] kidney [14] and lung [15]. Incidentally, from Rio de Janeiro, a team of researchers concluded that “The spleen is the main mass of lymphoid tissue in the body, but it was not a typical site of neoplastic metastasis...” [16].

### References

1. Willis RA (1973) The spread of tumours in the human body. London: Butterworths pp: 194.
2. Anonymous (1840) BYE-LAWS AND REGULATIONS. Trans Path Soc Lond 1: 15.
3. Coupland S (1880) Primary diffuse malignant growth in the liver, in which the characters of sarcoma and carcinoma were apparent. Trans Path Soc Lond 31: 130-135.
4. Legg JW (1878) Melanotic sarcoma of the eyeball; secondary growths in the organs of the chest and belly, particularly in the liver. Trans Path Soc Lond 29:225-229.
5. Moore N (1889) Melanotic sarcoma of liver. Trans Path Soc Lond 40:138.
6. Mackenzie J (1891) Melanotic sarcoma, very widely disseminated. Trans Path Soc Lond 42:321-329.
7. Fagge CH (1877) Two cases of melanuria associated with melanotic new growths. Trans Path Soc Lond 28: 172-175.
8. Calvert J, Pigg S (1898) A case of melanotic sarcoma. Trans Path Soc Lond 49: 297-299.
9. Sanderson (1855) Melanotic cancer in various organs. Trans Path Soc Lond 6: 324-329.
10. Bryant T (1863) Melanotic tumour developed in a mole; excision; and the secondary formation of melanotic tumours in the integuments and nearly every internal organ. Trans Path Soc Lond 14: 246-247.

- 
11. Beadles CF (1894) A case of multiple malignant growths. *Trans Path Soc Lond* 45: 188-197.
  12. Okuyama, T, Oya M, Ishikawa H (2001) Isolated splenic metastasis of sigmoid colon cancer: a case report. *Jap J Clin Oncol* 31: 341-345.
  13. Ghani AA, Hashmi ZA, Chase DM (2010) Intraparenchymal metastases to the spleen from ovarian cancer: a case report. *J Med Case Rep* 4: 30.
  14. Moir JAG, Sen G, Saif R (2011) Isolated splenic metastasis from renal cell carcinoma: case report and review. *Case Rep Gastroenterol* 5: 166-171.
  15. Cai Q, Kragel P (2015) Isolated splenic metastasis in a patient with lung carcinoma: Case report and review of the literature. *J Clin Exp Pathol* 5: 252.
  16. Rosa N, Martins S, Lamelas J (2012) Isolated splenic metastasis of colon cancer: a case report and literature review. *J Coloproctol (Rio J)* 32: 89-94.