

The Ovarian Metastases of Melanoma: Historical Cases

Wilson IB Onuigbo*

Department of Pathology, Medical Foundation and Clinic, Nigeria

*Corresponding author: Wilson IB Onuigbo, Department of Pathology, Medical Foundation and Clinic, 8 Nsukka Lane, Enugu 40001, Nigeria, Tel: 2348037208680; E-mail: wilson.onuigbo@gmail.com

Rec date: Mar 25, 2016; Acc date: Apr 04, 2016; Pub date: Apr 25, 2016

Copyright: © 2016 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.

Abstract

It has been stressed that the history of a subject needs to be understood by the scientists of nowadays. Therefore, the parameters of the history of ovarian melanomatous deposits have been traced to their sources. The findings are interesting.

Keywords: Ovary; Cancer; Melanoma; Spread; History

Introduction

On a great occasion, Kardinal made the point that it is important to facilitate the awareness of historical evidences. Therefore, this article sets out to document historical data on the very important female organ, the ovary [1].

Historical Texts

Battle [2] generalized on the “universal” deposition of melanoma in his 79-year-old patient, “including ovaries,” as he stated prominently. On the opposite ground of non-invasion, Coupland [3] cryptically came to “Ovaries shriveled.”

Legg [4] presented carefully, the history of a woman aged 30 years; she was admitted to St. Bartholomew's Hospital under the care of Dr.Clark. At autopsy, the picture was clear, namely, “Both ovaries are the size of walnuts, and are formed of four or five new growths, without fluid contents.” Continuing, he mentioned that “parts of all the organs found to contain new growths were hardened in chronic acid.” Histological confirmation followed. This was also done in respect of the original eye growth.

Discussion

The famous German pathologist, Julius Cohnheim, [5] was convinced that autopsies help in the understanding of natural phenomena. Accordingly, melanoma, which is characteristically pigmented, constitutes the best lesion for metastasis study. In the standard work on metastasis, Willis, [6] included a few historical cases of ovarian metastasis growths without much explanation. Here, pains were taken to expand the historical picture.

Conclusion

There is the axiom that “truths” need to be viewed from the vantage grounds of current perspectives [7]. Accordingly, on the bases of candid case reports, the present series demonstrated some 19th Century data on ovarian metastases. In sum, these cases add to the

evidence missing from a recent historical survey of pigment biology [8] (Figure 1).



Figure 1: Excised specimen of an ovarian tumor.

References

1. Cardinal GG (1977) An outline of the history of cancer. *Missouri Med* 6: 62-66.
2. Battle H (1895) Primary melanotic sarcoma of clitoris. *Trans Path Soc Lond* 46:189.
3. Coupland S (1880) Primary diffuse malignant growth in the liver, in which the characters of sarcoma and cacinoma 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. Cohnheim J (1889) *Lectures on general pathology*. The New Sydenham Society, London p: 14.
6. Willis RA (1973) *The spread of tumours in the human body*. London: Butterworths p: 194.
7. Moser KM (1987) *Medical truths in historical perspective*. *Heart and Lung* 16: 345-346.
8. Nordlund JJ, Abdel-Malek ZA, Boissy RE (1989) Pigment cell biology: An historical review. *J Invest Dermatol* 92: 53S-60S.