

Original Research Article

Malignant melanoma in calabar, Nigeria

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Abstract: Malignant melanoma is a tumour originating from the melanocytes. It often presents as dark brown discoloration on the affected area and sometimes with ulceration and necrosis. There has been an increasing incidence of this lesion worldwide with distance metastasis. The study attempts to review the age presentation and anatomic presentation of melanoma in Calabar over a period of 30years (1979-2008), using the histologic registers of the Department of Pathology, University of Calabar Teaching Hospital, Calabar. The lesions were seen predominantly within the lower extremity with no gender preference. The tumour peaked at 6th decade of life. It was concluded that malignant melanoma is mainly a tumour of lower extremity in Calabar compared to sun exposed area in other parts of the world.

Keywords: Malignant melanoma, Calabar, Extremity

INTRODUCTION

Melanoma also called melanocarcinoma is a malignant tumour of cells of neural crest origin called melanocytes [1, 2]. The preponderance of melanoma is highest in the skin.² It could arise from other sites like oral mucosa, anogenital mucosa, oesophagus, meninges and eye [1, 2, 3].

Melanomas are rapidly spreading malignancy which spreads locally, through lymphatics and blood to distant sites [3]. Melanoma has been associated with increased exposure to sunlight as seen with increased incidence of new Zealand and Australia, preexisting naevus especially dysplastic naevus, family history of melanoma, increasing age and more than 50moles 2mm or more in diameter [3-6].

A study done by Mackie *et al.*[7]; show that melanoma is increasing worldwide generally in contrast to other malignancies. This study also show the association between increasing incidence of melanoma and increased exposure to sunlight, drugs like non steroidal acute inflammatory drugs and some pesticides. Higher socio economic status and genetic factors have also been implicated.

Another study done by Cascio *et al.*; show that there is no significant difference between the incidence of melanoma in male compared to females. This study

also show a higher incidence of melanoma in the cities compared to the province [8].

A study done by Erder *et al.*; show that there is a poorer prognosis associated with increasing thickness of a melanoma [9]. A study done by Oseni *et al.*; in Oshogbo Nigeria show that malignant melanoma was the commonest skin malignancy [10].

METHODOLOGY

This is a retrospective study involving review of data bank of Department of Pathology, University of Calabar Teaching Hospital, and Calabar. Data of malignant melanoma were retrieved and analysed.

RESULTS

There were 36 malignant melanoma seen during the study period. Melanoma malignancy has male to female ratio (M: F) of 1:1 in Calabar with predominant lesion within the age range of 51-60years. Their tumor was not seen before the third decade of life but tends to increase in frequency from the third decade and peaked at the 6th decade from where it began to slope down.

This tumor is most prominent in the foot. The lesion is mainly from the lower extremity with over 70% of the lesion at this site (thigh, 3; leg, 1; foot, 25) having a total of 29 (80.5%) of the total lesion.

Table 1: Showing frequency of the tumour

Age	Male	Female	Total	Percentage (%)
<21	0	0	0	0.00
21-30	1	0	1	2.78
31-40	2	2	4	11.11
41-50	4	3	7	19.44
51-60	6	8	14	38.89
61-70	3	4	7	19.44
>	1	0	1	2.78
Adult	1	1	2	5.56
	18	18	36	

Table 2: Showing anatomic distribution

S/N	ANATOMIC SITE	FREQUENCY	PERCENTAGE %
1.	Nasal Cavity	2	5.56
2.	Thigh	3	8.33
3.	Finger	1	2.78
4.	Foot	25	69.44
5.	Skin	2	5.56
6.	Leg	1	2.78
7.	Eye	1	2.78
8	Forearm	1	2.78

DISCUSSION

There was no case of melanoma within the study years below age 21 which is in concordance with what is obtainable in other parts of the world [3]. Most melanomas occur between age 30 and 60 years worldwide but in this study most cases were between ages 30-70years which constitute 32 out of 36cases of melanoma accounting for 80% of all the cases. Even cases between 30 and 60years of age constitute 69.44% of melanomas within the study years.

Worldwide the male to female ratio of the incidence of melanoma is 1:1 and in this study the male to female ratio of the incidence of cases is 1:1. This is also similar to the findings by Olu-Eddo *et al.*; in Benin City, Nigeria [11].

The finding made in the study by Oseni *et al.*; [10] in Oshogbo Nigeria show that the foot was the commonest site of malignant melanoma. This is similar to the commonest site of the lesion observed in this study with the foot constituting 69.44% of all the sites followed by the thigh which constitute 8.33% of the locations of melanoma within the study period.

CONCLUSION

Melanoma is a malignancy that is rare before puberty and from this study it is shown to be rare before age 20years. There is a higher incidence of the disease between age 30 and 70 years in our environment. There is no gender preponderance of melanoma and the

commonest site of this lesion in our environment is the foot.

CONFLICT OF INTEREST

The authors have no conflict of interest.

APPRECIATION

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