

Abstract

Background: The incidence rates of malignant melanoma show substantial worldwide variations with the lowest rates reported in Asian populations. Plantar melanoma is common in sub-Saharan Africa.

Methods: Presented are patients with histologic diagnosis of malignant melanoma seen at the University of Calabar Teaching Hospital, Calabar from January 2000 to December 2009.

Results: Sixteen patients (12 males, 4 females and 15 darkly pigmented, 1 albino) whose ages ranged from 40-75 years (mean 56.0 years) accounted for 10% of skin malignancy. Plantar melanomas were observed on 15 SDWLHQWV ZKLOH WKH DOELQR KDG D OHVLRQ RQ WKH XSSHU OLP E 7 ZHOYH QR O observed, 4 patients had lymphadenopathy while one hospital mortality was recorded.

Conclusion: Plantar melanoma was the commonest form encountered possibly with trauma as a risk factor. This contrast sharply with the European pattern of presentation in which solar radiation is a major culprit. Education of patients, public and non-dermatologist regarding prevention, early detection and treatment of malignant melanoma would improve the outcome of the management.

Keywords: Malignant melanoma; Darkly pigmented; Albino

Introduction

Over the past 20 years, the incidence of melanoma of the skin has increased throughout the world at the rate of approximately 5% per year [1]. In UK, the incidence of malignant melanoma (MM) the most malignant of all skin neoplasm has doubled in the past 10 years [2,3]. The incidence rates of MM show substantial worldwide variations [4]. The highest incidence in the world is found in Auckland, New Zealand [5]. The lowest rates are reported in Asian populations in China, Japan, and Singapore [4]. Twenty percent of the world's melanoma is seen in Black Africans and Asians [6]. Melanoma is an uncommon malignancy (8%) in our region of Calabar South Nigeria, in contrast with another region of the country, Kano, North Nigeria, where this aggressive tumour ranked second (34%) as the most prevalent malignancy [7] thus highlighting regional variation in prevalence. Plantar melanoma is common in sub-Saharan Africa [8,9]. This has prompted the speculation of trauma as an aetiological factor, as opposed to solar radiation, which is a major culprit in Whites [1,10]. We present this study to evaluate the pattern, possible risk factors and outcome of treatment in our facility and recommend measures for improved outcome.

Patients and Methods

We evaluated patients with histologic diagnosis of MM who presented to the University of Calabar Teaching Hospital (UCTH), Calabar, Nigeria from January 2000 to December 2009 as part of our wider study of skin malignancies. The number of patients with MM was compared with total number of patients diagnosed with skin malignancy and total malignancies observed during the same period. The variables analyzed were age, sex, type and site of lesion, skin pigmentation together with outcome of treatment.

Results

In total, 16 patients presented with MM were seen in the UCTH Calabar during the study period (January 2000 to December 2009). These accounted for 10% of skin cancers observed during the same period and 1.2% of total malignancies. The ages ranged from 40 to 75 years (mean 56.0 years), 12 were males and 4 females (M: F =3:1).

peak age was recorded in the 6th decade, and no lesion was observed in the first 3 decades, Table 1. Fifteen patients (94%) were darkly pigmented and the anatomical location of the lesions was on the foot while one albino (6%) with numerous actinic keratoses and a lesion located on the upper limb was observed. Four patients presented with groin lesions (lymphadenopathy), Figures 1 and 2. Twelve (75%) patients presented with nodular lesions while the superficial spreading melanoma (SSM) affected 4 (25%) patients. Late presentation with locally advanced lesions was a striking feature of this study with the largest foot lesion measuring 16 x 14cm. Majority of the patients volunteered a history of trauma, which was believed to be responsible for this lesion. All the patients presented first to traditional healers/chemist and this accounted for late presentation. The average period of

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