

EC ORTHOPAEDICS Investigational Paper

Quantitative Method of Studying Pedal Melanoma in a Developing Community

Wilson IB Onuigbo*

Department of Pathology, Medical Foundation and Clinic, Enugu, Nigeria

*Corresponding Author: Wilson IB Onuigbo, Department of Pathology, Medical Foundation and Clinic, Enugu, Nigeria.

Received: October 27, 2017; Published: December 11, 2017

Abstract

The framework of pathology in terms of good laboratory practice was viewed in part with quantitative methods. In this context, an interesting area is the ongoing comparison of American-Caucasian and African-American experiences in the field of pedal melanomas. In sum, the one was found to be less severe than the other. Therefore, it is hypothesized that quantitative assessment of biopsy measurements should be encouraged. The present result, which showed biopsy specimen of pedal melanoma measuring up to 12 cm across in an African community, is disappointing and demands health education.

Keywords: Foot; Melanoma; Race; Biopsy; Measurement; Developing Community

Introduction

From Norway, Baak [1] provided a perspective in terms of the framework of pathology as regards good laboratory practice which should include quantitative methodology. It seems to me that an interesting area is pedal melanoma, especially as its literature has thrown up diversity among American-Caucasians and African-Americans [2-5]. Accordingly, this paper considers an African ethnic group, the Ibos or Igbos [6]. This is because the advantage of the establishment of histopathology data pool in the UK was stressed [7]. Therefore, as the author became the pioneer pathologist in charge of such an institution in Nigeria, West Africa, its parameters could be investigated with personally stored materials.

Investigation

The establishment of a histopathology data pool in 1963 at Enugu, the Capital City of Eastern Nigeria, was vitiated by damages during the Nigerian Civil war which ended in early 1970. Thereafter, useful resuscitation followed. In particular, I encouraged the physicians to send to me surgical specimens in formol-saline provided they were accompanied by epidemiological data such as sex, age and complaints. A standard practice was noting in cm each specimen's widest measurement. The results are tabulated hereunder.

Results

Dimension (cm)	No	Subtotal
12	7	
11	7	14
10	10	
9	7	
8	9	
7	19	
6	12	57
5	16	
4	17	
3	10	
2	13	
1	3	59
Total	130	130

Table 1: Measurements from approximately 1 cm to 12 cm.

Citation: Wilson IB Onuigbo. "Quantitative Method of Studying Pedal Melanoma in a Developing Community". *EC Orthopaedics* 8.4 (2017): 141-142.

Discussion

It is common knowledge that "A melanoma recognized and diagnosed at an early stage can dramatically increase a patient's chances of survival" [8]. Surely, the above tabulation reveals the non-recognition of this advantage. The answer to it was in terms of providing easier access to skin examinations, because "we will increase our chances of detecting melanoma in its earliest and most curable form" [9].

Incidentally, a US group [10] studied cutaneous melanoma "by quantitative immunohistology". Regarding Langerhans cells (LC), they concluded that "Melanoma-associated LC decline in number as melanoma progresses." Such a "new understanding" in the epidemiology of melanoma is being pursued in current treatment strategies [11].

Incidentally, useful measurements were introduced in terms of levels of histologic invasion of malignant melanoma through the skin, the names of Breslow and Clark being prominent [12]. Since this was in terms of mm and not of cm, their measurements show how far behind the developing communities are at present with biopsies measuring up to 12 cm. No doubt, public health education will sooner than later be the saving grace!

Bibliography

- Baak JP. "The framework of pathology: Good laboratory practice by quantitative and molecular methods". *Journal of Pathology* 198.3 (2002): 277-283.
- 2. Reintgen DS., et al. "Malignant melanoma in Black American and White American populations: A comparative review". Journal of the American Medical Association 248.15 (1982): 1856-1859.
- 3. Kabigting FD., et al. "Malignant melanoma in African-Americans". Dermatology Online Journal 15.2 (2009): 3.
- 4. Mahendraraj K., et al. "Malignant melanoma in African-Americans". Medicine (Baltimore) 96.15 (2017): e6258.
- 5. Goldenberg A., *et al.* "Melanoma risk perception and prevention behavior among African-Americans: The minority melanoma paradox". *Clinical, Cosmetic and Investigational Dermatology* 8 (2015): 423-429.
- 6. Basden GT. "Niger Ibos". London: Cass, (1966).
- Macartney JC., et al. "Use of a histopathology data pool for epidemiological analysis". Journal of Clinical Pathology 33.4 (1980): 351-353.
- 8. Bristow IR., *et al.* "Clinical guidelines for the recognition of melanoma of the foot and nail unit". *Journal of Foot and Ankle Research* 3 (2010): 25.
- 9. Riker AI., et al. "The epidemiology, prevention, and detection of melanoma". Ochsner Journal 10.2 (2010): 56-65.
- 10. Stene MA., *et al.* "Quantitative alterations in cutaneous langerhans cells during the evolution of malignant melanoma of the skin". *Journal of Investigative Dermatology* 91.2 (1988): 125-128.
- Erdei E and Torres SM. "A new understanding in the epidemiology of melanoma". *Expert Review of Anticancer Therapy* 10.11 (2010): 1811-1823.
- 12. Marghoob AA., et al. "Breslow thickness and clark level in melanoma". Cancer 88.3 (2000): 589-595.

Volume 8 Issue 4 December 2017 © All rights reserved by Wilson IB Onuigbo.

142