



# The Spread of Melanoma to the Adrenal Glands: Historical Cases

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### Abstract

Personal interest in cancer metastasis to the adrenal glands began in 1957 and matured in a Doctorate Thesis in 1961. Part of its eminence lay in cases in which it was the only soil selected for attack. What of the melanoma? The available historical account did not contain this answer. Therefore, this paper aims to determine the situation in the classical *Transactions of the Pathological Society of London*, which began to publish during the 1846 - 1848 period.

### Keywords

Melanoma, Metastasis, Adrenal gland, History

### Introduction

Research on the spread of cancer in the human body resulted in 1957 with the personal discovery of the eminence of the adrenal glands in terms of apparent selectivity [1]. This was accepted in Muir's famous Text-Book of Pathology during the following year [2] and, by 1961, my Doctorate Thesis expounded on it [3]. Moreover, the next stage was the explanatory role of lymphangiogenesis [4]. Perhaps, the present paper, by examining the findings of the medical masters' of yester years, may be rewarding. Therefore, let me refer to the *Transactions of the Pathological Society of London* that began to publish from the 1846-48 period [5]. Such a study is in consonance with the recommendation of Macfarlane Burnet [6], an eminent scientist, namely, "to read about the theories of brilliant men writing half a century ago". Indeed, since one could go beyond that period, this is the real purpose of this historical documentation.

### Historical Texts

As only the head was examined by Kesteven [7], his contribution was not helpful. This also occurred when Legg [8] looked at and pronounced these glands to be "natural". Unfortunately, these glands were merely included among the "viscera" included under the generalization for the metastasized sites by Battle [9]. Two co-authors [10] listed the organs affected in a group of the *Transactions* cases; they found the adrenals in the 8th position whereas the liver was 1<sup>st</sup> in position.

What of the necked-eye appearances? In the words of Godlee [11], "Some minute growths were found in the supra-renals". Incidentally, this old name for the modern "adrenal glands" featured in the description of Mackenzie [12]. He wrote thus: "Supra-renal capsules feel hard and gritty, and on section are full of firm, greyish-

white bodies, about the size of a No. 5 shot and smaller". In like manner, Fagge [13] was precise as follows: "the supra-renals were much enlarged, and contained large masses, some of which were perfectly black".

There were no microscopical studies. However, it is notable that, whenever there was any doubt, appeal was made to the Morbid Growths Committee. I am persuaded that this went on. Indeed, as my historical review showed, the surgical pathology of cancer was advancing gradually [14].

### Discussion

It is clear that these descriptions were well documented. No doubt, they constitute what were known to the medical men of yester years. In other words, the old sketches constitute sufficient pointers to what was known prior to the progress being made on the current understanding of the pathology of melanoma [15]. In addition, they were missing in the evidence supplied in a previous extensive historical study [16].

### References

1. ONUIGBO WI (1957) Some observations on the spread of lung cancer in the body. *Br J Cancer* 11: 175-180.
2. Cappel DF (1951) Muir's Text-Book of Pathology. (6<sup>th</sup> edn), Arnold, London, 505.
3. Onuigbo WIB (1961) Analytical studies on the topographical distribution of adrenal metastases in lung cancer. Ph.D Thesis, London University.
4. Onuigbo WI (2010) Lymphangiogenesis may explain adrenal selectivity in lung cancer metastases. *Med Hypotheses* 75: 185-186.
5. Anonymous Bye-Laws and Regulations. *Trans Path Soc Lond* 1: 15.
6. Burnet FM (1977) Morphogenesis and cancer. *Med J Aust* 1: 5-9.
7. Kesteven WH (1884) A case of multiple cerebral tumour. *Trans Path Soc Lond* 35: 24-26.
8. 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.
9. Battle H (1895) Primary melanotic sarcoma of clitoris. *Trans Path Soc Lond* 46: 189.
10. Calvert J, Pigg S (1898) A case of melanotic sarcoma. *Trans Path Soc Lond* 49: 297-299.
11. Godlee RJ (1874) Melanotic sarcoma in the medulla oblongata secondary to a similar growth situated probably in a lymphatic gland. *Trans Path Soc Lond* 25: 18-23.

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12. Mackenzie J (1891) Melanotic sarcoma, very widely disseminated. *Trans Path Soc Lond* 42: 321-329.
  13. Fagge CH (1877) Two cases of melanuria associated with melanotic new growths. *Trans Path Soc Lond* 28: 172-175.
  14. Onuigbo WIB (2015) The surgical pathology of cancer: A historical review. *J Cancer Prev Curr Res* 2.
  15. Kuphal S, Bosserhoff A (2009) Recent progress in understanding the pathology of malignant melanoma. *J Pathol* 219: 400-409.
  16. Nordlund JJ, Abdel-Malek ZA, Boissy RE, Rheins LA (1989) Pigment cell biology: an historical review. *J Invest Dermatol* 92: 53S-60S.