

Primary melanoma of the clitoris: historical case

Abstract

A recent review of malignancies of the clitoris made its appearance in the International Journal of Cancer Research from Saudi Arabia. It was concluded that this review demonstrated an “imperative need.” However, I am persuaded that one aspect is missing, namely, a historical highlight. Therefore, it is intended to provide it here.

Keywords: clitoris, review, history, case report

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Introduction

The International Journal of Cancer Research carried a recent review¹ on the clitoris with special reference to the “imperative need for more work related with case reports and review articles on malignancies of clitoris.” Accordingly, it is appropriate to provide a case report dating to 1895, especially as its abridgement supplies a wide range of useful data. In particular, it comes from The Transactions of the Pathological Society of London which dated back to the 1846-48 period.² Incidentally, as I pointed out elsewhere,³ its very second report contained the new relevant issue of cancer to cancer metastasis.⁴

Historical case report by William Henry Battle⁴

Primary melanotic sarcoma of clitoris

The specimen exhibited was removed during life from a patient aged 79. This was done on account of the offensive sloughing condition of the growth, which caused much annoyance and discomfort. The clitoris is much enlarged and clubbed at the extremity. The section has been carried through the centre of the organ and skin over the pubes, from before backwards. The clubbed portion is pigmented, and covers the organ like a cap; it is about a quarter of an inch in thickness, and of a brownish black appearance. The stalk of the mushroom is without pigmentation, and presents striæ, and a complete infiltration with growth of a yellowish appearance and firm consistency. In the subcutaneous tissue over the pubes the section shows a series of circular pigmented patches varying in size from a crow quill to a cedar pencil; these are the infiltrated lymphatic vessels, full of pigmented growth. As a rule the section of these is quite clearly defined, circular, and isolated; but in one or two places there is a blackish discolouration, and near the base of the clitoris on the upper aspect the pigmented growth extends between the upper part of the clitoris and the largest lymphatic. The surface of the main growth is ulcerated. The growth had been noticed in October, 1893. She came under care April 23rd, 1894, and died May 18th, eighteen days after operation.

Necropsy

Hypostatic congestion of the lungs, and cardiac failure. Secondary deposits universal—skin, lymphatics, glands, bones, heart, viscera, including ovaries. Heart: left ventricle markedly hypertrophied; aorta

and cardiac valves extremely athermanous. Microscopically, an alveolar sarcoma.

Discussion

Dated May 21st, 1895, this masterpiece ranged over much data. Perhaps, I should point to its containing of the fundamental element of surgical pathology.⁵ Moreover, it also exhibited not only the new measurement in *inches* but also the old tendency, which I elaborated on elsewhere,⁶ of relating size to such farm-land and home-stead items as “crow quill” and “cedar-pencil”!. In conclusion, attention is drawn to the psycho-social angle of “offensive sloughing condition of the growth which caused much annoyance and discomfort.” Nowadays, as a group grasped, patients with vulvar melanoma face “false modesty and neglect, usually present with the disease at a late stage and have a poor prognosis.”

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Conflict of interest

The author declares no conflict of interest.

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