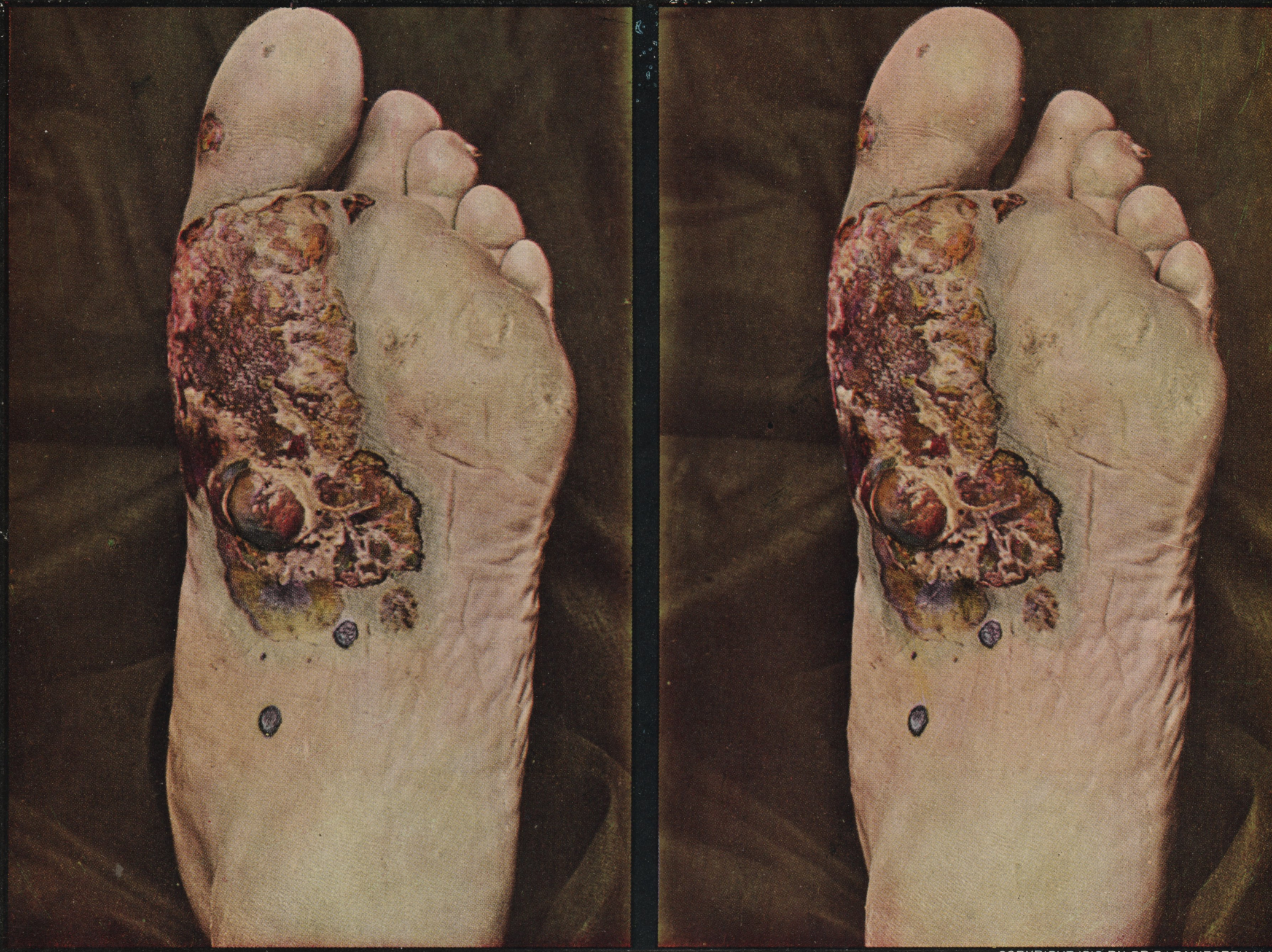

SARCOMA MELANOTICUM

SARCOMA

Sarcomas are malignant connective tissue tumors which may have their origin in any organ of the body and are only occasionally primary, but not infrequently secondary, in the skin. They may be classified as non-pigmented and melanotic. There is little difference in the clinical course of the two except that the melanotic form is much more malignant. A sarcoma may arise in the skin without any visible antecedent lesion, but more often it develops from a nevus, especially from one that has been irritated by trauma, cauterization or electrolysis. When the original nevus is pigmented the malignant growth is apt to reproduce the pigment but not necessarily in the same degree. Melanotic sarcomas vary in color from grayish brown to bluish black. The skin over a non-pigmented sarcomatous node may be normal in color but is often reddish or purplish on account of its increased vascularity. A nevus that has undergone malignant transformation first gives evidence of the fact, as a rule, by an increase in size or change of color. About a pigmented mole a dark areola may spread out, or clusters of black puncta develop in close proximity. Occasionally without noticeable change in the mole there occurs a swelling of adjacent lymph glands which on microscopic examination may be found to contain groups of tumor cells similar to those of the original growth. A melanotic sarcoma sometimes develops primarily in a nail fold and has the appearance of a chronic paronychia with pigmented spots suggestive of silver nitrate stains. Sarcomatous tumors occasionally, though rarely, attain the size of an orange. They are usually sessile and hemispheroidal or lobulated and may be firm and elastic or somewhat doughy and compressible. They are at times slightly tender. Some non-pigmented growths are very much more slow to spread by metastasis than the melanotic tumors, and being less malignant are more apt to reach a large size. Sarcomas are always quite vascular and therefore when not situated in a region in which they are particularly exposed to trauma are little inclined to ulcerate. But over a large tumor the epidermis in time becomes thinned and abraded and a granulating vascular surface is exposed. The skin about the tumor may be diffusely infiltrated and discolored. By the time a growth has reached this stage there are usually numerous metastatic tumors in the skin and viscera. *Sarcomatosis cutis* or generalized sarcoma of the skin may arise thus from a primary cutaneous growth, but is more often secondary to disease of a deeper organ. Multiple melanotic growths spring not infrequently from a sarcoma of the choroid, as in the case illustrated, in which there was exophthalmia on the right due to the presence of the tumor in the orbit. Nodes develop in various regions but rarely reach any considerable size because death soon ensues. The duration of life may be many years from the onset of the least malignant non-pigmented form, but with the melanotic variety it rarely exceeds three years and may be only four or five months. The disease may occur at any age. **TREATMENT:** Excision of a slow growing non-pigmented primary growth may be curative, but nothing short of early amputation of the limb on which a melanotic sarcoma has started will prevent its becoming generalized. Multiple growths of both kinds are hopeless, although cures have been reported from the hypodermic administration of arsenic, and from injections of the combined toxins of Streptococcus pyogenes and B. prodigiosus.