

- autoimmune thyroid disease, rheumatoid arthritis and type 1 diabetes. *Br J Dermatol*. 2015;172(3):729-738.
5. Boan AD, Feng WW, Ovbiagele B, et al. Persistent racial disparity in stroke hospitalization and economic impact in young adults in the buckle of stroke belt. *Stroke*. 2014;45(7):1932-1938.
6. Mochari-Greenberger H, Mosca L. Racial/ethnic differences in medication uptake and clinical outcomes among hospitalized cardiovascular patients with hypertension and diabetes. *Am J Hypertens*. 2015;28(1):106-112.
7. Curtis LM, Wolf MS, Weiss KB, Grammer LC. The impact of health literacy and socioeconomic status on asthma disparities. *J Asthma*. 2012;49(2):178-183.
8. Iwane MK, Chaves SS, Szilagyi PG, et al. Disparities between black and white children in hospitalizations associated with acute respiratory illness and laboratory-confirmed influenza and respiratory syncytial virus in 3 US counties--2002-2009. *Am J Epidemiol*. 2013;177(7):656-665.
9. Hsu D, Brieva J, Nardone B, Silverberg JI. Validation of database search strategies for the epidemiological study of pemphigus and pemphigoid [published online September 19, 2015]. *Br J Dermatol*. 2015. doi:10.1111/bjd.14172.
10. Bureau of Labor Statistics. *CPI Detailed Report: Data for June 2015*. Washington, DC: Bureau of Labor Statistics; 2015.
11. Alpsoy E, Akman-Karakas A, Uzun S. Geographic variations in epidemiology of two autoimmune bullous diseases: pemphigus and bullous pemphigoid. *Arch Dermatol Res*. 2015;307(4):291-298.
12. Lefebvre KM, Metraux S. Disparities in level of amputation among minorities: implications for improved preventative care. *J Natl Med Assoc*. 2009;101(7):649-655.
13. Andrews RM, Moy E. Racial differences in hospital mortality for medical and surgical admissions: variations by patient and hospital characteristics. *Ethn Dis*. 2015;25(1):90-97.
14. Esmaili N, Mortazavi H, Noormohammadpour P, et al. Pemphigus vulgaris and infections: a retrospective study on 155 patients. *Autoimmune Dis*. 2013;2013:834295.
15. Ambiel MV, Roselino AM. Prevalence of metabolic syndrome and its components in a Brazilian sample of pemphigus patients. *An Bras Dermatol*. 2014;89(5):752-756.
16. Baican A, Chiorean R, Leucuta DC, et al. Prediction of survival for patients with pemphigus vulgaris and pemphigus foliaceus: a retrospective cohort study. *Orphanet J Rare Dis*. 2015;10(1):48.
17. Kaplan I, Hodak E, Ackerman L, Mimouni D, Anhalt GJ, Calderon S. Neoplasms associated with paraneoplastic pemphigus: a review with emphasis on non-hematologic malignancy and oral mucosal manifestations. *Oral Oncol*. 2004;40(6):553-562.
18. Brezinski EA, Dhillon JS, Armstrong AW. Economic burden of psoriasis in the United States: a systematic review. *JAMA Dermatol*. 2015;151(6):651-658.

NOTABLE NOTES

Historical Identification of Melanoma—Dark, Deep, and Deadly

Eric L. Maranda, BS; Alexandra Ayache, BS; Jacqueline Cortizo, BS; Mausam A. Patel, BS; Jigar Patel, BS; Joaquin Jimenez, MD

French physician Rene Laënnec is well known for revolutionizing the world of medicine with his ground-breaking medical invention: the stethoscope. Prior to 1816, it was commonplace for physicians to place their ear against a patient's chest in an attempt to listen to the heart and lungs. Dr Laënnec's stethoscope remains a crucial piece of equipment in modern medicine worldwide. Despite his place in history, one of Dr Laënnec's lesser-known discoveries involves his pioneering work in dermatology and in the identification of the field's most notorious killer: melanoma.

Contrary to popular belief, metastatic melanoma is not a modern affliction. It has been identified in mummified remains unearthed in Peru, dated to be more than 2400 years old.¹ Descriptions of melanoma have been found in the manuscripts of Hippocrates from the 5th century BC.¹ It was not identified as an individual disease, however, until the early 17th century, when Rene Laënnec isolated dark-colored specimens from lungs during autopsies and recognized them as a separate entity from similarly colored spots known to be caused by tuberculosis and carbon dust.¹ Laënnec termed the lesions "melanose," from the Greek word meaning black or darkly pigmented.² His discovery paved the way for physicians to recognize the skin as a separate organ capable of suffering its own deadly pathology.

Nineteenth-century British physician William Norris was among the first to link melanoma to the presence of irregular nevi and to appreciate the degree of metastasis and invasion of melanoma.¹ His work helped identify the hereditary nature of the disease and its preference for fair-skinned patients with light eyes, thus advancing knowledge of the epidemiology and risk factors of melanoma.¹ In the 1960s, pathologists Wallace Clark and Alexander Breslow developed prognostic criteria for

melanoma still used today. They used the measured depth of the lesion as an indication of the degree of invasion and prognosis.¹ Through their work, we now know that lesion thickness corresponds with the stage of cancer and provides a guide for the appropriate aggressiveness of treatment.

Worldwide incidence of melanoma increases 3% to 7% each year and is expected to double in the next 2 decades.³ Dermatologists must build on the work of their predecessors to further advance techniques needed for early recognition and treatment of this metastatic killer. While identification of novel pathologic markers is imperative when selecting chemotherapeutic agents, we must not take for granted even the simplest tool available to us. Unlike other cancers, melanoma can often be easily identified by simple visual examination, but it is like an iceberg that reveals only a small portion of its mass above the water. We must recognize that the true burden of this insidious disease lies hidden below the skin's surface.

Author Affiliations: Department of Dermatology and Cutaneous Surgery, University of Miami, Miami, Miller School of Medicine, Florida.

Corresponding Author: Eric L. Maranda, Department of Dermatology and Cutaneous Surgery, University of Miami, Miller School of Medicine, 1475 NW 12th Ave, Miami, FL 33136 (emaranda@med.miami.edu).

1. Rebecca VW, Sondak VK, Smalley KS. A brief history of melanoma: from mummies to mutations. *Melanoma Res*. 2012;22(2):114-122.
2. Roguin A. Rene Theophile Hyacinthe Laënnec (1781-1826): the man behind the stethoscope. *Clin Med Res*. 2006;4(3):230-235.
3. Greenwald HS, Friedman EB, Osman I. Superficial spreading and nodular melanoma are distinct biological entities: a challenge to the linear progression model. *Melanoma Res*. 2012;22(1):1-8.