

Congenital Melanocytic Nevus

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Clinical Images

Congenital melanocytic nevus (CMN) is a pigmented skin lesion common in newborns and is known also as “birth marks”. At birth, they may manifest on any part of the body; pose clinical dilemma; and be a source of anxiety for parents. The clinical significance varies with size, location and risk of cancerous changes. CMN is rare and occurs in 1% of infants at birth [1]. We present two cases with large nevi presented on the lower parts of the body situated on the lower limb.

Both infants presented were full term. Case 1 is a female infant born in 2014; Case 2, a male born in 2012. Both were born without any complications, and no family history.

In Case 1, a well demarcated dark brown skin patch on the right lower limb extending from the knee on dorsal aspect and posteriorly from popliteal fossa to the ankle measuring 11.5 cm in length covering the whole lower limb with some satellite lesion on the buttock and left elbow. Whereas, Case #2 had a light grey to blue color patch situated on the left whole lower limb from the knee to ankle extending from popliteal area posteriorly and from knee to ankle anteriorly; like Case #1, measuring 12cm, there were no ulceration, no trauma, no rogation and no bleeding. Dermatology consult was consisted with congenital melanocytic nevus.



Figure 1: Clinical image explaining Case 1.



Figure 2: Clinical image explaining Case 2.

Discussions

CMN occurs in 1% of newborns at birth. The etiology is not known, but it is suggested that it may be due to the proliferation of melanocytes residing in the basal area of the epidermis [2]. The melanocytes are capable of producing pigment called melanin giving bluish to black coloration as shown in image Case 1 & Case 2 [3]. They are grouped into three sizes: small (< 0.5 cm), large (between 30-40cm) and giant (> 60 cm). The incidence also varies with size: for small (1 in 5 to 100), large (1 in 20,000) and giant (1 in 50,000) [4]. The diagnoses is made clinically. If the lesion demonstrates a typical feature, excision biopsy is indicated. In our cases, it was not indicated.

The presence of large melanocytic nevus warrant an MRI at four months of age if located in posterior midline is associated with multiple satellite lesions [5]. Among patients with giant melanocytic nevus, about 5-7% may develop melanoma, also associated neurocutaneous melanocytosis, CMN malformation and in rare instances rhabdomyosarcoma and liposarcoma may occur and would need close follow up [6]. The risk for melanocytic nevus, in small,

medium and large have not been defined, and therefore prophylactic removal is not recommended unless for cosmetic reasons. In our cases, they were located on the leg without involving vital organs or causing a life threatening event. They can be covered with garments. Removal was not recommended unless for cosmetic reasons. The overall prognosis for CMN is favorable, nevertheless, patient need to protect the marks from sun exposure and followed by primary care doctor with consultation with Dermatologist. Case # 1 is still being followed up with no change in color or growth whereas Case #2 followed in the clinic, at one year of age, the skin color changed from bluish to normal skin color.

Conclusion

It is important to assess all sizes and location of nevus noted upon examination of the newborn. Timely evaluation by a dermatologist must be obtained in order to rule out more serious lesions that may predispose to a malignancy. In addition, parents should be reassured

with a close follow up by their primary care physician and with periodic consultations with the dermatologist.

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