

## Case 10

A 34 year-old woman from Nakorn-Phanom

### Chief complaint

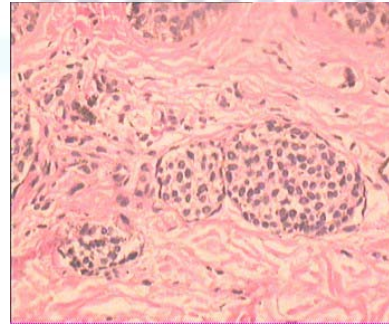
**Present illness** She had slowly progressive asymptomatic multiple brownish macules and papules on her face and verrucous mass on right ear since birth

**Past history** nil

**Family history** nil

### Physical examination

A middle-age woman with normal systemic reviews. Brownish maculo-papular patches locate on right side of the face. There was brownish verrucous mass on the right ear pinna and post auricular area. There were pinkish verrucous plaques adjacent to dark brown verrucous plaques on the right side of her neck.



### Histopathology: (S01-6366 )

- A nest of melanocytes or uniform nevus cells in the upper dermis
- B hyperkeratosis  
Digitate epidermal hyperplasia
- C hyperkeratosis  
Digitate epidermal hyperplasia  
Undifferentiated follicles and sebaceous glands in the upper dermis.

**Diagnosis:** Epidermal nevi, Nevus spilus and nevus sebaceous

**Presenter:** Pitchaya Somburanasin

**Consultant:** Niwat polnikorn

### Discussion

Epidermal nevi is a congenital disorder characterized by circumscribed hyperkeratosis and hypertrophy of the epidermis, commonly occur on the trunk and limbs. Most of the patients have no other anomalies but in extensive case complete physical examination include neurological and ophthalmological examinations should be perform There are various therapies includes topical retinoic acid, topical fluouracil calcipotriol, cryotherapy, surgical excision or laser therapy. Therapy depends on the site, extend of the lesions and age of the patient.

Nevus sebaceous present as a solitary lesion at birth or in early childhood manifest as a patch of slightly elevated yellowish verrucous plaque with alopecia commonly seen on scalp. The lesion may be flat and inconspicuous in early childhood Pathology shows papillomatous hyperplasia of epidermis and increase number of mature sebaceous glands in dermis. Apocrine glands are often found in deep dermis and malformed hair germs are present. In childhood histologic finding may consist of only immature hair structure. Surgical excision before puberty is recommended because of the high potential for development of basal cells carcinomas and other tumors.

Nevus spilus is usually an acquire lesion of early childhood that consist of a lentiginous lesion where many dark nevus-like entities emerge, creating a spotted appearance, commonly seen on trunk or extremity. They may be localized or segmented. The congenital lesions may be faint or tan patches that are not recognized until it develops the darker macules and papules with it later in life. There are no absolute treatment rules governing nevus spilus. One must remember that nevus spilus has been viewed as a risk factor for the development of malignant melanomas. Excision is the recommended in small lesion. Q-switched Ruby laser or intense pulse light produce an excellent result.

### Reference:

1. Nevus spilus: congenital or acquired? Arch Dermatol. 2001 Feb;137(2):215-6.
2. Nevus spilus successfully treated with an intense pulsed light source. Dermatol Surg. 1999 Mar;25(3):254-5.
3. intense pulsed light for melanocytic lesions. Dermatol Surg. 2001 Apr;27(4):397-400.