



DERMATOLOGICAL SURGERY

THE MANAGEMENT OF GIANT CONGENITAL MELANOCYTIC NEVUS OF THE FACE

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Introduction: Giant congenital Melanocytic nevus (GCMN) is generally defined as a melanocytic lesion present at birth with wide extent on the skin surface. It is recognized as a risk factor for the development of melanoma. The first-line treatment of GCMN is excision-based surgery.

Objective: The therapeutic approach to GCMN represents a challenge. We used various surgical options for reconstruction after excising GCMN of the face and we are sharing our experience through this study.

Materials and Methods: We conducted a retrospective study that includes 8 children who presented with GCMN of the face. They were referred to the department of oral and maxillo-facial surgery from 2012 to 2016 for surgical management.

Results: Eight children aged 1 to 16, undergoing surgical intervention for GCMN, were included in the study. The sex ratio (F/H) was 1, 66. The most common location was the cheeks. We tried various options to resurfacing the defect after removal of GCMN. Selection of reconstructive procedure was done depending on the size, site and orientation of lesion, the age of patient, the psychological implications, the potential for malignant transformation and the cosmetic concerns. Small lesions were excised easily and defects were closed primarily with 6-0 nylon suture. Larger defects were managed by serial excision, excision followed by full thickness skin grafting and excision with flap cover. Most of our patients were poor and they opted for serial excision on hearing the cost of tissue expanders. We obtained satisfactory result with this technique.

Conclusion: The management of this nevus remains controversial and needs to be personalized for each patient. Thus, the surgeon must have a solid working knowledge of the disease and the options for treatment. We insist on a lifelong clinical and dermatological follow-up to avoid complications.

