



DERMOSCOPY AND SKIN IMAGING

DERMOSCOPIC FEATURES OF GIANT CONGENITAL MELANOCYTIC NEVUS

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Background: Dermoscopy is a non invasive technique that allows the visualization of subsurface colors and structures within pigmented melanocytic skin lesions. It can help the diagnosis and is used for follow up of pigmented lesions including giant congenital melanocytic nevus (GCMN).

Observation: We report four cases of GCMN describing their dermoscopic features. The first three cases were children (two boys and one girl) aged 14 months, 4 and 5 years respectively. The fourth was a 20 year old woman with extensive GCMN on her back that was serially excised when she was a child. All patients had a large pigmented thick well demarcated plaque on the trunk (two were on the abdomen and two on the upper back) with multiple similar pigmented lesions of smaller dimensions scattered on the rest of the tegument. Dermoscopic examination of the GCMN found a grayish cobblestone pattern with scaly surface and blue homogenous areas in all cases. These blue homogenous areas were more frequent in the adult patient. The satellite nevi showed a reticular pattern in two cases and a globular pattern otherwise. Other dermoscopic findings were perifollicular hypopigmentation and hypertrichosis.

Key message: Dermoscopic assessment of the subsurface morphology of CMN and associated satellite lesions with attention to recognizable benign patterns is beneficial in distinguishing CMN from melanoma. Most giant nevi show a brownish homogeneous background with darker pigmentation islands. Blue-white structures such as blue areas or blue-whitish veil have been described. Other dermoscopic findings include hypertrichosis, perifollicular hypo or hyperpigmentation, pseudomilia and vascular structures. The increased risk of melanoma associated with GCMN imposes periodic clinical monitoring with serial photographic and dermoscopic evaluation to screen for changes that would reflect malignant transformation. Melanoma can arise within the GCMN lesion or elsewhere. The predominant dermoscopic patterns of CMN vary according to age and lesion site.

