



DERMOSCOPY AND SKIN IMAGING

## JUVENILE XANTHOGRANULOMA: REPORT OF TWO CASES

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**Background:** Juvenile xanthogranuloma (JXG) is a rare benign non-Langerhans histiocytic disorder that generally occurs in infants or in early childhood. JXG typically presents as a solitary, or less commonly multiple, papular or nodular skin lesion with reddish or yellowish coloration, most often located on the head, neck, and trunk. Extracutaneous forms are extremely rare and can be associated with significant complications. Spontaneous regression frequently occurs within 6 months to 3 years, leaving residual hyperpigmentation, atrophy or anetoderma as they resolve. Although rare, recurrence of JXG has also been reported. Diagnosis is usually not difficult and is often made on clinical grounds, but in some cases JXG can resemble Spitz nevus, pyogenic granuloma, xanthomas, basal cell carcinoma or Langerhans cell histiocytosis. Herein, we report 3 pediatric patients with solitary JXG.

**Observation:** All three patients included in this report were females: 5, 6 and 8-year-old with lesions located on the left side of the nasal radix, pubic area and tip of the nose, respectively. Lesions were asymptomatic and presented for less than 2 months of duration in all patients. Their personal and family history were uneventful except that the oldest patient was previously treated with cryotherapy in another institution. Dermoscopic examination of all three lesions revealed linear and arborizing vessels and white streaks on pinky-yellowish background, which was suggestive for juvenile xanthogranuloma. During two-year follow-up, lesions spontaneously regressed in all three patients.

**Key message:** Owing to the self-healing nature of JXG, correct diagnosis is mandatory in order to avoid unnecessary invasive treatment. Dermoscopic examination is usually sufficient to provide a valuable diagnosis of JXG, especially in pediatric patients.

