ABSTRACT BOOK ABSTRACTS



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PAEDIATRIC DERMATOLOGY

## IT STARTED WITH A SPOT: A CASE OF GIANT CONGENITAL MELANOCYTIC NEVUS IN A 14-YEAR OLD FILIPINO BOY

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Background: Giant congenital melanocytic nevi (GCMN) are benign proliferations of melanocytic cells arranged in nests in the epidermis, dermis, or in other tissue, that are present at birth, and reach an adult size of at least 20 cm. Bathing trunk GCMN is especially noteworthy due to its rarity (1 in 500000) and associated complications like malignant degeneration, neurocutaneous melanosis, and psychosocial burden.

Case Summary: A 14-year old Filipino boy presented at our clinic for gradually enlarging well-defined coalescent brown to dark-gray patches with hypertrichosis, spanning the T8-L3 dermatomes, present since birth. There were multiple well-defined dark brown to black round to ellipsoid macules with a smooth surface and hypertrichosis ("satellite lesions") over the entire body. Neurological examination was unremarkable. Histopathology revealed nests of hyperpigmented melanocytes in the papillary dermis that mature with descent as cords and strands in the reticular dermis. Contrast-enhanced MRI did not show any melanocytic deposits in the brain or the spinal cord. The patient was also referred to Plastic Surgery for possible surgical intervention.

Conclusion: Early detection and diagnosis of GCMN is imperative in managing a patient. Lifelong surveillance with annual followup is recommended to note changes in the clinical appearance, emergence of proliferative nodules and new suspicious lesions, or the development of any neurologic or systemic involvement. Surgical intervention may be done depending on the size and location of the lesion. A multidisciplinary approach with a team composed of a dermatologist, a pediatrician, a surgeon and a psychiatrist is key to such cases.



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