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Speckled Lentiginous Nevus- A Case Report

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ABSTRACT

A 34-year-old female presented with asymptomatic hyperpigmented speckled flat lesions over left shoulder since birth showing follicular prominence. Histopathological examination revealed irregular acanthosis with increased basal layer pigmentation and hyalinised dermis with scattered melanosomes showing lentiginous melanocytic proliferation. With these findings, a diagnosis of speckled lentignous nevus is made. Nevus spilus also known as speckled lentiginous nevus is a patch with superimposed speckles that develop over time, with a small risk of cutaneous melanoma over time. We hereby report a case of nevus spilus which is rare in occurrence.

Key words: Nevus spilus, Cutaneous melanoma, Cafe-au-lait macules

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CASE REPORT

A 34-year-old female came to dermatology OPD with complaints of hyperpigmented flat lesions over her left shoulder since birth. Lesions gradually increased in size over last five months. No history of burning, itching, similar complaints in family or similar lesions elsewhere in the body. On examination, hyper pigmented speckled lesions with areas of normal skin present over left shoulder. Surface showed follicular prominence, without any nodularity [1]. Biopsy from the patch showed an epidermis with irregular acanthosis, increased basal layer pigmentation and upward streaming of pigmented cells [1]. Dermis is hyalinised with scattered melanosomes and chronic inflammatory cells, suggestive of lentiginous melanocytic proliferation [2].

DISCUSSION

There are several lines of evidence suggesting that nevus spilus is a type of congenital melanocytic nevus [2]. It is characterized by pigmented speckled macules amidst Café-au-lait macule (CALM) like background. This type of nevus is thought to represent a localized field defect and has been likened to "a garden of melanocytes" in which any type of nevus can develop, simultaneously or sequentially. The macule or patch of nevus spilus most commonly affects the trunk and extremities. The macular area typically ranges from 1 to 4 cm in diameter, but sometimes involves the entire extremity or half the trunk and may measure >20 cm. Nevus spilus may have an oval shape, block-like configuration or follow the lines of Blaschko. Nevi in latter patterns are referred to as zosteriform speckled lentiginous nevi. Nevus spilus indefinitely persists with increased speckling over time. Reports of cutaneous melanoma arising within a nevus spilus has been noted and the risk of melanoma is related to the site, size and type of speckles [3] .On histology, epidermal rete ridges are elongated with melanocytic proliferation in rete. Nevus spilus maculosus, seen in phakomatosis spilorosea (phakomatosis pigmentovascularis type three) is characterized by macular speckles. The papular variant favors those with phakomatosis pigmentokeratotica. Patients with speckled lentiginous nevi may present with ipslateral dysesthesia, muscular weakness or hyperhidrosis, the combination referred to as the "speckled lentiginous nevus syndrome". Histologic features associated with congenital melanocytic nevi could also be seen. Unilateral lentiginosis, segmental Cafe-au -lait macule, Superficial spreading melanoma are the major differential diagnosis. Wood's lamp examination would help making the distinction. In addition ophthalmic and central nervous system examination to be done in case of cafe –au-lait macule for establishing diagnosis. Due to the risk of developing cutaneous melanoma, it is advised for the patient to have periodic follow ups. Any suspicious change or atypical feature in individual lesions has to be evaluated histologically.

On whole, since there is no standardized management approach for NS, self-examination for monitoring any changes in nevi is advised to the patients besides structured long term follow-up with the help of sequential digital dermoscopy, reflectance confocal microscopy [4, 5]. This strategy, coupled with judicious use of biopsy for

suspicious areas, seems to assist in the early detection of melanoma.

CONCLUSION

Nevus spilus, a type of congenital melanocytic nevus requires periodic follow ups and it rarely converts into malignancy. In case of dysplasia or malignant melanoma, complete NS excision is reasonable. However clarity on its biological behaviour is required, for future development of standardized management.

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