



## CASE SERIES OF NEVUS GROUP OF DISORDERS

**Dr. P. Rojitha\***

Junior resident, Department of Dermatology, Kamineni Institute of Medical Sciences, Narketpally, Nalgonda, Telangana, India. \*Corresponding Author

**Dr. Ch. Vijay Bhasker Reddy**

Associate Professor and HOD, Department of Dermatology, Kamineni Institute of Medical Sciences, Narketpally, Nalgonda, Telangana, India.

**Dr. P. Navaneetha Reddy**

Associate Professor, Department of Dermatology, Kamineni Institute of Medical Sciences, Narketpally, Nalgonda, Telangana, India.

**ABSTRACT**

**Background:** Nevi also known as birth marks are common skin lesions seen in all ages and both sexes. They present at birth or in early adulthood. Nevus is synonymous with cutaneous hamartomas which are tumor like neoplastic proliferation of abnormal mixture of normal components of a tissue. Various nevi include epidermal nevus, melanocytic nevus, dermal and subcutaneous nevi. We report a case series of 10 cases of nevi. **Methods:** Retrospective observational study conducted in Kamineni institute of medical sciences. **Case Series:** We report a case series of 10 cases consisting of Nevus sebaceous of jadassohn, Nevus of ota, Melanocytic nevus, Speckled nevus, Beckers nevus and Halo nevus each of which is diagnosed clinically and histo pathologically and treated as required. **Conclusion:** Knowledge of various types of nevus is essential for prognostic and cosmetic importance and to counsel the patient about the benign nature of the lesion and in rare case to rule out malignancy.

**KEYWORDS :** nevus,nevus sebaceous of jadassohn, speckled nevus, nevus of ota, halo nevus and beckers nevus.

**INTRODUCTION**

Nevi are synonymous with cutaneous hamartomas which are tumor like neoplastic proliferation of abnormal mixture of normal components of a tissue. They can present at birth or in early adulthood. Nevi arise due to genetic mosaicism which reflects the migration paths of individual clones of genetically identical cells.

Blaschkos lines indicate the typical linear pattern followed by nevi all over the body. Nevi may be associated with defects in other organs systems. Some of them may show benign or malignant neoplastic potential.

**Classification:**

- 1) epidermal nevi-
  - verrucous epidermal nevus,
  - inflammatory linear verrucous epidermal nevus
  - nevus sebaceous
  - beckers nevus
  - epidermal nevus syndrome
- 2) melanocytic nevi-
  - congenital melanocytic nevus
  - acquired melanocytic nevus
- 3) dermal and subcutaneous nevi

**Case Series:****Case:1 "Nevus Sebaceous Of Jadassohn"**

A 15 year old female presented to our OPD with a single asymptomatic dark coloured skin lesion over the scalp since birth with a gradual increase in size since 1 year after menarche. No history of similar complaints in the family. No history of pain or discharge from the lesion. No history of seizures or decreased IQ.

On examination-A single well defined hyper-pigmented plaque of size 2×6cm with velvety surface and few overlying hair follicles noted over the right frontal area of scalp extending onto the forehead. Patient was counselled about the benign nature and the prognosis of the nevus. Ablative CO2 laser was done in 3 settings for cosmetic purposes. Patient is currently under follow-up.



Figure 1

**Case:2 "Nevus Of Ota"**

A 22 year old female patient presented to our OPD with asymptomatic dark coloured skin lesions over the face since birth with history of recent increase in size since 1 year. No significant family history with her twin being normal. No history of pain, discharge or change in consistency of the lesion. On examination Diffuse bluish black mottled pigmented macule noted over the right cheek extending onto bridge of nose. On ocular examination no pigmentary changes were noted. Patient is explained about the benign nature of the disease and was advised for follow up.



Figure 2

**Case:3 " Acquired Melanocytic Nevus"**

A 30 year old unmarried female patient presented to our OPD with a single asymptomatic dark coloured skin lesion noted over left cheek since childhood. No history of sudden recent

increase in size, associated pain or discharge. No history of similar complaints in the family. On examination- A single black coloured slightly elevated papule of size 0.5×0.5cm noted over the right cheek near the naso-labial fold . Patient was counselled about the benign nature ,prognosis of the lesion.Patient was willing for removal for cosmetic reasons.Co2 laser ablation was done in 3 settings



Figure 3

**Case:4 "Acquired Melanocytic Nevi".**

A 30 year old married female patient presented to our OPD with two asymptomatic dark colored skin lesion noted over the face since childhood .No history of recent increase in size , associated pain or discharge from the lesions. On examination - Two black colored slightly raised dome shaped papule of size 0.5×0.5cm noted over left cheek and right eyebrow with no hair over the lesion . Patient is explained about the benign nature, prognosis of the nevi .

**Case:5 "Speckled Lentiginous Nevus"**

A 15 year old male patient presented to our OPD with a single asymptomatic dark coloured skin lesion noted over the lower abdomen with since birth. No history of similar lesions in the family. No history of recent increase in size, ,associated pain, itching or change in appearance or consistency of the lesion. Patient explained about the possibility of malignant transformation and kept under follow-up.

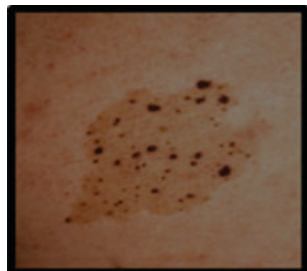


Figure 4

**Case:6 " Halo Nevus"**

A 18 year old unmarried male patient presented to our OPD with a single asymptomatic white coloured skin lesion noted over the face since 2 years. Patient was apparently asymptomatic 2 years back ,initially he developed a papule followed by loss pigment of surrounding skin which gradually increased in size. No other known co-morbidities. A single well defined de-pigmented macule with central brown to black papule with few follicular prominences noted over left cheek. : patient is kept under follow-up.



Figure 5

**Case:7 "Beckers Nevus"**

A 35 year old male patient presented to our OPD with a single asymptomatic dark coloured skin lesion with overlying hair noted over the right hand since childhood. No history of sudden increase in size, associated itching ,pain, or discharge from the lesion. On examination- A single irregular well defined black pigmented macule with increased terminal hair on the lesion noted over the extensor aspect of right forearm. patient was explained about benign nature of the nevus.



Figure 6

**Case :8 "Becker's Nevus".**

A 45 year old male patient presented to our OPD with two asymptomatic dark coloured skin lesions over the mid back since 30 years.History of family for similar lesions present(father).No history of sudden increase in size ,change in consistency ,associated pain, discharge noted with the lesion. On examination: Two irregular well defined black coloured macule with increased terminal hair over the lesion noted in bilateral infra-scapular region. patient was explained about benign nature of the nevus, not willing for removal.



Figure 7

**Case:9 "Linear Verrucous Epidermal Nevus"**

A 4 month old child presented to our OPD with a asymptomatic skin lesion over neck and scalp since 2months of age. No history of associated skeletal or neurological abnormalities noted. No history of family for similar lesions noted. On examination- A single linear plaque extending from upper back to occiput noted.



Figure 8

**Case:10 "Nevus Sebaceous Of Jadassohn"**

A 14 year old male patient presented to our OPD with asymptomatic dark coloured skin lesions noted over the scalp since birth. No history of recent increase in size, pain ,discharge from the lesion . No history of seizures or decreased IQ. single hyper-pigmented plaque with velvety surface of size 1×2cm noted over the occipital scalp on left side. Patient

is counselled about the benign nature of lesion and presently kept under followup.

## CONCLUSION

Thorough knowledge about the nevi types and morphological variations is required to know the prognosis of the nevi in terms of benign or malignant potential ,for cosmetic reasons , patient counselling and other associated organ involvement . Nevi are associated with different types of neoplasia with variable incidence rates. For example, speckled lentiginous has potential to transform into malignant melanoma. Nevus sebaceous of jadassohn has benign and malignant potential ,most common malignancy is basal cell carcinoma (incidence less than 5%). Halo nevus is known for spontaneous resolution after an average duration of 7.8years. As most of the nevi are benign in nature, patient should be counselled accordingly, further throwing light upon the chances for malignant transformation and further follow-up. Some nevi are known to show syndromic involvement (SCALP syndrome, NEVADA syndrome). In nevi that are located on areas of cosmetic importance such as face , removal should be suggested.

## Statements And Declarations:

### Ethical Approval:-

This is a retrospective observational study. The kamineni institute of medical sciences and research center ethical committee has approved the ethics clearance for this study.

### Informed Consent:

All the patients in the case series has given informed consent for participation in this study and publication of their case details i.e images and procedure done. Informed consent was taken from guardian in patients with age below 18 years. The authors affirm that human research participants provided informed consent for publication of images 1-8.

## REFERENCES:

- 1) Neto MPDS, Assis BR, Andrade GR. Sebaceous nevus of Jadassohn: review and clinical-surgical approach. *An Bras Dermatol.* 2022 Sep-Oct;97(5):628-636.
- 2) Agarwal P, Patel BC. Nevus Of Ota And Ito. [Updated 2022 Jul 12].
- 3) Speckled Lentiginous Nevus- A Case Report, *J Res Med Dent Sci*, 2021, 9(11): 402-403.
- 4) Dasegowda SB, Basavaraj G, Nischal K, Swaroop M, Umashankar N, Swamy SS. Becker's Nevus Syndrome. *Indian J Dermatol.* 2014 Jul;59(4):421.
- 5) Gautam, Manjyot; Patel, Reeya. Halo Nevus and Halo Phenomenon in Dermatology. *Indian Journal of Paediatric Dermatology* 22(4):p 381-384, Oct-Dec 2021.