



## A CASE REPORT ON GIANT CONGENITAL MELANOCYTIC NAEVUS

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**ABSTRACT** Giant congenital melanocytic nevus (GCMN) is a rare pigmented lesion present at birth, projected to exceed 20 cm in adulthood. Despite its low incidence, it poses risks of malignant melanoma and neurocutaneous melanosis. Clinically, it appears as a brown, well-defined, often hairy patch. Management is individualized and includes surveillance, psychosocial support, and surgery if malignancy occurs. Early diagnosis and long-term follow-up are essential.

**KEYWORDS** : Giant congenital nevus, melanoma risk, neurocutaneous melanosis, pediatric skin lesion, congenital nevus

### INTRODUCTION

Giant congenital melanocytic nevus is a melanocytic lesion present at birth. It results from genetic changes (BRAF or NRAS) in the foetus that leads to excessive growth of melanocytes<sup>(1)</sup>.

**Incidence:** < 1 in 20,000

**Complications:** Malignant melanoma Neurocutaneous melanosis

**Case Report:** A term female baby delivered through LSCS (Indication: failed induction). The baby had a giant hairy hyper pigmented nevus over right half of the head and face sparing eyes and extending to nape of the neck.

There are multiple satellite hyper pigmented nevi over the body.

Ophthalmic examination is normal.

USG Cranium- no significant abnormality detected.



**Figure 1:** Melanocytic Nevus On Fore Head

### DISCUSSION:

Congenital melanocytic nevus present in 2-3% of newborns. These are characterized by their size:

**Table 1: Classification Of NAEVI**

Giant nevus > 40cm	Large nevi 20-40cm
Medium nevi :1.5-20cm	Small nevi <1.5 cm

Leptomeningeal involvement occurs when nevus is located on head or midline of trunk when associated with multiple satellite melanocytic nevi. Nevus cells in leptomeninges leads to raised intra cranial pressure, hydrocephalus, seizures and intellectual disability. Risk of melanoma is greater in patients in whom adult predicted size > 40 cm and presence of satellite lesions.

### Differential Diagnosis:

Dermal melanocytoma  
Smooth muscle hamartoma

### MANAGEMENT:

Involves parents, paediatrician, dermatologist and plastic surgeon. If nevus is present over head/spine, MRI may show detection of neural melanosis, the presence of which needs gross removal of nevus. In absence of neural melanosis early excision and repair followed by tissue expanders or grafting may reduce the burden of nevus cells<sup>(2)</sup>. Nevus cells deep within subcutaneous tissue may evade excision. Follow up every 6 months for 5 years and every 12 months thereafter is recommended.

### CONCLUSION:

Lesions involving head and face have relatively poor prognosis. GCMN requires early identification, imaging for CNS involvement, and a structured follow-up plan. Lifelong surveillance and psychological support are crucial for affected individuals and their families.

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