



## LENTIGINOSIS PROFUSA – A CASE REPORT

## Dermatology

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## ABSTRACT

Lentiginosis Profusa presents with multiple lentigines which first appear at birth, childhood or early adulthood without any other associations. We present a case of multiple isolated lentigines in an infant.

## KEYWORDS

Lentigines, multiple, isolated

**Introduction:** Lentigines are pigmented macules which can present on both exposed and non-exposed areas of the skin. There are different types of lentigines and they are usually associated with some form of systemic abnormality. We report a case of multiple, isolated lentigines without any abnormalities.

**Case report:**

A one and a half year old male child presented with complaints of multiple dark coloured lesions present all over the body from the age of 2 months. He was apparently normal at the age of two months, after which his mother noticed a dark coloured lesion over the trunk which progressively increased in number and some lesions increased in size and involved the entire body. No family history of a similar condition. No history of eye or ear problems. No history of diarrhea or abdominal pain. No history of endocrine abnormalities. On examination, the infant had multiple pigmented macules, some of which were raised, with well-defined margins over the face, trunk, bilateral upper and lower limbs. Two café noir macules were present, one over the back and the other over the right forearm. The palms, soles, oral mucosa and genitalia were normal. Cardiac examination revealed no abnormality. A biopsy taken from one of the lesions revealed increased pigment in the epidermis and elongation of the Rete ridges.

**Discussion:**

Lentigo is derived from the Latin word "Lenz" which means lens or lentil, signifying a small oval pigmented spot. These lesions usually occur even on the unexposed sites and do not disappear in the absence of sun exposure<sup>1</sup>. Lentigines are small pigmented, slightly raised lesions which are usually insidious in onset. Lentigines larger than 2mm in size are described as Café noir spots<sup>2</sup> and they are common in LEOPARD syndrome.

The different types<sup>3</sup> of lentigines are solar lentigines, mucosal lentigines, acral lentigines, ink-spot lentigines, PUVA lentigines, lentigo simplex, lentigo profusa and agminated or segmental lentiginosis.

Lentigines may also be associated with systemic manifestations<sup>3</sup> like in LEOPARD syndrome or Multiple lentigines syndrome, LAMB syndrome, NAME syndrome, Carney complex, Laugier-Hunziker syndrome, Peutz Jegher's syndrome, Ruvalcaba-Myhre-Smith syndrome and Bannayan-Zonnan syndrome to name a few.

Lentigo profusa is an autosomal dominant<sup>4</sup> condition where there are multiple lentigines without any systemic associations and sparing of mucosa.

The patient should be kept under observation as there is a tendency for the lesions to transform into melanoma skin cancer<sup>5</sup>.

Histopathology usually shows increased melanocytes in basal layer, increased melanin in the melanocytes and melanophages in the dermis. There is mild to moderate elongation of the Rete ridges<sup>6</sup>.

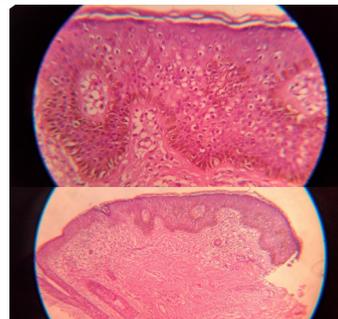
Lentigines should be differentiated from freckles and lentigo maligna. Treatment is usually photoprotection, reassurance and surveillance. Cryotherapy<sup>7</sup> and lasers<sup>8</sup> can be attempted for cosmetic purposes.

**CONCLUSION:**

A patient who presents with lentigines, be it solitary or multiple, should be checked for other anomalies to rule out syndromic involvement. Reassuring the patient is the mainstay of treatment in a case of multiple, isolated lentigines.



**Figure 1:** showing multiple lentigines over face, trunk, back, neck, and extremities.



**Figure 2:** showing increased melanocytes in basal layer, and elongation of rete ridges.

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