

MEGALOPINNA IN A CASE OF EPIDERMAL NEVUS OF THE EAR: CASE REPORT

Dermatology

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ABSTRACT

Megalopinna is considered to be a condition in which the size of one ear is larger than the size of the other ear in the same person. Megalopinna has been reported in association with verrucous epidermal nevus. It is also associated with congenital vascular malformations such as port wine stain. Here we report a case of megalopinna associated with verrucous epidermal nevus over the left ear and scalp.

KEYWORDS

INTRODUCTION:

Epidermal Nevi are hamartomatous proliferation of the epithelium which includes keratinocytes, sebocytes, pilosebaceous units, eccrine glands or apocrine glands. Epidermal nevus is characterized by localised or diffuse, skin coloured, brown, brown-gray verrucous papules, which may coalesce to form well demarcated papillomatous plaques. Epidermal nevi are best classified according to the predominant cell type into keratinocytic (non organoid nevi) and organoid nevi such as sebaceous, follicular and sweat gland nevi. These keratinocytic non organoid nevi are known as nevus verrucosus or verrucous epidermal nevus. We report an uncommon case of epidermal nevus over the external ear with megalopinna, extending onto the adjacent scalp area.

Case:

A 45 year old male patient came with h/o dark swelling over the left ear. It was present since birth as a small pigmented growth over his left ear without any symptoms. It gradually progressed to give rise to pigmented verrucous growth. No h/o ocular or CNS abnormalities. On examination Verrucous plaque measuring 6x4 cm situated over the left external ear pinna and ear lobe, extending onto the left temporal region (FIGURE 1). On palpation it was soft to firm in consistency & non tender. Right ear was normal in size in comparison to the left ear (FIGURE 2). The lesion was biopsied for histopathological study. The histopathological study of the specimen (FIGURE 3) showed hyperkeratosis, acanthosis and papillomatosis which was consistent with an epidermal nevus.

DISCUSSION:

Epidermal nevus is a cutaneous hamartoma which can arise from any cellular component of the epidermis. The term verrucous epidermal nevus is used when the cell of origin is the keratinocytes. Epidermal nevi are often always the result of cutaneous mosaicism which is evident by the classical distribution of the lesions along the lines of Blaschko. The lesions consist of multiple closely set pigmented papules with a spiky or verrucous surface, aligned in a linear manner along the lines of Blaschko. It commonly occurs over the extremities and trunk and very rarely over the head and neck region. Most cases present at birth and the lesions may expand in number and distribution with age. Epidermal nevi may be localized in a linear or zosteriform distribution, or generalized. Unilateral generalized epidermal nevus is referred to as nevus unis lateris. The term ichthyosis hystrix is used when the epidermal nevi has a bilateral and generalized distribution. Being of ectodermal origin, its association with skeletal, ocular and CNS abnormalities is not uncommon, and such an association comes under the umbrella of "Epidermal Nevus Syndromes". Megalopinna is a term used to describe the larger size of one external ear in comparison to the other. Megalopinna has been reported in association with cases of nevus unis lateris¹ and zosteriform verrucous epidermal nevus². One of our authors have reported a finding of Megalopinna as a result of

vascular ectasia, in a patient with a port wine stain over the face³. Megalopinna has also been reported in case of Goltz syndrome⁴.

CONCLUSION:

Based on clinical examination & histopathological appearance it was diagnosed as a case of Epidermal Nevi. Epidermal nevi occurring over the face with ear involvement is very uncommon and the associated finding of megalopinna in such cases is an even rarer occurrence.

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None

CONFLICT OF INTEREST:

The authors declare there is no conflict of interest



FIGURE 1: Clinical picture showing Verrucous plaque in Left ear extending to the left temporal region measuring 6x4 cm



FIGURE 2: Shows normal ear

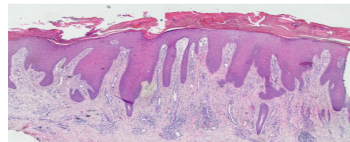


FIGURE 3: (HPE 40x magnification) showing hyperkeratosis, acanthosis, papillomatosis.

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