



NEVUS COMEDONICUS – A CASE REPORT

Dermatology

Dr. Sowmya N	Junior Resident Department of DVL Sree Balaji Medical College and Hospital, Chennai 600044, Tamil Nadu, India.
Dr. Shreya Srinivasan*	Senior Resident Department of DVL Sree Balaji Medical College and Hospital, Chennai 600044, Tamil Nadu, India. *Corresponding Author
Dr. Vignesh NR	Assistant Professor Department of DVL Sree Balaji Medical College and Hospital, Chennai 600044, Tamil Nadu, India.
Prof. N. Ashok Kumar	Professor Department of DVL Sree Balaji Medical College and Hospital, Chennai 600044, Tamil Nadu, India.

ABSTRACT

Nevus Comedonicus (NC), also known as comedone nevus, is a rare type of epidermal nevus. It can be a part of the Nevus Comedonicus syndrome, a neurocutaneous disorder with ocular, skeletal and central nervous system symptoms. It is characterized by numerous dilated follicular openings with keratin plugs. Hereby, we report a case of Nevus Comedonicus.

KEYWORDS

Nevus Comedonicus, Epidermal Nevus, Benign Hamartoma

INTRODUCTION :

Nevus Comedonicus is a rare type of epidermal nevus usually involving face and neck area. It can be congenital or can present later in life usually at the age of around 10 years with no racial or sexual preferences. It presents with grouped, dilated follicular ostia filled with lamellated keratinaceous material, arranged in a honeycomb pattern¹.

CASE REPORT :

A 10-year-old girl was brought to the OPD with the complaints of hyperpigmented lesions over outer aspect of left thigh for the past 5 months. There was history of insect bite 5 months back for which injection was given following that the patient developed lesions over the site. The lesions were asymptomatic without any history of itching or discharge. There was no history of excessive hair growth over the lesions and similar lesions elsewhere in the body.

On Examination, multiple hyperpigmented macules to patches were present over the lateral aspect of left thigh with black comedones over few lesions. There was no hypertrichosis over the lesions. Systemic examination was normal.

DISCUSSION :

NC is a benign hamartoma localized typically on the face, neck, upper arms, chest or abdomen and it is characterized by dilated comedo-like openings, with black or brown keratin plugs.² Almost half of the cases present at birth, while the rest occurs before the age of 10 years. The pathogenesis may be due to overstimulation of fibroblast growth factor receptor 2 (FGFR2) signaling with increased expression of interleukin-1 alpha. Somatic mutations like Ser252Trp substitution can also cause NC. NC usually has a linear or zosteriform configuration but sometimes presents with extensive bilateral involvement.³ Clinically it is characterized by grouped, dilated, plugged follicular ostia containing laminated keratinaceous material, in a honeycomb pattern.⁴ Histopathological features include large grouped, dilated follicular ostia filled with keratin layers. Epidermal changes like hyperkeratosis and acanthosis may be present. As it is a benign condition, conservative management with moisturizers, emollients and topical corticosteroids, keratolytics such as salicylic acid can be used. Topical retinoids can also be tried. Erbium YAG laser has also been tried. Surgical excision is the most effective treatment.

CONCLUSION :

Nevus Comedonicus is a rare condition and very less number of cases have been reported in the literature. As it usually present with systemic manifestations and can also be associated with tumors, early diagnosis and complete work up is essential for better prognosis.

Conflicts of interest: None

Acknowledgement :None

Legends to figure :



Figure 1: Clinical picture showing ill defined grouped macules to patches with black comedones over lateral aspect of left thigh.

REFERENCES :

1. Tcherenev G, Ananiev J, Semkova K, Dourmishev LA, Schönlebe J, Wollina U. Nevus comedonicus: an updated review. *Dermatology and therapy*. 2013 Jun;3(1):33-40.
2. Kamińska-Winciórek G, Spiewak R. Dermoscopy on nevus comedonicus: a case report and review of the literature. *Advances in Dermatology and Allergology/Postępy Dermatologii i Alergologii*. 2013 Aug;30(4):252.
3. Kim SC, Kang WH. Nevus comedonicus associated with epidermal nevus. *Journal of the American Academy of Dermatology*. 1989 Nov 1;21(5):1085-8.
4. Lefkowitz A, Schwartz RA, Lambert WC. Nevus comedonicus. *Dermatology*. 1999;199(3):204-7.