



A RARE CASE OF GIANT CONGENITAL MELANOCYTIC NAEVUS (CMN) PRESENTING WITH MECONIUM PSEUDOCYST AT BIRTH-CASE REPORT

Neonatology

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KEYWORDS

INTRODUCTION

CMNs are found in approximately 1% to 3% of neonates across ethnicities. CMNs that attain 99 mm or more in diameter occur in approximately 1 of every 20,000 newborns, and those with a garment distribution affect 1 of every 500,000 newborns

CASE

A One day old male baby who was born out of non consanguinous marriage via normal vaginal delivery as late preterm (36 weeks) to a G2P1L1 mother presented with complaints of abdomen distension since birth, blackish discoloration of skin since birth. Antenatal ultrasound at 7th month showed a pelvic mass with increased internal echoes for which no further evaluation was done. Physical examination revealed an extensive hyperpigmented patch which covered the entire skin surface area of the back, satellite lesions over face and extremities. There were no associated external congenital anomalies. Xray abdomen erect showed multiple air fluid levels suggestive of intestinal obstruction. Baby was admitted in NICU, IV fluids and IV antibiotics started. CT abdomen and pelvis showed a large 9.6*3.7*4.8 cm sized thin walled cystic lesion is noted in the anterior abdomen displacing the bowel loop posteriorly and indenting the inferior margin of right lobe of liver superiorly. Paediatric surgery reference was taken. Emergency laparotomy was performed, and distal ileal atresia with sealed proximal perforation and a giant meconium pseudocyst were found. Resection of the involved small bowel, including the giant pseudocyst, followed by primary end-to-end anastomosis was performed. Dermatology reference was taken for the hyperpigmented patches and was diagnosed as congenital melanocytic naevus with multiple satellite lesions. One of the most important related conditions in patients with CMNs is neurocutaneous melanosis. MRI brain was planned for the baby on follow up.

REFERENCES

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1. Large Melanocytic Naevus



2. Satellite Lesions