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MARKED SINCE BIRTH - NEVUS SEBACEOUS OF JADASSOHN

Dermatology

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ABSTRACT

Nevus sebaceous of jadassohn, also known as congenital organoid nevus, is a skin lesion invloving the pilosebaceous unit , commonly appearing at birth as a smooth , yellowish plaque on areas such as scalp, face, forehead and neck. Diagnosis is typically clinical, with further investigations or referrals resorved for suspected syndromic cases. Treatment options includw careful monitoring or surgical removal during later childhood or adulthood. Effective management often involves a coordinated multidiscplinary approach across relevant specialities. A multidiscplinary team including dermatology, plastic surgery, neurology, orthopaedics, and opthalmology is essential for comprehensive care.

KEYWORDS

Organoid nevus, Nevus Sebaceus Syndrome, Syringocystadenoma papilliferum

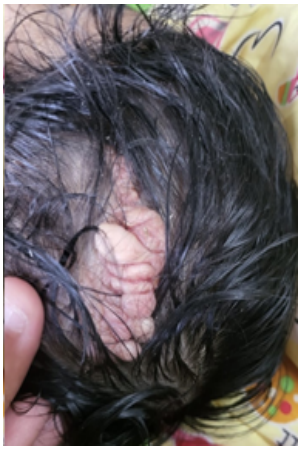
INTRODUCTION:

Nevus sebaceus of Jadassohn is a hamartomatous overgrowth of sebaceous glands, hair follicles, and epidermal structures was first described in 1895 by Josef Jadassohn Present in about 0.3% of newborns, it typically appears at birth as a smooth, yellow-orange, hairless plaque, most often on the scalp or face.[1] Under hormonal influence at puberty, the nevus becomes more raised and verrucous. Although the risk of malignant transformation is low (< 1%), secondary tumors especially benign trichoblastomas are common in adulthood . We report a case of nevus sebaceous in a 8 months old infant over the scalp since birth.

CASE REPORT:

A 8 months old male infant presented to the dermatology outpatient department with a raised skin coloured lesion over the scalp since birth. It started as a pea sized plaque , devoid of hair and gradually progressed to the present size and had cerebriform appearance with verrucous surface. No history of trauma or bleeding from the lesional site. No lesions elsewhere in the body. The infant is immunised till date. No history of seizure. No systemic and developmental defect was noted. General physical and systemic examination were within normal limits.

Cutaneous examination revealed a single, well-demarcated, soft, verrucous and hairless plaque of size 11x4 cm. Multiple folds were noted on inspection and the plaque was soft on palpation as mentioned in the figure 1.



Well demarcated skin coloured to pink coloured cerebriform plaque of size 11x4 cm thrown into multiple folds noted over the scalp.

On the basis of history and clinical examination the diagnosis of nevus sebaceous was made.

DISCUSSION:

Nevus sebaceus of Jadassohn is a congenital hamartoma primarily affecting the pilosebaceous unit, typically present at birth and most frequently localized to the scalp and face. The lesion follows a triphasic evolution.[2]

In infancy, it appears as a flat, yellow-orange plaque, histologically showing immature hair follicles, inconspicuous sebaceous glands, and mild epidermal acanthosis. During adolescence, hormonal influence triggers morphological changes, and the lesion may become nodular or verrucous. This stage is marked histologically by pronounced epidermal hyperplasia and significant sebaceous gland hyperplasia, often accompanied by ectopic apocrine glands and eccrine hyperplasia. These diverse adnexal elements reflect a shared embryologic origin and variable expression of the pilosebaceous-apocrine unit.

Differentiating nevus sebaceus from other epidermal nevi is crucial, and is often achieved by identifying sebaceous gland anomalies within the dermis. The final adult stage is associated with the potential emergence of secondary neoplasms. While benign tumors such as trichoblastoma and syringocystadenoma papilliferum are the most common, malignant transformation is rare, occurring in approximately 1% of cases.[3] Basal cell carcinoma is the most frequently reported malignancy, with rare instances of squamous cell carcinoma and other adnexal malignancies.

Given the lesion's low malignant potential but significant cosmetic and psychological impact, management must be individualized. While early excision is an option, especially for cosmetically prominent or symptomatic lesions, conservative monitoring remains appropriate for many cases. [5]

CONCLUSION

Nevus sebaceus is a benign, congenital lesion with a characteristic clinical course and distinct histopathological features across developmental stages. Although the risk of malignant transformation is minimal, awareness of its progression and potential complications is essential. Careful clinical monitoring, patient education, and timely histologic evaluation form the cornerstone of management. A multidisciplinary approach integrating dermatology, plastic surgery, and other specialties when needed ensures comprehensive care tailored to both functional and aesthetic outcomes.

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