

Case Report

GIANT BATHING TRUNK NEVUS: CASE REPORT

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ABSTRACT

Giant pigmented nevi are congenital melanocytic nevi that are of great cosmetic distress. Though asymptomatic, they are a social stigma and growing with a big black hairy patch over the body take a psychological toll of the patients and their family. Here we report a case of a young girl in her early twenties who presented to us with a large black patch over her back extending upto upper 1/3rd of her buttocks with multiple satellite lesions all over the body, which had been there since her birth. The management is a challenge for the dermatologists owing to the large size and a propensity to recur. There have been reports of malignant change in upto 2% to 15% of the cases. However, there have been recent advances in the field with many new therapeutic modalities are available.

Key Words: Giant Melanocytic Nevi, Bathing Trunk Nevi, Congenital Melanocytic Nevi

INTRODUCTION

Giant congenital melanocytic nevi also known as 'bathing trunk nevi' or 'garment nevi' (Elder, 2005) are large macular lesions with diameters over 20 cm that are present since birth and develop coarse terminal hair over a period of years (Mackie 2004). 1 to 3 percent of the newborns have melanocytic nevi at birth, which have been arbitrarily divided into small, intermediate and giant varieties depending on the size of the lesions as in less than 1.5 cm, 1.5 cm to 20 cm and more than 20 cm respectively (Osburn, 1987). Giant cell melanocytic naevi occurs in one in 2-5 hundred thousand newborns (Bhagwat, 2009). The life time risk of malignant transformation in a giant melanocytic nevus ranges from 2 to 31 percent with an average of 12% as reported by Kopf *et al.*, (1979).

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Here we report the case of a young female in her early twenties who presented to us with an extensive black pigmentation of her trunk extending upto her buttocks with a prominent hairline at the level of L₂ L₃ vertebra (Fig. 1,2,3.) She had similar small black patches elsewhere over her lower lip (Fig. 4), both upper and lower extremities with a prominent hair growth over the area (Fig. 5,6). She complained of an associated pruritus on and off over the patches. She had the unsightly pigmentation over her body right from her birth. She had no associated systemic or mucosal anomalies. She was elder of the two siblings and none of her family members had a similar complaint and neither was there a family history of consanguineous marriage. Her detailed examination did not reveal any discharge or ulceration from the lesions. She was advised a regular clinical follow up, to detect any malignant transformation at the earliest, if any. Routine investigations like CBC, LFT, KFT were done for academic interest and turned out to be normal. Orthopaedic and neurological examination did not reveal any obvious abnormality. The biopsy from the large patch revealed histopathological changes characteristic of congenital compound melanocytic naevus i.e. nests and chords of naevus cells filling dermis and extending into sub-cutaneous fat. No cellular atypic or malignant transformation was seen.

DISCUSSION

There are two main problems faced in managing these giant nevi, one being their potential for malignant change and the resulting need for prophylactic removal (Kopf, 1987) and other being the cosmetic concern to the patient. Histopathologically, three patterns may be encountered: a compound or an intradermal nevus, a neural nevus and a blue nevus pattern (Reed, 1965). The epidermis shows the presence of nevomelanocytes, which however may be seen to the mid and the deep dermis as well in the

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Figure 1-6. Photographs from a case of Giant congenital melanocytic nevus. 1. Nevus covering the upper back; 2 - Nevus covering the upper and lower back; 3 - Nevus over the abdomen; 4 - Nevus of the lower lip; 5 - Hairy Nevus on the forearm; and 6 - Hairy Nevus on the legs

form of sheets, nests, cords giving the characteristic 'Indian file' (Koh1992) appearance. They invade the appendageal and the neurovascular structures as well. Unique to the giant congenital nevi is the occasional presence of nevomelanocytes within the substance of the muscle, bone, placenta, umbilical cord, cranium and dura mater (Grichnik, 2003).

Now with many recent modalities of treatment available, there is now a ray of hope for those affected. Prior to any active intervention planned in this regard whatsoever, it is very prudent to get a biopsy and a

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MRI done for two most important reasons. Firstly, to rule out neurocutaneous melanosis, which if present, may decrease the very need to remove the bulk of the skin lesions as the neural component would still remain inaccessible. Secondly, to rule out the real chance of underlying spinal dysraphism.

The options available include staged excision with tissue expansion or grafting, dermabrasion, curettage, Q switch Ruby laser (Duke, 1999). These can be clubbed together to achieve the desired results and hasten the process as stated by Khalifa Sharique in 2006, a renowned dermatologist from Malaysia who suggests dermabrasion followed by Ruby laser for such nevi.

It may sound fascinating to have such hi-tech treatment options available for the disease but infact in such patients, healing is best facilitated by conscious awareness and practice of empathy and compassion... for indeed our perception of wellness is our conscious reality of wellness!

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