

A Clue Dermoscopic Sign of Epidermal Nevus

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Introduction

We report a case of A 50 years-old man with no significant medical history, presented with a velvety brownish plaque in the chin during childhood and increased in size gradually. There was no erythema or itching. The lesion tended to improve during summer with exacerbations in winter. Examination showed a verrucous erythematous plaque 4cm in diameter, and the dermoscopy showed large brown circles on a brownish background [1]. No pigment network, globules, comedo-like openings, or milia-like cysts were observed. A provisional diagnosis of verrucous epidermal nevus was kept; epidermal hyperkeratosis, acanthosis and papillomatosis were seen on histopathology - consistent with the diagnosis of verrucous epidermal nevus.

Verrucous epidermal nevi are congenital, non-inflammatory cutaneous hamartomas composed of keratinocytes. At birth they have a white, macerated appearance but within a few days take the form of pink or slightly pigmented, velvety streaks or plaques. Later, they darken and become more warty, sometimes with an erythematous base. The diagnosis is usually based on clinical presentation and, in selected cases, on histopathology examination. Dermoscopy is a valuable, non-invasive technique that supports the diagnosis in clinical practice in several fields of dermatology including cutaneous tumors. Recently in a literature review, the dermoscopy of VEN has shown the characteristic presence of large brown circles, consisting of hyperchromic brown edge surrounding a hypochromic area as being the most specific signs [2].

An accurate clinical examination and the recognition of this new feature - large brown circles - in dermoscopy, in association with criteria for the diagnosis of non-melanocytic lesions, will contribute to the easier interpretation of findings for the diagnosis of VEN compared with histopathologic examination, which may be less explicit and less clear, and will thus help to avoid the unnecessary excision of benign lesions.

In conclusion, our case suggests that the use of dermoscopy may assist in the enhanced diagnosis of VEN, especially in those cases with unusual clinical presentation [3,4] (Figure 1).

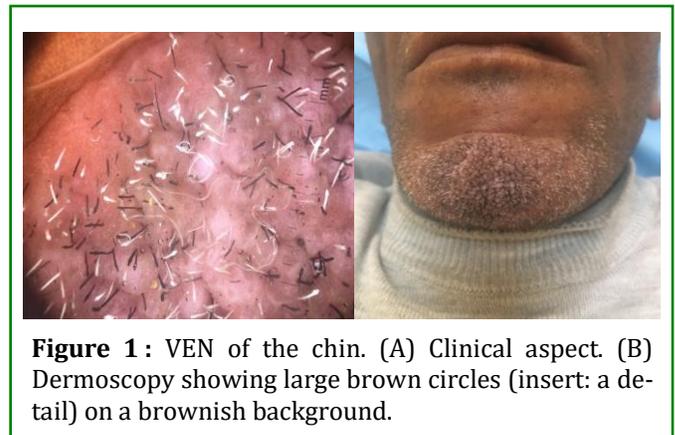


Figure 1: VEN of the chin. (A) Clinical aspect. (B) Dermoscopy showing large brown circles (insert: a detail) on a brownish background.

References

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