Bathing Trunk Naevus

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INTRODUCTION

Congenital melanocytic Nevi larger than 20 cm in diameter are referred to as Giant Congenital Melanocytic Nevi (GCMN). They often have the distribution of a garment-Garment Nevus. GCMN are rare and occur one out of every 200000-500000 births. Bathing Trunk Naevus is a special type GCMN with spread resembling bathing trunk and present by 2 years of age.

CASE REPORT

Two and half month old baby showing extensive brownish black discoloration over trunk, abdomen, face, upper and lower limbs with an ulcerated nodular lesions on left flank was brought to Pediatric Surgery OP. Diagnosis of Giant Congenital Melanocytic Nevus was made. Biopsy from the ulcerated lesion showed neural differentiation. Normal nerve components may predominate in some lesions with formation of neuroid tubes. They may show considerable similarity to Neurofibroma. Maturation in these lesions recapitulates features of Schwannoma GCMN are classified as small d” 1.5cm, medium 1.5-19.9cm and large e”20cm or e”5% body surface covered by large GCMN if found on trunk and buttock, they are commonly called Bathing Trunk Naevus.

These nevi usually are deeply pigmented and are covered with a moderate growth of hair. Often there are many scattered lesions of similar appearance. These satellite nevi are benign. Leptomeningeal melanocytosis is occasionally found when nevi are located in scalp or neck. There may be associated epilepsy and mental retardation in some cases. There is an increased lifetime risk of CNS melanoma. The incidence of Melanoma in Congenital Melanocytic Nevus is 6-12%. Clinical surveillance is considered to be acceptable in these cases. Apart from cosmetic appearance psychological, physical and social consideration merits discussion in these cases.

END NOTE

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Conflict of Interest: None declared

Editorial comments

This is an interesting problem with florid manifestations. The impact of the clinical presentation needs to be studied.


REFERENCES