Congenital melanocytic nevus of chin

Sir,

Congenital nevi are present in approximately 2-3% of neonates. These lesions are present at birth. They are characterized by pigmented lesions with regular margins, smooth or lobular surfaces, and occasionally have long coarse hair. Melanocytic nevus of the face is a unique form of congenital nevus, fortunately rare and typically hair bearing. These lesions have a relatively high risk of becoming malignant. They develop probably between 40 days of gestation and 6 months in utero.[1] Genetic mechanisms may account for familial aggregation. These lesions, when large, make a formidable undertaking in view of lack of suitable donor sites and multiple procedures involved in its treatment.[2] Melanotic nevus of the face is a particular challenge to a plastic surgeon not only because of a very high standard of skill required, but also for the patient and parental concern for cosmetic results.

A 7-year-old female patient was referred to Department of Oral and Maxillofacial surgery with a chief complaint of swelling on the left side of the chin from past 2 years. Examination of the patient revealed soft, well-defined swelling over the right upper eyelid [Figure 1]. Swelling was small in size initially at birth, which gradually increased to the size of 1.5-2 cm in diameter and was nontender, mobile, nonpulsatile, noncompressible, and soft in consistency. The child was planned for surgical management under general anesthesia. The lesion over chin was excised and primary closure was done using 4-0 polyglactin and 6-0 prolene sutures [Figures 2 and 3]. Histopathology revealed varying proportions of melanocytic nevus cells only within the dermis [Figure 4].

Figure 1: Preoperative photograph showing swelling on the left chin

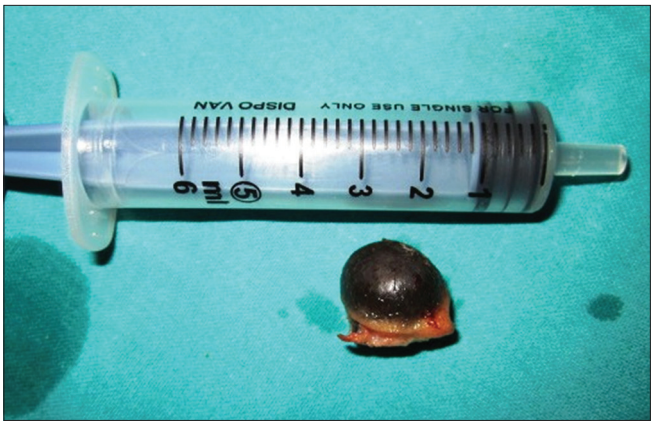

Figure 2: Photograph showing completely excised surgical specimen

Figure 3: One month postoperative photograph showing satisfactory healing

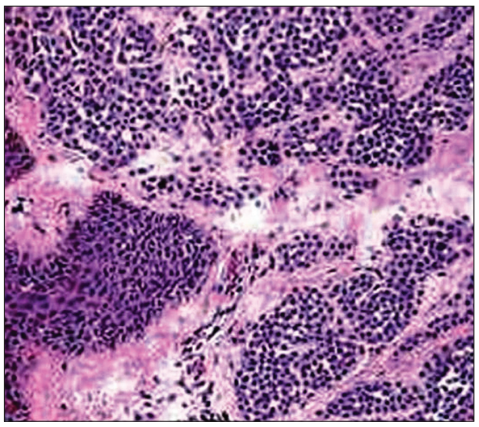

Figure 4: Histopathology showing varying proportions of melanocytic nevus cells only within the dermis

Based on the microscopic observations in correlation with clinical features, a final diagnosis of congenital melanocytic nevus was made. Large pigmented nevi of face present a major deformity for the child and his or her parents. It is also a major challenge for the treating plastic surgeon to plan and achieve the best cosmetic results. There is complete consensus that the percentage risk of malignancy in these cases is fairly high. Complete early prophylactic excision of these lesions is warranted and should be accomplished in infancy or early childhood.

Congenital pigmented nevi are present in approximately 2-3% of neonates. Fewer than 10% of these lesions are larger than 3 or 4 cm, a size cut-off below which the designation small is usually given.[2] It is now well established that congenital nevi and malignant melanoma are associated, despite the fact that the magnitude of risk of malignant transformation is still the subject of wide controversy.[2,3] Widely divergent figures range from 1.8 to 45%. A recent review[4] on the subject have calculated an 8.52% incidence of melanoma developing within nevi larger than 2% of the total body surface during the first 15 years of life. Despite the controversy, many clinicians agree that prophylactic excision of all giant and large hairy nevi is indicated.[5] The opinion regarding complete prophylactic excision of all congenital nevi should be accomplished in infancy and early childhood is well supported in literature[6] by the evidence that 60% of the malignancies developing in these lesions present in early childhood.

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