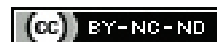


# Linear Verrucous Epidermal Nevus along Linea Nigra: A Rare Presentation

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A 30-year-old primigravida, at seven months of gestation, presented to the Department of Dermatology, Venereology, and Leprosy with complaints of black, raised, warty skin lesions over her abdomen since birth. These lesions had grown over the past three months. She was asymptomatic with no relevant past medical or family history.

On examination, there was a linear growth of discrete and closely arranged, verrucous, hyperpigmented papules and coalescing plaques extending from the xiphisternum to the symphysis pubis, measuring approximately 30 cm in length and 3 cm in breadth, discontinuous but present exactly along the linea nigra. The distribution corresponded to Blaschko's lines [Table/Fig-1].



**[Table/Fig-1]:** Showing linear, verrucous, hyperpigmented papules and plaques along linea nigra, extending from xiphisternum to symphysis pubis.

No diagnostic tests were performed in view of her advanced gestational age and because the patient declined further investigations. She had consulted a local doctor previously, who had advised that the lesion would resolve on its own. No treatments had been tried before presentation.

Based on the congenital onset, alignment along Blaschko's lines, age-related growth, pregnancy-associated increase in size, and the

absence of symptoms, a diagnosis of Verrucous Epidermal Nevus (VEN) was made. Differential diagnoses considered included viral wart and inflammatory VEN. These were excluded based on the chronic, congenital presentation, typical linear distribution, and lack of inflammatory changes or viral morphology.

The patient was prescribed emollients and advised to follow-up after delivery for possible cosmetic intervention. However, she was lost to follow-up, and therefore postpartum changes could not be documented.

VEN commonly occurs on the head/neck (42%), trunk (20%), widespread areas (13%), lower limbs alone (11%), upper limbs alone (5%), hip/buttock/leg (4%), legs and arms without trunk (3%), and inguinogenital area (2%), as reported by Rogers M et al., [1]. Occurrence of VEN in pregnancy is rare, and literature suggests that hormonal changes may contribute to lesion enlargement during gestation [2].

VEN is a benign hamartomatous proliferation of the epidermis that follows Blaschko's lines [3]. Diagnosis is primarily clinical, based on distribution, morphology, and onset history. In this case, the congenital nature, specific distribution along the linea nigra coinciding with Blaschko's lines, and exacerbation during pregnancy strongly supported the diagnosis [4]. The rarity of such a presentation in pregnancy warrants documentation to guide clinicians in avoiding unnecessary interventions. Linear VEN along the linea nigra in pregnancy is rare [5]. Awareness of its benign nature can help alleviate patient anxiety and prevent unnecessary treatment during gestation.

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