JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH

How to cite this article:
K SHREEDHARA AVABRATHA, GEETANJALI DAMBALKAR, AGNIDEVI. GIANT CONGENITAL MELANOCYTIC NAEVUS . Journal of Clinical and Diagnostic Research [serial online] 2009 August [cited: 2009 Aug 7];3:1704-1705
Available from
http://www.jcdr.net/back_issues.asp?issn=0973-709x&year=2009&month=August&volume=3&issue=4&page=1704-1705 &id=474

IMAGES IN MEDICINE

Giant Congenital Melanocytic Naevus

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Term female baby born by normal vaginal delivery to a second gravida mother with uneventful antenatal history was noted to have large hyper pigmented patches over the anterior abdomen, back and proximal parts of both thighs covering up to 30% of body surface area. Diameter of the largest naevus was 25 cm in its long axis (Table/Fig 1). Many satellite lesions were also found scattered over the body (Table/Fig 2). All lesions were blackish in colour and were well defined. Though most lesions had a smooth surface, few over the back were noted to have a rough surface with hairy outgrowths.

Table/Fig 1 Newborn with Giant congenital melanocytic naevus

(Table/Fig) 2 Giant or garment congenital naevus on the back with smaller lesions on extremities

Congenital pigmented naevi have been arbitrarily divided into 3 size ranges depending on their maximum diameter as small, being less than 1.5 cm, medium, being 1.5-20cm and large or giant, being over 20cm [1, 2]. The incidence ranges from 1in 20,000 to 1in 50,0000[3]. Other synonyms for a giant congenital naevus (GCMN) are bathing trunk naevus or garment type naevus. GCMN is extremely rare, occurring one in 500,000 newborns[4]. Giant congenital naevi carry the potential for malignant change. The risk is well documented in lesions involving over 5 percent of the body surface[5]. Large axial lesions with many satellite lesions may be associated with

neurocutaneous melanosis which may be detected by the brain MRI scan[6].

This type of giant garment or bathing trunk naevi is very distressing to the parents and poses a difficult surgical challenge. Many centers recommend deep curettage or shaving in the early neonatal period, with the objective of removing as many melanocytic naevus cells as possible[7]. Autologous grafts are then used for resurfacing. Alternative approaches of treatment are dermabrasion, laser therapy and curettage, but carry a greater risk of leaving behind naevus cells. Regardless of the method of choice, lifelong periodic cutaneous examination is indicated, especially in those lesions which are not excised[6].

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