

Pattern of Naevi in Children in South India

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Abstract

The term naevus (Latin: maternal impression) usually indicates circumscribed lesions of the skin and / or neighbouring mucosa, which are permanent or at least very long lasting and which are non-neoplastic. ¹ Since there is a lack of studies on naevi in children particularly in India, this study was undertaken to ascertain the pattern of naevi in children.

REVIEW

A total of 4,256 paediatric cases (below the age of 14 years) attending the dermatology OPD of our hospital during the study period from August 2002 to August 2004 were screened for naevi. Out of these, 77 (1.8%) cases were found to have naevi. Thirty four (44.2%) of them were males and 43 (55.8%) were females. Various naevi recorded in decreasing order of frequency were melanocytic naevi (41 cases, 53.2%), vascular naevi, (19 cases, 24.7%) epidermal naevi (16 cases, 20.8%) and dermal and subcutaneous naevi (1 case, 1.3%). The mean age of these cases was 2.6 years with a range from 3 days to 14 years. Sixty five (84.4%) cases presented to the OPD for cosmetic reasons, 5 (6.5%) cases for alopecia, 4 (5.2%) cases for ulceration and 3 (3.9%) cases for itching. Six (7.8%) children were born out of consanguineous marriage.

Out of the total of 41 cases of melanocytic naevi, 30 (73.2%) were Mongolian spots, 8 (19.5%) were congenital melanocytic naevi, one case each had giant congenital melanocytic naevus, naevus spilus and naevus of Ota. Amongst 19 vascular naevi cases, 17 were of haemangiomas of infancy and the remaining two were of Port-wine stain. The subtypes of epidermal naevi included were linear verrucous epidermal naevi (5 cases), naevus sebaceous (4 cases), systematized epidermal naevus (3 cases), inflammatory linear verrucous epidermal naevus (2 cases) and one case each of naevus comedonicus and linear porokeratosis.

DISCUSSION

A naevus is a localized, highly differentiated, proliferative

malformation arising from keratinocytes, melanocytes, or appendageal (i.e., organoid) or vascular structures. ² They may be congenital and acquired. These naevi are best described by its origin or location, such as melanocytic naevus, sebaceous naevus, or systematized naevus. ² In a study carried out in northern India, the overall point prevalence of one or more identifiable/apparent skin condition was found to be 38.8% amongst 12,586 school children aged 6-14 years and nevi/hamartomas constituted 1.1% of the cases. ³ Amongst 331 new referrals to a pediatric dermatology clinic over 12 months, 73 cases (20%) were diagnosed to have nevi. ⁴ In a prevalence study of skin disorders in school children in Ibadan, Nigeria, one or more melanocytic nevi were found in 40 (3.8%) children. ⁵ In a study of pattern of paediatric dermatoses in a referral centre in South India, 24 (1.1%) cases were reported to have naevi (12 cases had vascular naevi, 7 cases had melanocytic naevi, and 5 cases had epidermal naevi, but none had dermal and subcutaneous naevi). ⁶ In our study, out of a total of 77 naevi cases recorded, various naevi seen in decreasing order of frequency were melanocytic naevi (41 cases, 53.2%), vascular naevi (19 cases, 24.7%), epidermal naevi (16 cases, 20.8%) and dermal and subcutaneous naevi (1 case, 1.3%). In a cross-sectional study in two hospitals in the city of Belo Horizonte, neonatal dermatoses of clinical relevance (congenital melanocytic nevus, sebaceous nevus, cafe-au-lait spots, Port-wine stain, ash leaf macules) were found in 42 (5.6%) out of 752 children examined during 4 months period. ⁷ Thus, there is a clear need to detect these skin disorders so that parental advice, treatment and genetic counseling can be adequately indicated.

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