

Giant Congenital Melanocytic Nevus in Newborn Girl

Nevus Melanocítico Congénito Gigante em Recém-Nascida

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An appropriate for gestational age term female neonate was born to a healthy 32-year-old primigravida via caesarean section. The pregnancy was uneventful and routine prenatal exams were unremarkable. There was no family history of nevi. Physical examination at birth revealed an extensive pigmented irregular nevus with "bathing trunk" distribution, involving the lower abdomen, lumbosacral region (including sacrococcygeal pit), upper thighs and pelvis (Figs. 1 and 2). Within the affected segment there were areas of irregular darker macules, papules and patches of hypertrichosis, as well as multiple smaller satellite lesions throughout the body, extremities and face (Fig. 3). Neurological examination and brain ultrasound showed no abnormalities and the diagnosis of giant congenital melanocytic nevus (CMN) was made. After discharge, periodic assessment revealed absence of neurological abnormalities and adequate development. Brain and spinal magnetic resonance imaging (MRI) had no signs of neurocutaneous melanosis. At the age of two, an atypical nodular lesion of the right lumbar region was excised and had benign histology.

CMN are tan to black melanocytic lesions that present at birth or within the first few months of life. Giant CMN are lesions characterized by extension over 40 cm in adulthood, and affect 1:20 000 births. These results from clonal proliferation of melanocytes during embryogenesis, associated with gain-of-function mutations in *NRAS* genes.¹ Diagnosis is clinical and management consists mainly of cosmetic intervention, melanoma prevention and follow up of complications. These include malignant melanoma and neurocutaneous melanosis, a proliferation of melanocytes in the central nervous system associated with poor outcomes. Follow up of complications should include early cranial and spinal MRI and periodical assessment of neurological abnormalities and behavioural impairment.² Long-term follow up with a multidisciplinary team is imperative given the aesthetic impact and psychosocial burden of these patients and their families.

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Figure 1. Anterior view of giant melanocytic nevus.



Figure 3. Anterior view of giant melanocytic nevus, note the satellite lesions and hypertrichosis.



Figure 2. Posterior view of giant melanocytic nevus.

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