

Clinical and dermoscopic features of a verrucous epidermal nevus

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Sir

Epidermal nevi are defined as cutaneous hamartomas with several clinical forms. The verrucous form is the typical and most frequent form of epidermal nevus. We presented a 4 years old boy, with no particular medical history, was admitted for linear pigmented lesions of the right upper limb evolving since birth. Dermatological examination unveiled linear pigmented plaques starting at the dorsal surface of the thumb reaching to the elbow, well defined with irregular contours, with warty surface, resting on a skin hypopigmented in places (Fig. 1).

Dermoscopy revealed a cerebral aspect of the lesions, brown dots, white and brown exophytic papillary structures, and thick, adherent scales with some dot vessels.

The diagnosis was a verrucous epidermal nevus (VEN) and a CO₂ laser was proposed as a treatment (Figs. 2–4).

The dermoscopic aspects of VEN have been described in a few articles; two studies were the subject of these aspects by Carbotti et al. [1] analyzing 8 patients with VEN, and more recently Elmas and Akdeniz [2] who treated 20 cases.

Carbotti et al. [1] reported lesions of VEN showed large brown circles and the absence of cysts, pigmented networks, and globules similar to seborrheic keratoses.

Elmas and Akdeniz [2] identified new non-vascular dermoscopic aspects that had not previously been



Figure 1: Clinical image of verrucous epidermal nevus.

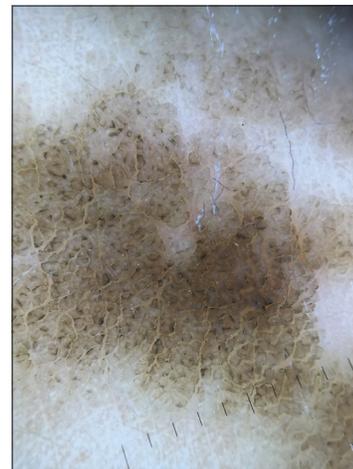


Figure 2: Thick branched brown lines and Cerebriform structures.

described for VEN. These findings are thick branched brown lines, terminal hairs, brown dots, white and

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Figure 3: Thick adherent scales, dot vessels, papilliform aspect.

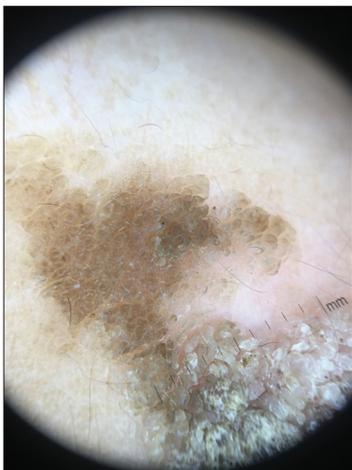


Figure 4: Cerebriform structures.

brown exophytic papillary structures, thick and adherent thick scales, thick branched lines, brown

dots, brown serpiginous cerebral structures. With regard to the dermoscopic description of the vessels, the common aspect was the point vessels; the coiled, looped, serpiginous and polymorphic vessels were also present in some lesions.

In conclusion, verrucous epidermal neavuses may have dermoscopic characteristics similar to those of seborrheic keratosis and dermal nevi.

We suggest that dermoscopic examination may help in the diagnosis of VEN with decreased biopsy use. However, if there is a vascular appearance, polymorphic, which may be a malignant growth index, it would be reasonable to confirm the diagnosis by histopathology.

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

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