We report the case of a 45-year-old normotensive, nondiabetic, policeman, smoker who presented with a two-week history of red crusted scaly lesion around a skin-colored pedunculated growth over the back. There was an associated history of severe itching, but no history of trauma, pain, bleeding, application of any substance or any constitutional features. Examination revealed a well-defined annular moist erythematous scaly crusted plaque around a skin-colored nodule (neurofibroma) which had been present on the back for the past 30 years. There were multiple neurofibromas present over the back and abdomen. Besides routine testing, punch biopsy was taken for histopathological examination. Histopathology of the specimen showed spongiosis with lymphocytic infiltrate and few eosinophils which confirmed the diagnosis of Mayerson’s phenomenon. Topical steroid (clobetasol propionate, l/a b.d.) and an antihistaminic (levocetrizine 5 m b.d.) was prescribed and the condition resolved in a week (Fig 1, 2).

Discussion

Mayerson’s phenomenon is an uncommon clinical condition that is characterised by an eczematous halo surrounding a pre-existing melanocytic naevus, and numerous other lesions like molluscum contagiosum, skin tags seborrheic warts and other elevated skin lesions. The etiology of this condition is unknown. It is hypothesised that it occurs because of the interaction between CD4+T lymphocytes and increased expression of ICAM-1.