

Synchronous Melanomas Within Nevus Spilus

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Dear Editor,

Nevus spilus (NS), also known as speckled lentiginous nevus, is a hyperpigmented macule or patch with superimposed darker speckles that usually appears in infancy or childhood.

It corresponds to a focal proliferation of melanocytes along the basal layer of the epidermis within a lentiginous background. The speckles display the histological features of different type of nevi such as junctional, intradermal, dysplastic, Spitz and blue nevus. NS can be divided into 3 categories regarding its dimension: small if >1.5 cm, medium from 1.5 to 19.9 cm and large if >20 cm [1,2].

The possible occurrence of melanoma within the nevus has been described in literature in about 40 cases to date, usually in patients aged around 50 years [3,4]. The presence of NS since birth, the dimension over 4 cm in diameter, the giant or zosteriform type are associated with higher risk to develop melanoma [4]. The frequency of this transformation is significant, but it appears to be lower than congenital nevi of the same size[4].

Herein we report the case of a 72-year-old male with 2 melanomas within a NS. He came to our department for his first

skin examination, there was no personal or family history of skin cancers. On the right upper quadrant of the abdomen, we noticed a 5.5x1.8 cm speckled lentiginous nevus with a small hyperpigmented slightly palpable lesion measured 6x5mm. Dermoscopy showed within the lentiginous background a reddish area and an irregular pigmented network with some peripheral streaks (suggestive of melanoma) and comedo-like openings in the center (suggestive of seborrheic keratosis).

Histological analysis of the biopsied sample revealed a superficially spreading melanoma with a Breslow thickness of 0.3mm (pT1a) with lichenoid regression and acanthosis. A further surgical excision was carried out with the complete removal of the NS. In the new skin sample an in-situ melanoma outbreak was also found. Dermatological follow-up is now performed every 6 months.

NS can be seen as a “melanocytic garden” in which different lesions can grow based on the melanocyte differentiation pathway. Up to date, NS is usually not considered as a precursor of melanoma nevertheless, his malignant potential is described in literature. In the reported few cases of melanoma the most common types of melanoma were superficially spreading melanoma (68%) and nodular melanoma

Table 1. The features of the cases of synchronous melanomas within a nevus spilus in literature.

Sex	Age	NS present since	Dimensions of NS	Location	Breslow (mm)	Note
M ⁶	28	unknow	5 cm	left arm	0.7 mm; 0.7 mm; 0.3 mm	no ulceration
M ⁴	32	infancy	10 cm	Intergluteal groove	3.5 mm; 1.25 mm	CDKN2A+
M ⁵	60	childhood	15x10 cm	Medial left calf	0.8 mm; 0.8 mm	no ulceration
M ³	83	birth	27 cmx10 cm	right arm and forearm	2.51 mm; 1.18 mm; in situ	no ulceration

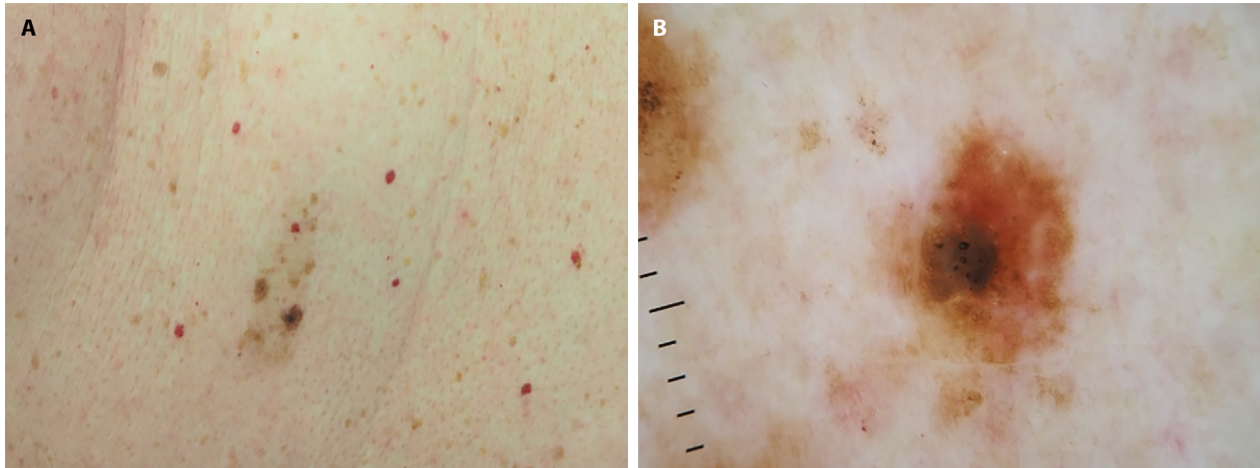


Figure 1. (A) Nevus spilus of the right upper quadrant of the abdomen. Dermoscopy revealed macules and papules within a patch of tan-to-brown hyperpigmentation. In particular, an hyperpigmented papule on the left inferior part of the nevus was noticed. (B) Dermoscopy revealed irregular pigmented network with a reddish area and some peripheral streaks. Moreover, SK features such as comedo-like openings and milia-like cysts were observed.

(16%), in rare cases also melanoma in situ. Our case confirms the presence of the most frequent histotype, but also highlights the occurrence of synchronous melanoma in situ. Only 4 cases of synchronous melanomas within a NS are reported [3-6] (Table 1).

Dermoscopically, in our case the presence of melanoma was also partially hidden by seborrheic keratosis features, however considering the possibility of melanoma within a NS a biopsy was necessary to solve the diagnostic problem.

Changing pigmented areas or nodules require selective biopsy for histological examination. In the case of a positive histological test, a complete excision of the entire NS is required, in order to search for any multifocal melanomas such as in our case.

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