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Short Clinical Report

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Cerebriform Nevus Sebaceous: a rare lesion

Abdul Lateef Leghari,[*1] Muhammad Bilal Mirza,[2] Nabila Talat,[2] Waseem Humayoun,[3]

1 Medical College, Aga Khan University Hospital, Karachi
2 Department of Pediatric Surgery II, The Children's Hospital and the Institute of Child Health, Lahore
3 Department of Plastic Surgery, The Children's Hospital and the Institute of Child Health, Lahore

Correspondence*: Abdul Lateef Leghari, Medical College, Aga Khan University Hospital, Karachi
E-mail: abdullateefleghari@gmail.com

CASE PRESENTATION

A 15-day-old neonate presented with a wrinkled skin lesion on the left temporoparietal region that was extending up to the lateral canthus of the left eye. The lesion had a cerebriform appearance, and measured 12cm in length, while the width was variable along the length, however width in greatest dimension was 5cm (Fig.1).

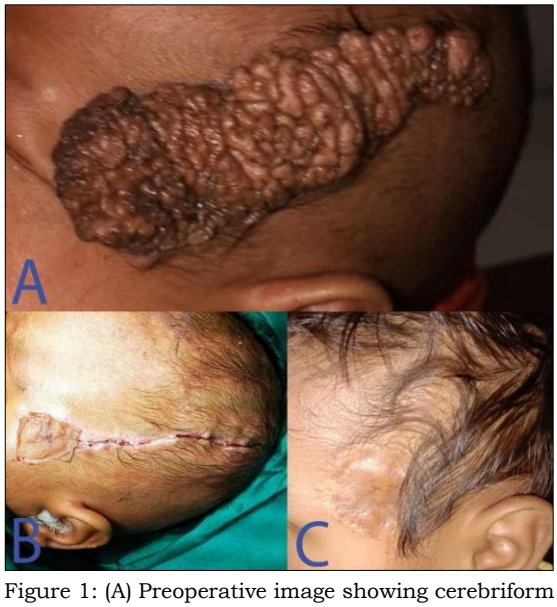

Figure 1: (A) Preoperative image showing cerebriform lesion (B) Peroperative image (C) Follow-up at 2 years showing a healed wound with acceptable scarring.

Ocular and neurological examinations were unremarkable. Elective Procedure was planned, and all preoperative workup was unremarkable. Intraoperatively, a copious amount of sebum was present in the rugosities. The lesion was excised, and the wound was approximated superiorly and covered with split-thickness skin graft at the base where it was the widest. Histology reported the lesion as Nevus Sebaceous. The patient has been followed for 2 years and serial examinations have revealed no abnormal findings.

DISCUSSION

Nevus sebaceous (NS) appears as a well-circumscribed raised lesion, usually irregular in shape owing to the distribution of sebaceous glands, commonly over the head and neck.[1] Lesions at other sites are rare.[1] the cerebriform variant of NS is even rarer. NS comprises of abnormalities in the epidermis which may be acanthotic or papillomatous, sweat and sebaceous glands, and hair follicles; consistent observation particularly on NS of the scalp is almost or absolute absence of mature hair follicles.[1] The glands have great variability in the irregularity of morphology and distribution, showing periodic enlargement during infancy due to maternal hormones.[1]

Multiple benign neoplasms demonstrating RAS mutations have been observed to complicate NS. mostly syringocystadenoma papilliferum and trichoblastoma-like proliferations.[2,3] Although rare, malignant tumors such as basal cell carcinoma (BCC) may be seen, with incidences as high as 20%. [2] However recent studies have classified what was earlier diagnosed as BCC in NS as trichoblastoma.[2] The neoplasms are observed rather more frequently in adults, and although rare this does not exclude the possibility of malignancy in children, thus justifying prophylactic excision as in our case, sometimes even necessitating reconstruction after extensive surgical resection. [4]

Mohs Micrographic Surgery has been suggested, which involves continuous microscopic examination of the resected tissue, in cases in whom secondary neoplastic growth is observed however, this requires a modern setup and efficient coordination between the surgical theatre and histopathology department.[4] Since our case didn't show any signs of secondary neoplastic growth therefore there was no need for this procedure. The role of tissue expanders has also been suggested; however, they have their drawbacks, and

among others staged interventions, and extensive follow-up schedule, we therefore simply opted for split-thickness skin graft since there was minimal skin deficiency.

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