## **Extraordinary Giant Congenital Melanocytic Nevus: A Rare Birthmark**

Omar Abdulqader Ajaj

Department of Pediatric Surgery, University of Anbar, College of Medicine, Anbar, Iraq

Received: 10 Nov. 2021; Accepted: 24 Jul. 2022

## **Clinical Case**

A 5-year-old female child who consulted for pigmented patches involving the posterior surface of the trunk, buttocks, and upper one-third of both legs. There was a hairy surface, dark, black color, and a sharply bordered measuring  $29 \times 39.5$  cm (Figure 1).

The physical examination of the child was normal. There was no history of other congenital anomalies or neurological deficits. No abnormality (bleeding or ulceration) was detected in the lesions. She was a product of non-consanguineous marriage. Both parents were healthy, and none of the close family members had similar skin lesions.

A clinical diagnosis of Giant congenital melanocytic nevus (GCMN) was made. The patient has advised frequent follow-up visits, and the performed screening procedures, including ultrasound and CT scan of the lumbosacral region, did not reveal any abnormalities.

We obtained written informed consent from the patients' parents. The Medical Ethics Committee of the University of Anbar, Anbar, Iraq, approved the current study.

## Comments

Giant congenital melanocytic nevus (GCMN) is benign hyperpigmented lesions.

Which arise due to abnormal proliferation of melanocytic cells. There is an estimated incidence in <1:20,000 newborns (1). GCMNs are typically present at birth and are classified primarily on the basis of size, giant lesions that are predicted to be >20.0 cm (2).

Sporadic de novo mutations are central in the pathogenesis of CMN. However, some reported cases were familial (3). Giant CMN has an elevated risk of malignant changes (malignant melanoma), about 2% to 15%. Another complication is central nervous system

involvement (4).

The management of GCMN remains controversial. Options include observation, non-excisional techniques (dermabrasion, lasers ablation, chemical peels, curettage), and excisional methods (5).



**Figure 1.** Giant melanocytic nevus size 29×39.5 cm encompassing the posterior surface of the trunk, buttocks, and upper one-third of both legs

## References

- Viana AC, Gontijo B, Bittencourt FV. Giant congenital melanocytic nevus. An Bras Dermatol 2013;88:863-78.
- Tchernev G, Lozev I, Pidakev I, Lotti T, Wollina U, Gianfaldoni S, et al. Giant congenital melanocytic nevus (GCMN)-a new hope for targeted therapy? Open Access Maced J Med Sci 2017;5:549-50.
- Salim S, Ilham EM, Asmae S, Hassam B. Giant Congenital Melanocytic Nevus: About a Case. Clin Med Img Lib 2018;4:110.
- Tønseth KA, Filip C, Hermann R, Vindenes H, Høgevold HE. Extraordinary large giant congenital melanocytic nevus treated with Integra dermal regeneration template. Plast Reconstr Surg Glob Open 2015;3:e469.
- Green MC, Mitchum MD, Marquart JD, Bingham JL. Management considerations for giant congenital melanocytic nevi in adults. Mil Med 2014;179:463-5.

Corresponding Author: O.A. Ajaj

Department of Pediatric Surgery, University of Anbar, College of Medicine, Anbar, Iraq Tel: +9647832842019, Fax: +9647832842019, E-mail address: omarabd954@uoanbar.edu.iq

Copyright © 2022 Tehran University of Medical Sciences. Published by Tehran University of Medical Sciences This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International license (https://creativecommons.org/licenses/bync/4.0/). Non-commercial uses of the work are permitted, provided the original work is properly cited