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Case Report on Medium-Sized Congenital Melanocytic Nevus

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Abstract:
Background: The congenital melanocytic nevus (CMN), a form of melanocytic nevus that can appear in both sexes and manifest at birth, has no known predisposition.Congenital melanocytic nevus (CMN) typically appears as a rimmed, light brown to black patch or plaque covering any size of surface area on any part of the body**.**
Case presentation: This case involves a 6-year-old female child who was taken by her parents to a pediatric outpatient department without any relevant family or medical history and who came with a dark, hairy patch on her left side of the face that had been there ever since birth. At clinical examination, congenital melanocytic nevus was observed with the longest axis of >7cm extending from the left lower eyelid to the whole cheek covering the left ear, and nose where more hair was present. The patient was surgically operated and later the patient was discharged with an uneventful postoperative period and is under follow-up.
Conclusion: Pigmented skin lesions called congenital melanocytic nevi (CMN) typically appear in newborns. Rare types are capable of growing to enormous clinical sizes. Despite being benign nevomelanocytic neoplasms, all CMN may be melanoma precursors, regardless of their size.

Keywords: Congenital, Excision, Melanocytic nevi, Skin grafting.

INTRODUCTION:

The term "congenital melanocytic nevi" (CMN) refers to nevomelanocytic nevi that exist at birth. Some CMN might not be visible at birth due to a lack of pigment, however, these tardive CMN might gradually produce pigment over time and become noticeable. (1) About 1% of neonates have congenital melanocytic nevi (CMN), most of which do not grow to enormous sizes (>20 cm). Even though the gigantic congenital nevi are the only ones with a high risk, there is a widespread misconception that congenital melanocytic nevi are in danger of developing malignant melanoma.(2)

CASE PRESENTATION:

Here we are presenting a case of 6 years old female child who was brought by her parents to a pediatric outpatient department with no relevant family and medical histories and presented witha dark hairy black patch on the left side of the face since birth. As narrated by the parents she was born through full-term normal vaginal delivery and had a

weight of about 3.5 kg at birth also the patch was present since birth but it was not visible that much, gradually it became dark black and had a hairy appearance.
She had a history of admission to the government hospital where she stayed for 3 days and later, she was referred to the tertiary care hospital for further surgical management.On arrival, at clinical examination, congenital melanocytic nevus was observed with the longest axis of >7cm extending from the left lower eyelid to the whole cheek covering the left ear, and nose where more hair was present.
The patient underwent excision under general anesthesia and the skin grafting was done.The biopsy was taken and sent for histopathological examination. When excision specimens were examined histologically, sheets of melanocytes were found to be proliferating within the dermis and extending into the subcutis. After the surgery, she kept NBM for a few days and was put on intravenous therapy, she was treated with injection Neomol, injection augmentin, and pantoprazole. Later the patient was discharged with an uneventful postoperative period and is under follow-up.

DISCUSSION:
Congenital melanocytic nevi are usually categorized based on their size and affect about 1% of babies. Small congenital nevi are described as melanocytic nevi smaller than 1.5 cm in the biggest dimension, whilst giant congenital nevi are simply described as melanocytic nevi that are bigger than 20 cm in the largest dimension.(3-12)Giant congenital melanocytic nevus is an extremely uncommon disorder marked by a sizable skin lesion and a higher risk of consequences such as neurocutaneous melanosis and malignant transformation.(13-21)
Based on the size of the nevus, its thickness, location, and propensity to develop melanoma, each patient with CMN requires a unique approach to treatment.The doctor, patient, or guardian must examine the medical, psychological, cosmetic, and therapeutic factors impacting the patient now or that may influence him or her in the future when evaluating treatment alternatives, including the option of no treatment.(22-29)
Hassanein AH, et al reported in comparison to skin grafting or tissue expansion, serial excision is a highly advantageous method for treating CMN.(6)Margulis, Alexander M.D, et al discussed, For plastic and reconstructive surgeons, the majority of patients who appear with congenital pigmented nevi in the periorbital and eyelid region pose a difficult task(30). Smaller nevi are frequently treated for cosmetic purposes, but due to the high risk of malignant transformation, surgical treatment of GCMNs is required medically.(30)

CONCLUSION:
Congenital melanocytic nevi are moles that are either present at birth or appear within the first few months of life. It may come in a variety of sizes and come in small, medium, or huge shapes. They are pretty typical and typically do not have an adverse effect on health. They may, however, provide hazards. The moles may need to be removed in certain cases of CMN, although the majority of cases never require treatment. Usually, this is carried out either to reduce the risk of skin cancer or to enhance beauty. Surgically it can be removed from the excision of the lesion from the particular area.

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