Congenital Philtral Nevus as Adolf Nevus

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Congenital melanocytic nevi have uterine origins but can be detected as a tardive symptom, maybe because of insufficient coloration. They are important as the pre-disposing factors for the development of melanoma [1].

The mosaicism concept of cutaneous nevi provides an opportunity to categorize nevi based on various shapes and patterns. For example, linear, flag-like, and garment-like patterns are known and commonly-used shapes [2]. Such classifications help caregivers to have systematic knowledge about nevi and then management may be adjusted properly. On the other hand, it seems that the most established areas of nevi have characteristic growth patterns and the natural history of each nevus follows its original site and we have for example more atypical features in acral sites [3]. According to such a concept, we tried to simplify our special case and introduce him in such a way that can be memorized easily by medical students or even surgeons.

A 7-year-old boy presented with a congenital nevus in the philtrum area. Parents gave the history since birth and the nevus became darker gradually and covered by hair. The lesion is bounded between philtral columns laterally and nasal seal and vermilion vertically (Figure 1). There were not any other similar lesions in the skin. His systematic and nervous system examination was

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normal. The patient was unhappy with his appearance and eagerly demanded the removal of his stigmata. So, he underwent an operation to remove his nevus. We operated this lesion and performed reconstructive techniques, including full-thickness graft for philtrum repair. We named it “Adolf nevus.”

Various patterns and shapes of nevus are considerable, especially when we understand their associations with the outcome of nevi. Torello et al. (2005) tried to categorize nevi more detailed and added round or oval, tear-drop, and patches terms into previous known names to conclude the specific natural history of a nevus. However, they eventually found that a given nevus may present in different shapes, and ultimately said “archetypical” can be assumed as the ideal model of a given type of nevus [2].

Harvey et al. (2019) illustrated different sites of a nevus with unique potentials and showed interesting features in deep-set nevi which are more common in younger patients with more smooth borders [3]. Our patient with his well-defined nevus of the upper lip which we named Adolf nevus, followed a regular pattern and occupied named landmarks, though, histologic examination demonstrated epidermal and superficial dermal involvement, including cutaneous appendages. It should be mentioned that such lesions may suffer tumoral transformation, eventually [4]. Thus, concise pathologic specimen evaluation is necessary.

In any way, caregivers and authors usually seek simplified ways to name cutaneous lesions according to shapes and patterns of distribution. In our case, every medical student can easily imagine such nevus and memorize it. In a similar patient, management and subsequent follow-up would be feasible, and this is the main reason to present this case.

**Ethical Considerations**

**Compliance with ethical guidelines**

All ethical principles are considered in this article. The participants were informed about the purpose of the research and its implementation stages; they were also assured about the confidentiality of their information; moreover, they were free to leave the study whenever they wished, and if desired, the research results would be available to them.

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**Conflict of interest**

The authors declared no conflict of interest.
References

[1] Dickie SR, Adler N, Bauer BS. Congenital melanocytic nevi. Neligan PC. Plastic surgery Volume three. London: Elsevier, 2018, 848-65.

[2] Torrelo A, Baselga E, Nagore E, Zambrano A, Happle R. Delineation of the various shapes and patterns of nevi. European Journal of Dermatology. 2005; 15(6):439-50. [PMID]

[3] Harvey NT, Wood BA. A practical approach to the diagnosis of melanocytic lesions. Archives of Pathology & Laboratory Medicine. 2019; 143(7):789-810. [DOI:10.5858/arpa.2017-0547-RA] [PMID]

[4] Rhodes AR, Melski JW. Small congenital nevocellular nevi and the risk of cutaneous melanoma. The Journal of Pediatrics. 1982; 100:219-24 [DOI:10.1016/S0022-3476(82)80638-0]