Case Report

Unilateral nevus comedonicus associated with epidermoid cyst

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INTRODUCTION

Nevus comedonicus (NC) is a type of an epidermal nevus which was first described in 1895 by Kofmann. Clinically, it is characterized by linear lesion comprising numerous dilated follicular openings with keratinous plugs resembling classical comedones, seen mainly on the head and neck area followed by trunk and upper arm. Treatment options of NC include topical therapy, laser, and surgery. NC associated with epidermoid cyst is rare. We report here a case of NC affecting left side of trunk, left lower limb with epidermoid cysts.

CASE REPORT

A 11 years old female child presented with comedo-like lesions over the left side of trunk, left lower limb along the lines of Blaschko since birth which gradually increased in size and number. In due course of time she developed nodular swellings scattered within the area of these comedo-like lesions for the last 2-3 years. The lesions were asymptomatic in nature. There was no family history of similar complaints. Cutaneous examination revealed groups of dilated follicular openings filled with keratinous debris, consistent with NC. The interfollicular epidermis was normal. Sections from nodulocystic swellings showed cyst wall lined by stratified squamous epithelium with granular layer and lamellated keratin, consistent with epidermoid cysts.
epidermoid cyst. Accordingly, a diagnosis of NC with epidermoid cysts was rendered.

DISCUSSION

NC can present in two clinical entities. The first is the asymptomatic comedo-like lesions and the second is the presence of cysts, scars, fistulas, and abscesses due to inflammation and infection of the comedo-like lesions.
The case described here is of the second group. NC may be linear, interrupted, unilateral, bilateral, along the lines of Blaschko or segmental. The characteristic histological feature of NC is an aggregation of deep, wide invaginations of acanthotic epidermis, filled with concentric lamellae of keratin.2 There have been occasional reports of associated developmental anomalies including ipsilateral cataract, epidermal nevus, and trichilemmal cyst.3-10 NC syndrome belongs to the large category of epidermal nevus syndromes in which epidermal nevus is associated with abnormalities of other body organs such as neurological deficits (epilepsy and electrocardiogram abnormalities), skeletal abnormalities (scoliosis and spina bifida), and eye problems (congenital cataracts). The present case has epidermoid cysts along the distribution of NC, which is a rare association.

Conservative management options include extraction of comedones, and the use of topical agents such as retinoic acid, urea, tretinoin, ammonium lactate lotion, tacalcitol, tazarotene, and calcipotriene.11-13 Conservative treatment may improve cosmesis in some patients but cannot prevent recurrence. Erbium-YAG laser and carbon dioxide lasers have also been reported to be successful.14,15 Surgical excision is the treatment of choice for epidermoid cysts.

CONCLUSION

Here we report a case of nevus comedonicus associated with epidermoid cyst distributed unilaterally on trunk and leg in a linear pattern along the lines of Blaschko on left side. Localized nevus comedonicus can be removed by surgical excision followed by primary suture with good aesthetic results but in this case as large surface area is involved it requires staged excision or skin grafting.

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