Agminated Acquired Melanocytic Nevi of the Common and Dysplastic Type

Yoon Jung Choi, Hei Sung Kim, Jun Young Lee, Hyung Ok Kim, Young Min Park

Department of Dermatology, Seoul St. Mary’s Hospital, College of Medicine, The Catholic University of Korea, Seoul, Korea

Dear Editor:

‘Agminated’ refers to circumscribed grouping of lesions confined to a localized area of the body. Pigmented lesions that have been described as agminated includes melanocytic nevi\(^1\), Spitz nevi\(^2\), nevi spilus\(^3\), blue nevi\(^4\), and multiple lentigines\(^5\). However, the presence of acquired common and dysplastic nevi (ACDN) arranged in an agminated pattern has not been well-established. Herein, we describe a patient with multiple agminated acquired melanocytic nevi, several of that were histologically characterized as dysplastic nevi.

A 16-years-old female presented with multiple irregular moles on her right inguinal area (Fig. 1A). Her parents reported that this cluster of nevi developed at the age of 6 years, and continuously increased in numbers and sizes. No family history of melanoma or multiple moles was present. Physical examinations revealed more than 40 melanocytic nevi clustered in a 5×5 cm skin area on her right inguinal area, where several of these nevi were irregular with variegation of color and a diameter greater than 5 mm (Fig. 1A). No background pigmentation within or surrounding the cluster was noted clinically or even with Wood’s light examination. Dermoscopy of the clustered nevi revealed a diffuse patchy reticulation (Fig. 1B). A biopsy from a clinically atypical nevus demonstrated a lentiginous, compound-melanocytic nevus with architectural disorder in the epidermis. In the dermoepidermal junction, the nests of nevus cells were profused in

http://dx.doi.org/10.5021/ad.2013.25.3.380

Received July 23, 2012, Revised September 26, 2012, Accepted for publication October 14, 2012

Corresponding author: Young Min Park, Department of Dermatology, Seoul St. Mary’s Hospital, College of Medicine, The Catholic University of Korea, 222 Banpo-daero, Seocho-gu, Seoul 137-701, Korea. Tel: 82-2-2258-6223, Fax: 82-2-599-9950, E-mail: yymmpark6301@hotmail.com

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/3.0) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.
Fig. 2. (A) There was elongation of rete ridges and increase in the number of junctional melanocytes, arranged in a nest. In the dermoepidermal junction, nests of nevus cells were profused on the tips and sides of elongated rete ridges. There were also scattered single cells in a lentiginous array without continuous proliferations. (B) Several melanocytes contained abnormally large nuclei, and the nuclei had irregular contours (arrows) (H&E; A: ×40, B: ×400).

One thing that deserves the attention of clinicians is that malignant melanoma developed within the lesions of both cases. There still exists much controversy about the presence of agminated ACDN. Marghoob et al. and Bragg et al. previously reported 5 cases of agminated ACDN. Unlike our case, however, agminated lesions were superimposed on an underlying dysplastic nevus syndrome phenotype in 4 out of 5 cases. In the 2 cases of the 5 reported as agminated ACDN, malignant melanoma did not developed within the agminated lesion, but within the underlying dysplastic nevus syndrome phenotype. The authors believed that agminated ACDN were a new, previously not described, clinical variant of dysplastic nevi. In conclusion, the uncertainty in the biological behaviors of agminated ACDN suggests a strict follow-up for this unusual entity.

REFERENCES
1. Corradin MT, Alaibac M, Fortina AB. A case of malignant melanoma arising from an acquired agminated melanocytic naevus. Acta Derm Venereol 2007;87:432-433.
2. Glasgow MA, Lain EL, Kincannon JM. Agminated Spitz nevi: report of a child with a unique dermatomal distribution. Pediatr Dermatol 2005;22:546-549.
3. Marghoob AA, Blum R, Nossa R, Busam KJ, Sachs D, Halperin A. Agminated atypical (dysplastic) nevi: case reports and review of literature. Arch Dermatol 2001;137:917-920.
4. Bragg JW, Swindle L, Halpern AC, Marghoob AA. Agminated acquired melanocytic nevi of the common and dysplastic type. J Am Acad Dermatol 2005;52:67-73.
5. Micali G, Nasca MR, Innocenzi D, Lembo D. Agminated lentiginosis: case report and review of the literature. Pediatr...
Dear Editor:

Medallion-like dermal dendrocyte hamartoma (ML-DDH) is a recently described congenital benign dermal lesion, which was first reported by Rodríguez-Jurado et al. Clinically, ML-DDH presents as a solitary, several centimeter-sized, round or oval, erythematous to yellow-brown, atrophic plaque on the neck or upper trunk. Histopathologically, ML-DDH is characterized by a proliferation of CD34+ spindle-shaped cells or ovoid cells mainly in the reticular dermis and extending into the subcutis in some cases. Only a small number of ML-DDH has been reported in English literature. Herein, we report a case of ML-DDH that was initially misdiagnosed as congenital atrophic dermatofibrosarcoma protuberas (DFSP). A 6-year-old girl presented with symptoms of intermittently pruritic and painful, solitary, depressed, and erythematous to yellowish plaque along with fine wrinkles on her posterior neck (Fig. 1). The oval-shaped, 4.0×2.5 cm sized plaque had been present since birth. Other personal and family history was unremarkable. Routine laboratory tests were normal. The clinical impression was a scar or congenital atrophic DFSP. After obtaining an informed consent from the patient and her parents, a punch biopsy was performed on the depressed lesion. The skin biopsy specimen revealed dermal proliferation of spindle-shaped cells in a storiform-like pattern (Fig. 2A, B). The lesion was diffusely positive for CD34, but negative for S-100 protein on immunohistochemistry. Thus, the lesion was initially diagnosed as congenital atrophic DFSP. The patient was sent to a plastic surgeon for complete removal of the

http://dx.doi.org/10.5021/ad.2013.25.3.382

Medallion-Like Dermal Dendrocyte Hamartoma: Differential Diagnosis with Congenital Atrophic Dermatofibrosarcoma Protuberans

Minseok Cheon, Kyung Eun Jung, Hei Sung Kim, Jun Young Lee, Hyung-Ok Kim, Chan Kum Park, Young Min Park

Department of Dermatology, Seoul St. Mary’s Hospital, The Catholic University of Korea College of Medicine, 1Department of Pathology, Hanyang University College of Medicine, Seoul, Korea