

Pedunculated intradermal nevus

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Abstract

Pedunculated skin lesions are usually a skin tag (Acrochordon) or squamous papilloma. Warts can also appear as sessile or pedunculated lesions which are due to viral infections in the skin. Intradermal nevus is a black to bluish lesion with sometimes raised margins and uneven borders; it can occur in any part of the body. A 17 year old girl presented with a pedunculated lesion measuring 3x2x1 cms. in the left elbow which was clinically considered as pyogenic granuloma. The mass histologically proved to be an intradermal nevus.

Keywords: Melanocytic nevus/ intradermal nevus.

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Received Date: 13/02/2016 Revised Date: 18/03/2016 Accepted Date: 12/04/2016

Access this article online	
Quick Response Code:	
	Website: www.statperson.com
	DOI: 10 June 2016

INTRODUCTION

Benign tumors composed nevus cells are called melanocytic nevi. Nevus cells originate from neural crest precursor cells referred to as nevoblasts. Clinically they produce pigmented lesions which can range from a birth mark to a plaque like elevated lesion. Five clinical types of melanocytic nevi can be recognized, which includes

- Flat lesions
- Slightly elevated lesions
- Papillomatous lesions
- Dome-shaped lesions
- Pedunculated lesions

Histologically melanocytic nevi can be divided into junctional nevi, compound nevi and intradermal nevi including some special variants. Intradermal nevi exhibit very slight or no junctional activity. The upper dermis shows nests and cords of nevus cells. Some

multinucleated nevus cells may also lie in a rosette like arrangement.

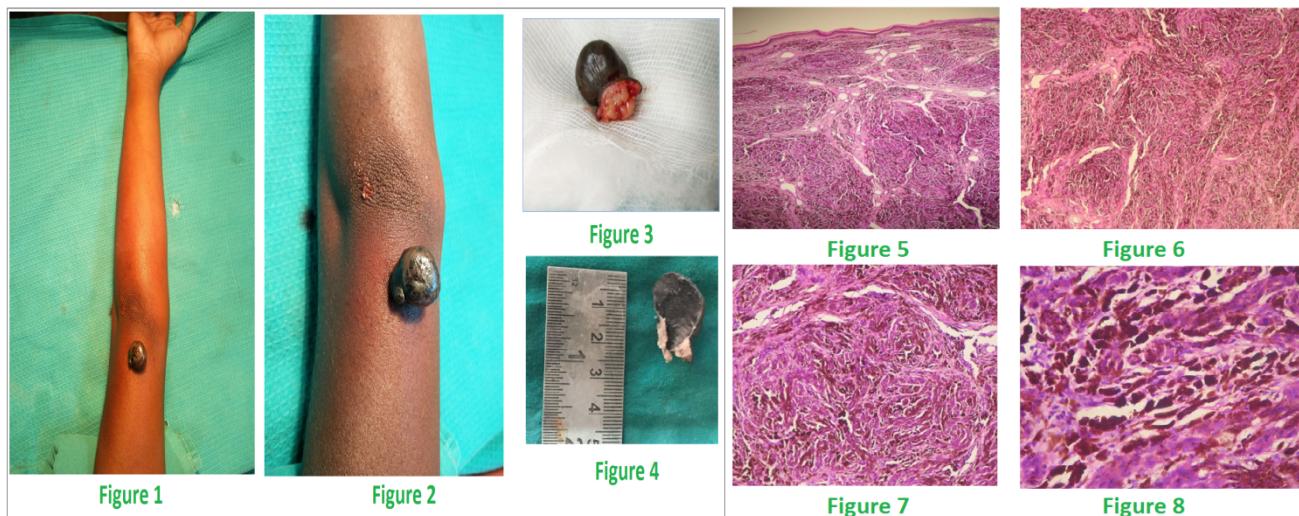
3 types of nevus cells are seen which are called type A, type B and type C cells. Type A cells are located in the upper dermis, cuboidal in shape with abundant cytoplasm and have variable amount of melanin granules. Type B cells are located in the mid-dermis, have less cytoplasm and are smaller than type A cells. Type C cells are located in the lower dermis, spindle shaped and arranged in bundles. Malignant transformation is extremely rare and they are mainly removed for cosmetic purpose.

CASE HISTORY

A 17yr old female presented to the surgical OPD with a swelling near the right elbow for 2 months. There was no history of associated pain or trauma. A clinical diagnosis of pyogenic granuloma was made and excised under local anaesthesia.

Macroscopy: A single skin covered gray black soft tissue piece measuring 3x2x1 cms. No ulceration was noted on the surface. On cut section the entire tissue appeared black in colour.

Histology: A skin covered soft tissue tumor where the epidermis exhibits atrophy and hyperpigmentation of the basal layer. The tumor is cellular in nature, where individual cells are elongated in nature with tapering ends and wavy nuclei. The cells are arranged in sweeping interlacing bundles. Cells are heavily pigmented with melanin. There are also nests of nevoid cells present close to the epidermis in continuation with the tumor.



Legend

Figure 1: Plate I Clinical picture; **Figure 2:** Plate II Excised tissue piece; **Figure 3:** Plate III Macroscopic images; **Figure 4:** Plate IV Microscopic I

Figure 5: HandE STAINED 2x A skin covered lesion where the tumour cells are elongated, round to polygonal and arranged in nests; spindle shaped cells with wavy nuclei and tapering ends arranged as bundles are also seen. Cells have black pigment (melanin).

Figure 6: HandE STAINED 4x Tumor cells arranged in nodules / nests.

Figure 7: HandE STAINED 10x

Figure 8: HandE STAINED 40x Brown black pigment present in elongated tumor cells.

DISCUSSION

Intradermal nevi can be present at any site and are of variable size. They occur most commonly in adolescence. They present as a flat or raised plaque and are usually removed for cosmetic purpose.

This patient presented with a 3cm long pedunculated lesion like a papilloma and it was removed for cosmetic purpose.

CONCLUSION

A plaque like lesion, greater than 3cm which is pedunculated and hanging with histological features of intradermal nevus is being documented for its unusual presentation.

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Source of Support: None Declared

Conflict of Interest: None Declared