Clinical Image

Congenital verrucous epidermal nevus

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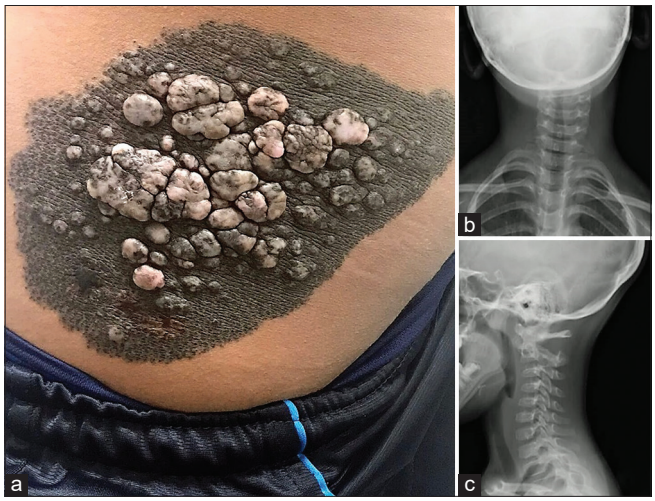

Figure 1: General appearance of the nevus (a). Cervical radiological images of anteroposterior (b) and lateral (c) views, showing left convexity scoliosis

A 9-year-old male presented with an asymptomatic, confluent, and hyperpigmented skin lesion on the right lateral trunk region which presented at birth. No changes in color and consistency are reported, excepting that the lesion enlarged in proportion to the patient's growth. The mother informed that the patient was diagnosed with anxiety 1 year ago. Physical examination revealed a large, hyperpigmented, and confluent patch of overgrown skin with a dimension between 20-cm long and 15-cm wide associated with painless verrucous plaques located on the right lateral trunk region (Fig. 1A). The laboratory investigations revealed a H1047R mutation in the PIK3CA gene. The anatomopathological study showed hyperkeratosis, acanthosis, and papillomatosis compatible with verrucous epidermal nevi (hamartomas). Anteroposterior (Fig. 1B) and lateral (Fig. 1C) neck radiographs revealed a left convexity scoliosis. Based on the clinical, pathologic, and radiologic findings, the patient was diagnosed with verrucous epidermal nevus (VEN). This clinical condition could be associated with abnormalities in neurologic, ophthalmologic, or skeletal systems.

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VEN is a benign epidermal nevus which appears at birth or during the first 5 years of live [1]. When this type of nevi is located on the trunk, it is associated with alterations in the bone curvatures of the spine and/or in the bones of the arms or legs and is associated with mutations in the PIK3CA gene [2]. The patient had therapy with shave excision followed by a phenol peeling medical; however, it is not possible to predict when skin lesions will recur [3].

Learning Points

- VEN is a rare, benign patch-like skin disorder usually present at birth.
- The diagnosis is established on clinical presentation.
- This nevus is habitually resistant to various treatment modalities.

Consent for Publication

Written informed consent was obtained from parents for the publication of this case report and all associated images.

AUTHORS' CONTRIBUTIONS

All authors contributed to the completion of this work. The final manuscript was read and approved by all authors.

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