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Answer

# Congenital melanocytic nevi management: answer

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## Keywords

Melanocytic nevi, congenital nevi, melanoma, management.

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## Answers

1. Treatment of congenital melanocytic nevi (CMN) is taken into account above all for cosmetic reasons. The probability to develop a cutaneous malignant melanoma is low.
2. Full- and partial-thickness procedures can be considered, depending on the size of the lesion and potential results.
3. The approach depends on several factors: characteristics (signs of malignancy, size) and location of the lesion, the will and the age of the patient. Some authors recommend the treatment between 2 and 5 years of age but no better outcomes with early intervention have been proven.

## Introduction

CMN are melanocytic lesions presenting at birth or appearing during the first weeks of life [1]. CMN are usually grouped, according to size, in three categories: 1) small congenital nevi (SCN), measuring less than 1.5 cm in greatest diameter; 2) intermediate congenital nevi (ICN) that are 1.5-19.9 cm in greatest diameter; 3) large or giant nevi, larger than 20 cm in greatest diameter [2]. Although the risk of a nevus evolving into a melanoma is low, all congenital nevi, particularly giant nevi, can be considered potential melanoma precursors [3, 4]. Furthermore, other criteria should be considered for an appropriate management of these lesions.

## Management of congenital melanocytic nevi

CMN can be treated for cosmetic reasons when located in aesthetic areas [5].

Full- and partial-thickness procedures are available but the effectiveness of either strategy for preventing future malignancy remains controversial. Nevertheless, full-thickness excision improves cosmetic appearance for many SCN and ICN while partial-thickness removal approaches, such as dermabrasion or lasers, may be considered when more aggressive surgical procedures are not practicable [5].

Moreover, some authors recommend the treatment between 2 and 5 years of age but no better outcomes with early intervention have been proven [6]. Consequently, clinical monitoring and subsequent excision can be considered in order to avoid general anesthesia, to prevent psychosocial consequences.

## Discussion

We presented the case of a 12-year-old girl with a congenital melanocytic nevus on the face with greatest diameter of 2.5 cm.

The management of CMN can be challenging. Early and complete surgical excision of giant congenital nevi is advisable while the excision of SCN and ICN remains controversial. In fact, the probability of a melanoma arising in SCN and ICN is less than 1% of cases. This means that prophylactic removal of such lesions is not always necessary [7], although some exceptions can be considered. In fact, larger medium-sized CMN, as well as those with unusual features, those of great cosmetic concern or anxiety, and those that are not easy to follow-up can be subjected to surgical treatment [8-10].

Furthermore, Kruk-Jeromin et al. [11] found that nevi < 5 cm in diameter can be successfully excised with a single procedure with high rates of satisfaction, like in the case presented (**Fig. 1**).

Taking into account the size and the location on the face and consequent psychosocial factors, it was possible to consider the excision of the nevus in our case. This study underlines that every patient with a congenital melanocytic nevus needs a careful evaluation in order to guarantee a correct management.

## Declaration of interest

The Authors declare that there is no conflict of interest.

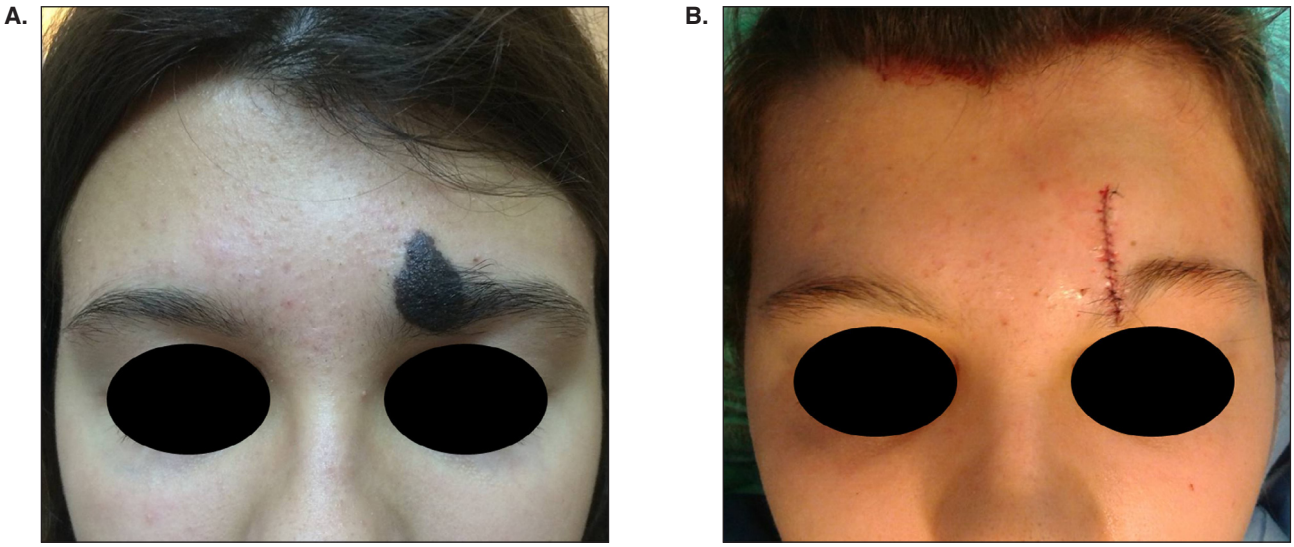


**Figure 1.** Clinical picture before (**A**) and after (**B**) the surgery.

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