



INTRADERMAL MELANOCYTIC NEVUS. REPORTING TO A CASE.

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Abstract

A case of melanocytic nevus is presented, an uncommon pathology in the field of Otolaryngology, which is therefore not among the first diagnostic possibilities, with the aim of disseminating its management and therapeutic decisions

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INTRODUCTION

CLINICAL CASE:

A 38-year-old female of Asian descent presented with two lesions on the concha of her right ear (figure 1), which had been present for 5 years, were very slow-growing, slightly painful, and recently infected.

Resection was performed under local anesthesia, and both specimens were sent to the Pathology Department, where they were found to be: intradermal melanocytic nevi.



Figure 1 lesions on right concha

DEVELOPMENT:

Melanocytic nevi are divided into acquired and congenital, and the main differential diagnosis should be with melanoma. These are considered benign tumors and are histologically characterized by nests and cords of melanocytic cells at the dermoepidermal junction and/or the dermis (1). In acquired cases, the main risk factor is sun exposure at an early age, but there is also a genetic predisposition; they appear from 6 months of age until the fourth decade. They are more frequent in fair-skinned individuals and predominate on the trunk and extremities. They present as symmetrical macules or papules, less than 6 mm in size, with homogeneous pigmentation and well-defined borders. Depending on the location of the melanocyte nests, they are classified as junctional, compound, and intradermal, which affects their clinical appearance. Periodic monitoring is recommended for cases with more than 50 nevi and, more strictly, when they present clinical atypia (2 or more ABCDE criteria - asymmetry, irregular borders, multiple colors, size greater than 6 mm, and evolution, growth, or change)(2).

The risk of malignant transformation of benign melanocytic lesions has been studied in a meta-analysis (3), finding a 2% incidence of melanoma, especially for congenital nevi larger



than 40 cm and located on the trunk; no clear incidence has been reported for acquired nevi.

DISCUSSION:

Among the most common benign lesions of the auricle are sebaceous cysts, epidermal cysts, keloids, actinic keratosis, papilloma, hemangioma, ceruminoma, osteoma, cutaneous horns, polyps, and granulomas. Melanocytic nevi are infrequent, so this pathology is not commonly considered.

It is important to rule out the possibility of malignancy, and in certain cases with numerous lesions, close monitoring is necessary.

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