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JADASSOHN NEVUS IN A NEWBORN: A CASE STUDY FROM NORTH MACEDONIA

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Abstract

Jadassohn sebaceous nevus is a rare, benign, congenital skin tumor that belongs to the group of hamartomas. This deformity is manifested by the onset of a single yellow-orange plaque. Circumscribed alopecia is observed before puberty. A papillomatous transformation can be seen after puberty. Due to the high potential for malignant degeneration, prophylactic surgical removal is very important in childhood.

We report the case of a newborn boy presenting with a plaque in the right temporo-parietal region that was present from birth and gave rise to a brownish papular lesion.

Keywords: Jadassohn sebaceous nevus, papillomatous transformation, newborn

Case Presentation

A newborn boy, four hours old, born preterm with a gestational age of 32 weeks to a 35-year-old mother. He was admitted to our ICU department with referral diagnoses Premature, RDS.

The birth weight was 2100 gr and the Apgar score 7/8 at 1st and 5th minute respectively. On admission presented with rapid breathing, acrocyanosis with intercostal pull, hypothermic.

It was intubated and put on mechanical ventilation. The initial physical examination showed cutaneous abnormality of the right temporo-parietal region of the scalp and right ear (Figure1). There were no other cutaneous manifestations elsewhere.

Figure 1. Congenital skin nevus located on the scalp of a newborn infant

Discussion

Jadassohn sebaceous nevus is one of the groups of congenital hamartomas of the epidermis and dermis, which often occur on the head region. Sebaceous nevus is often associated with alopecia [1].

Other places where it can occur are the neck and face. A sebaceous nevus can grow up to 10 cm and it passes through three stages. The first stage extends from birth to early childhood and is

characterized by a lesion with a soft surface and yellowish color. Here, the sebaceous glands are in the resting phase. The second stage occurs during adolescence.

The lesion becomes thicker because the hormones modulate the sebaceous glands [2]. In approximately two out of ten cases, trichoblastomas and trichilemomas as well as syringocystadenoma papilliferum can appear. This usually occurs around the age of 40. Malignant neoplasms occur in around three of a hundred cases and are therefore rare [3].

BCC occurs in approximately 1% of cases and squamous cell carcinoma in approximately 0.58% of cases. Abdominal sonogram, Doppler of renal vessels, bone survey and echocardiography were performed in our patient. They all revealed normal results. Laboratory results were also normal. We took a sample and histopathology also confirmed the finding of Jadassohn sebaceous nevus.

A dermoscopy was performed, with the goal to check the properties and characteristics of the skin, which may lead to a more precise diagnostic process. BCC is the most common of the overlapping malignant tumor cases. HPV viruses are thought to play a role in the development of some types of BCC.

However, the current state of knowledge in this regard needs to be checked. Sebaceous nevus remains a serious risk factor, regardless of whether BCC is present or not. If there is a rapid increase in size and the appearance of an ulceration and/or a lesion with pigmentation, patients should be evaluated formalignancy[4].

Conclusion

In conclusion, it is highly recommended to carry out reflected light microscopy of the skin (dermoscopy) when classifying Jadassohn sebaceous nevus with suspected malignancy.

We suggest to our colleagues that they continue to consider the possibility of detecting malignancy through dermoscopy in order to better determine the time of removal.

Although the Jadassohn nevus is a superficial change of the skin, at first appearance it does not appear as a potential risk, but the literature recommends follow-up and magnetic recording of the brain with multidisciplinary consultation with a neurosurgeon. Resection of the tissue should be performed when the presence of Jadassohn nevus is proven and a 6-month follow-up after the surgical intervention is recommended.

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