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CASE REPORT

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A rare presentation: Nevus comedonicus of the scalp

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Abstract
Nevus comedonicus is a rare abnormality of the pilosebaceous unit, characterized by dilated follicular orifices plugged with keratinous materials. Most frequently, it is on the face, neck, trunk and upper arm. Scalp is a rarely seen involvement region. Here we are reporting a 15-year-old boy who has grouped comedonal lesions with alopesia on the temporo occipital area of the scalp.

Keywords: Nevus comedonicus, scalp,keratinous

Introduction

Nevus comedonicus (NC) is rare hamartoma originating from pilosebaceous unit [1]. It is characterized by grouped, dilated follicular openings like comedones [2]. While half of the cases with NC are present since birth, half emerge during the childhood period [3]. Its incidence in females and males is similar and there is no race differentiation [4]. Most frequently, it is on the face, neck, trunk and upper arm. Scalp is a rarely seen involvement region [5].

Case report

A 15-year-old male patient presented to our policlinic with follicular lesions resembling comedones which have been present for about 7 years on his scalp. The patient's general physical examination was normal. Dermatological examination revealed plaque lesion with multiple dilated follicular openings filled with black plugs about 4x5 cm in size with sporadic alopecic foci on the left temporoparietal site (figure 1). There was no additional disease in his history. Central nervous system development and eye examination were normal. Routine biochemistry and hemogram tests did not detect any pathology. Biopsy was done on the patient with a pre-diagnosis of nevus comedonicus. In his histopathology, dilated follicular infundibulum, cystic development filled with keratohyalin material and orthokeratosis were observed (figure 2). The patient was diagnosed with nevus comedonicus based on clinical and histopathological findings. The patient rejected therapy and was called to follow-up at 6-month intervals.

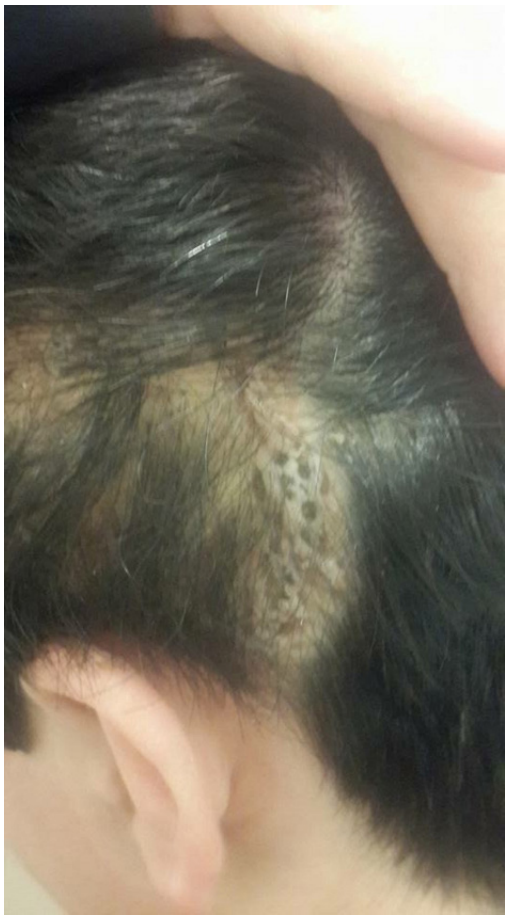

Figure 2. Dilated follicular infundibulum, cystic development filled with keratohyalin material and orthokeratosis

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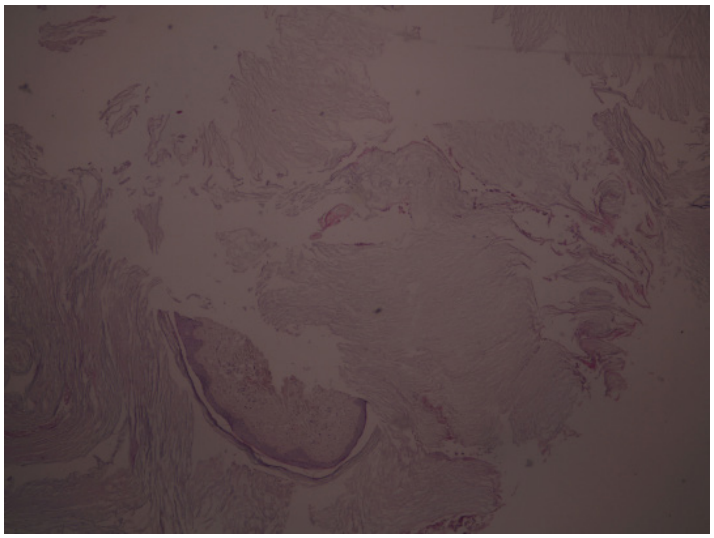

Figure 2. Multiple dilated follicular openings filled with black plugs on the left temporoparietal site

Discussion

NC was first identified by Kofmann in 1895 [6]. Clinically, comedone-like dilated pores are observed, filled with black-brown color keratinous material [1]. Lesions are mostly localized in this rarely seen malformation and is linearly arranged in groups [7]. It has also been reported to follow Blaschko lines. Lesions may be present at birth and may emerge at any age until middle age. The most commonly affected sites are the face and neck, trunk and arms. Palms, soles and the glans penis from which pilosebaceous follicles are normally absent may be involved [8]. The scalp is one of the rare sites [5,8,9]. Our case had scalp involvement. We wanted to draw attention to this involvement site.

Spontaneous regression has not been reported in NC. In many cases, lesion increases in size in proportion to the child's growth. Its size and number remains fixed at the end of the adolescent period [3].

In histopathology, it is characterized with a large and deep invagination of the epidermis filled with keratin. Sebaceous glands may be rarely seen. Generally, sebaceous glands are rudimentary [8].

Nevus comedonicus syndrome is a syndrome where hyperkeratotic comedonal lesions are accompanied by cataract, central nervous system and skeletal system abnormalities [5]. Other system findings in our patient was normal.

Conclusion

The aim in therapy is to reduce keratotic plugs and cystic expansions. Methods such as excision, dermabrasion, cryotherapy, topical treatments such as retinoic acid, urea, tretinoin and ammonium lactate lotion and oral isotretinoin may be used [10]. Our patient rejected therapy.

Our case was presented to draw attention to a rare involvement site.

Competing interests

The authors declare that they have no competing interest.

Financial Disclosure

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