Congenital Melanocytic Nevus with Distinctive Nevus Cell Proliferation within Multiple Epidermal Cyst-Like Changes

Hong Jin Joo, Jung Eun Kim, Hoon Kang

Department of Dermatology, St. Paul's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Korea

Dear Editor:

Congenital melanocytic nevus (CMN) is defined as a lesion present at birth and containing melanocytic nevus cells. It is characterized by the diffuse infiltration of melanocytes in the deepest reticular dermis and subcutis, and by the presence of melanocytes around skin appendages¹. Here, we present an interesting case of CMN with distinctive nevus cell proliferation within multiple epidermal cyst-like changes.

A 57-year-old man presented for evaluation of a lesion on his face, which he had had since birth. He reported that the lesion had gradually become darker and larger, and complained about foul-smelling cheese-like discharge upon squeezing. Physical examination revealed a solitary 1.2×2.0-cm dark-colored plaque on his right cheek. The lesion had a large dilated pore in the center and multiple adjacent small pits on its surface. The nevus was excised, and a rotational flap was used to cover the defect.

Histopathological examination of the excised lesion revealed diffuse infiltration of melanocytes in the reticular dermis, hair follicles, and sebaceous glands, showing typical features of CMN along with multiple cysts filled with keratinous material (Fig. 1A). Unlike other CMN-containing epidermal cysts, melanocytic nevus cells were imbedded along the epithelium of a huge epidermal cyst, resembling buddings from a tree (Fig. 1B). At the 4-month

follow-up, the patient had a well-healed scar and no evidence of recurrence.

There are multiple cases of nevus with cysts in the literature^{2,3}. Cohen and Rapini⁴ described several cases of melanocytic nevus overlying or surrounding an epidermal cyst. However, there are currently no reports of nevus

Fig. 1. (A) Solitary dark-colored plaque on the patient's right cheek with foul-smelling discharge on squeezing. (B) Histopathological findings in the excised specimen showed congenital melanocytic nevus with multiple cysts filled with keratinous material (H&E, ×10), and melanocytic nevus cells were imbedded along the epithelium of a huge epidermal cyst resembling buddings on the tree (inset, ×100).

Received January 17, 2015, Accepted for publication March 21, 2015

Corresponding author: Hoon Kang, Department of Dermatology, St. Paul's Hospital, College of Medicine, The Catholic University of Korea, 180 Wangsan-ro, Dongdaemun-gu, Seoul 02559, Korea. Tel: 82-2-958-2143, Fax: 82-2-969-8999, E-mail: johnkang@catholic.ac.kr

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

cells imbedded in the wall of a cyst as seen in the present case. Thus, here, we report a rare case of CMN with distinctive nevus cell proliferation within multiple epidermal cyst-like changes. We suspect that this happened through migration of nevus cells into the epithelium during the formation of connections between the cyst wall and epidermis, or by direct invasion of the epithelium of the epidermal cyst.

REFERENCES

1. Rhodes AR, Silverman RA, Harrist TJ, Melski JW. A histologic comparison of congenital and acquired nevocytic nevi. *Arch Dermatol* 1985;121:1266-1273.
2. Sánchez Yus E, Requena L. Nevus with cyst and nevus with folliculitis. *Am J Dermatopathol* 1994;16:574-575.
3. Tsuruta D, Nakagawa K, Taniguchi S, Kobayashi H, Hamada T, Ishii M. Combined cutaneous hamartoma encompassing benign melanocytic naevus, vellus hair cyst and epidermoid cyst. *Clin Exp Dermatol* 2000;25:38-40.
4. Cohen PR, Rapini RP. Nevus with cyst. A report of 93 cases. *Am J Dermatopathol* 1993;15:229-234.

<http://dx.doi.org/10.5021/ad.2016.28.1.124>

Treatment for Refractory Pruritus Using Oral Aprepitant

Joon Won Huh¹, Young-In Jeong, Kwang-Hyun Choi, Hyang-Joon Park, Mihn-Sook Jue

Department of Dermatology, Veterans Health Service Medical Center, ¹Department of Dermatology, Graduate School, Kyung Hee University, Seoul, Korea

Dear Editor:

Chronic pruritus is difficult to treat and severely affects patient's quality of life and psychological well-being. Substance P (SP) is an important mediator in the induction and maintenance of pruritus, and therefore represents a promising target for antipruritic treatment. Aprepitant is an oral neurokinin-1 receptor (NK-1R) antagonist, which acts by inhibiting the binding of the NK-1R with the SP ligand in the skin and central nervous system^{1,2}.

A 79-year-old man presented with refractory pruritus that had been resistant to local application of corticosteroid, standard systemic therapies such as antihistamine, cyclosporine, gabapentin and tricyclic antidepressant, and phototherapy. The origin of pruritus was unclear despite extensive laboratory and radiological investigation. Histo-

pathological examination of a biopsy taken from the lower back showed superficial psoriasiform dermatitis with spongiosis and parakeratosis. He complained that he could not sleep for more than 1 hour because of the pruritus. After stopping antipruritic treatment for 3 weeks, we administered 125 mg of aprepitant on day 1 and 80 mg on day 2, 3 and 4 at the same time of day. Before treatment, visual analogue scale (VAS) score was 8/10 and Dermatologic Life Quality Index (DLQI) score was 24/30. After 24 hours from first administration, these values reduced to 4 and 16, respectively. He mentioned that pruritus was reduced significantly and he could consistently sleep for more than 4 hours. After 6 weeks, VAS and DLQI scores were 1 and 8 (Table 1), and his cutaneous lesions were much improved (Fig. 1). He was completely satisfied

Received January 17, 2015, Revised March 4, 2015, Accepted for publication March 24, 2015

Corresponding author: Mihn-Sook Jue, Department of Dermatology, Veterans Health Service Medical Center, 53, Jinhwangdo-ro 61-gil, Gangdong-gu, Seoul 05368, Korea. Tel: 82-2-2225-1388, Fax: 82-2-471-5514, E-mail: zooooz@hanmail.net

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.