



MELANOMA AND MELANOCYTIC NAEVI

GIANT CONGENITAL MELANOCYTIC NEVI: A NEW STANDARDIZED APPROACH?

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Background: The giant congenital melanocytic nevus contains, on the one hand, the possibility of skin melanoma occurrence, and, on the other, the risk of further affection of the patients in the form of the so-called neurocutaneous melanosis of Touraine.

Observation: We present three cases of giant congenital nevus with a variable localisation and pigmentation. In the first case the melanocytic lesion encompasses the right temporal, parietal to a partially occipital area and it was found an intense pigment accumulation at the center of the lesion. In the second patient the pigment lesion is located in the lower and middle back, the lumbosacral region and the upper half of the glutes and it has unsymmetrical pigment distribution. The third patient has a pigmentary lesion with a solid black color located in the right thoracic area of the back. On the basis of our experience, we have created one optimal diagnostic algorithm, whose main steps are the following ones: 1) clinic, 2) dermatoscopy, 3) confocal microscopy, 4) biopsy, 5) MRI under venous anaesthesia. The main therapeutic possibilities include: dermabrasion, shave curettage, dermabrasion followed by the application of autologous cell suspension, serial excisions with/without expanders, rotation plastics, laser therapy, high hydrostatic pressure (HHP) technology.

Key message: On the basis of the three presented cases of giant congenital nevus, we have developed a new algorithm for diagnosis and treatment which should be applicable in specialised for that purpose centres. The most treatment methods we have mentioned are invasive and the least traumatic one is dermabrasion followed by the application of autologous cell suspension.

