

NEVUS ACNEFORMIS (Inflammatory Nevus Comedonicus)

Nevus comedonicus is an uncommon cutaneous abnormality. The groups of comedones may be localised to an area or arranged in a linear distribution. We observed a patient with a linear nevus comedonicus extending over the entire length of the lower extremity, who had recurrent episodes of inflammation forming large cysts.

A 19-year-old male was noticed to have linear, flat eruptions over the right lower limb since birth. Subsequently, the lesions became raised forming small nodules with dark plugs. There was history of recurrent episodes of inflammation forming abscesses which left depressed scars on healing. The present inflammatory episode was of one month duration. The lesions consisted of irregular plaques of grouped comedones with prominent central plugs extending in a linear fashion over the right lower limb from the buttock to the lower part of the leg. The lesions were cystic and varied in size from 3 mm to 1 cm in diameter. Thin wisps of hair were seen protruding from some of the lesions. A solitary inflamed cyst was present over the popliteal fossa. Multiple, irregular, depressed scars were also seen along the entire length of the lesion, more so over the thigh and buttock. There were no other skin anomalies and other systems were normal. Histopathological examination of two comedones showed keratin-filled cystic structures lined by stratified squamous epithelium without any intercellular bridges. Section of the cyst showed marked flattening of the epithelial lining due to distension caused by keratin accumulation. The lower third of the cyst was surrounded by

an inflammatory infiltrate composed mainly of lymphocytes and neutrophils.

Recurrent inflammation is not a usual feature of nevus comedonicus. Similar cases, varying from minor episodes of inflammation to formation of huge cysts, abscesses, fistulae, scarring and keloid formation, have been reported.¹⁻⁴ According to Sweitzer and Winer¹ nevus comedonicus can follow one of the two courses, one in which suppuration and cyst formation is marked with their attendant sequelae and the second where comedones predominate. Inflammatory changes and their sequelae are usually seen in patients with fairly extensive nevus comedonicus. It is possible that in such cases there is greater keratin accumulation resulting in dilatation of the central orifice which facilitates entry of micro-organisms.

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