

## FACIAL HALO NEVUS

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### Summary

Four cases of leucoderma acquisitum centrifugum which were treated with psoralens are being reported. Sudden development of peripheral leucoderma in an insignificant nevus on the face is a cosmetic problem leading to tension and anxiety in young people with pigmented skin. Though spontaneous resolution of halo nevus is known, this can not be certain. Peripheral halo of depigmentation responded favourably to the treatment with psoralens in a definite period, and this can be an important reassuring factor.

### Review of Literature

Leucoderma acquisitum centrifugum is the name given to a rare cutaneous lesion described by Sutton<sup>1</sup> in which a centrally placed, skin tumour is surrounded by an acquired zone of hypochromia. In the past, most of the central tumours have been reported to be nevus-cell nevi and consequently "Halo Nevus" has been used as an alternative name. However the central pigmented lesion can be neuroid nevus, blue nevus, neurofibroma or malignant melanoma<sup>2</sup>. Leucoderma acquisitum centrifugum is generally thought to be a phenomenon in which an area of depigmentation develops around a pigmented nevus following which the central mole may undergo progressive clinical involution and the halo of leucoderma gradually diminishes or disappears resulting in clinical restitution of the area.

Most accepted view on the pathogenesis of this condition is that it is a variant of vitiligo. Leider and Cohen<sup>3</sup> in 1948 and in the following years Leider and Fisher<sup>4</sup> supported this view. They described the disappearance of several of these nevi under the advances of encroaching vitiligo.

### Material and Methods

Four patients with halo nevus on the face were treated with psoralens. Sudden appearance of leucoderma around the pigmented nevi had caused anxiety and tension.

Patient No. 1 was a twenty year old female with a pin-head sized dark brown nevus under the right mandible since childhood. Two months before the hospital visit, depigmentation had appeared in the periphery of the nevus. On examination a single pin-head sized dark brown nevus with 1.5 cms wide depigmented area surrounding it was seen (Fig. 1).

Patient No. 2 was twenty-four year old female with a 2 mm black mole on the right side of the cheek for many years. Surrounding depigmentation

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**Fig. 1** Black nevus with peripheral halo of leucoderma.

was noticed one month before hospital visit. On examination a 2 mm black nevus with peripheral depigmented halo of 1 cm width was seen.

Patient No. 3 was a twenty years old male with depigmentation around an old central brown nevus on right cheek noticed for two months. On examination, a 3 mm sized brownish nevus was present in the centre of a depigmented area 2.5 cm in diameter.

Patient No. 4 was a twenty-seven years old female with a 3 mm nevus on the left cheek. Peripheral depigmentation appeared only one-and-a-half months before hospital visit. On examination a 3 mm nevus with peripheral 1.5 cm rim of depigmentation was noted.

All four patients were treated with two tablets Manaderm O.D. orally and Betamethasone locally. Patients were

kept under observation for a period of eighteen months. Fortnightly examination was done.

### Results

Patient No. 1: Depigmentation disappeared after eight months and nevus remained as such. (Fig. 2)

Patient No. 2: No change in nevus but depigmentation disappeared after six months of treatment.

Patient No. 3: Peripheral part and upper part of depigmented halo regained normal skin colour but in rest of the area, depigmentation persisted even after one year of treatment.

Patient No. 4: Gradual flattening of the nevus led to its disappearance and vitiligo patch resolved after fourteen months of the treatment.

**Fig. 2** Peripheral halo of leucoderma has cleared and nevus is persisting as such.



**TABLE 1**  
Clinical Data of the four Treated cases

S. No.	Age	Sex	Duration of depigmentation	Duration of treatment	Results
1.	20	F	2 months	8 months	Excellent
2.	24	F	1 month	6 months	Excellent
3.	20	M	2 months	12 months	Good
4.	27	F	1½ months	14 months	Excellent

Response was variable i.e. rapid in two patients, slow in the other two patients. Repigmentation was of normal skin colour without any hyperpigmentation at the periphery.

Repigmentation started from the outer margin of depigmented halo. Table I shows the results.

#### Comments

Though spontaneous remission is well-known in halo nevi, it is suggested that halo nevi in young patients on the face should be treated with psoralens as repigmentation can occur within

few months. Spontaneous resolution takes an uncertain course.

#### References

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4. Leider M and Fisher AA: Fate of central nevus in Leucoderma Acquisitum Centrifugum, *Arch Derm Syph*, 1949; 60 : 1160.