Letter in response to the article: "A retrospective case series of ten patients with malignant melanomas arising from small- and medium-sized congenital melanocytic nevi in South Koreans"

Sir,

We read with great interest the paper recently published in your esteemed Journal by Kim *et al*.[1] In their retrospective analysis, the authors showed a melanoma incidence rate of 2.7% in a group of 377 small (<1.5 cm) and medium (1.5–19.9 cm) congenital melanocytic nevi followed over a period of 6.5 years. This study emphasizes a possible underestimation of the risk of malignant transformation of such lesions, especially those of medium size, which showed a higher incidence rate compared to small congenital melanocytic nevi (2.7% vs. 2.2%). Indeed, based on available literature data, the risk of malignant transformation of small/medium congenital melanocytic nevi would be quite lower with an overall incidence of melanoma associated with this type of nevi being less than one percent (0–1.3%).[2]

Of note, the reasons underlying the discrepancy between the study by Kim *et al*. and previous data have not been addressed by the authors. In our opinion, one of the explanations could be the lack of prospective/retrospective analyses on small/medium congenital melanocytic nevi following patients in adulthood as most of the published longitudinal studies focused on young subjects with no adult age monitoring. This is a significant bias since small/medium congenital melanocytic nevi-associated melanoma tends to spare prepubertal children and occur during adulthood. This is consistent with data observed in the analysis by Kim *et al*., in which the mean age of patients with malignant transformation was 49.2 years. In addition, the likelihood of developing melanoma in small/medium congenital melanocytic nevi has been often evaluated without stratifying the risk between these nevi or according to the size in the previous studies. This is another potential bias as it is possible that the risk of melanoma in such nevi might vary between small and medium lesions but also based on the size in the context of medium congenital melanocytic nevi with larger lesions having a greater incidence.

In our opinion, the study by Kim *et al*. and the above-mentioned biases concerning existing literature data should stimulate researchers to set prospective analyses on patients with small/medium congenital melanocytic nevi including adult age monitoring as it is possible there is an underestimation of melanoma risk in such lesions, especially those of greater size. Only a better knowledge on the lifetime risk of malignant transformation may ensure a correct management of these nevi.

In this regard, two main strategies have been suggested for non-suspicious lesions, that is, periodic clinical and/or dermoscopic monitoring and prophylactic excision.[3] Regarding the latter option, the ideal timing would be before the age of 11 since this has been reported as the minimum age of small/medium congenital melanocytic nevi-associated melanoma development by several studies. However, some surgical factors need to be taken into account about the optimal timing of excision to achieve the best possible esthetic outcome, mainly including lesions size and location. While the impact of the former factor is intuitive, we would like to make a specific consideration on the latter variable. The projected adult size is different in relation to the considered anatomical region. As suggested by Krengel *et al*.,[4] from birth to adulthood, the area of the head grows by a factor of 2.8, trunk and upper limbs by a factor of eight and lower limbs by a factor of 12. Therefore, the surgical excision should always be performed considering the growth potential of the region.

The lesions located on/near joints or genital area are the most challenging ones as their excision might result in scar contractures with consequent possible functional problems, pain and esthetics issues.

In our experience, the direct closure must always be performed whenever possible. In addition, the incision should be made perpendicular to the direction of growth so as to change as little as possible over the years. The skin graft should be

How to cite this article: Zingaretti N, Albanese R, Errichetti E, Stinco G, Caputo GG, Parodi PC. Letter in response to the article: "A retrospective case series of ten patients with malignant melanomas arising from small- and medium-sized congenital melanocytic nevi in South Koreans." Indian J Dermatol Venereol Leprol 2021;87:837-8.

Received: May, 2021 **Accepted:** May, 2021 **EPub Ahead of Print:** July, 2021 **Published:** October 2021

DOI: 10.25259/IJDVL_461_2021 **PMID:** 34245521

made at full thickness so as to retract as little as possible.

Finally, the flaps should be harvested considering the growth lines and the anatomical region of the donor site.

The growth phase of the patient which begins and ends earlier in women (12–16 years) than in men (14–18 years) could be defined "dynamic phases" in the surgical treatment. This phase is typified by a very accelerated growth and, therefore, it is not advisable to defer surgery.

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Nicola Zingaretti, Roberta Albanese, Enzo Errichetti[1], Giuseppe Stinco[1], Glenda Giorgia Caputo, Pier Camillo Parodi

Department of Plastic and Reconstructive Surgery, [1]Institute of Dermatology, "Santa Maria della Misericordia" University Hospital, Udine, Italy

Corresponding author:
Dr. Nicola Zingaretti,
Department of Plastic and Reconstructive Surgery,
"Santa Maria dellaMisericordia" University Hospital, Udine, Italy.
zingarettin@gmail.com

References

1. Kim JY, Kim SM, Park KD, Jang YH, Lee WJ, Lee SJ. A retrospective case series of 10 patients with malignant melanomas arising from small- and medium-sized congenital melanocytic nevi in South Koreans. Indian J Dermatol Venereol Leprol 2021;87:293-7.
2. Kinsler VA, O'Hare P, Bulstrode N, Calonje JE, Chong WK, Hargrave D, *et al*. Melanoma in congenital melanocytic naevi. Br J Dermatol 2017;176:1131-43.
3. Marghoob AA, Borrego JP, Halpern AC. Congenital melanocytic nevi: Treatment modalities and management options. Semin Cutan Med Surg 2007;26:231-40.
4. Krengel S, Scope A, Dusza SW, Vonthein R, Marghoob AA. New recommendations for the categorization of cutaneous features of congenital melanocytic nevi. J Am Acad Dermatol 2013;68:441-51.

Author's reply

Sir,

Thank you very much for apprising us of the reader's interest in our article.[1] We respect the opinion. The incidence of malignant melanoma arising from small/medium congenital melanocytic nevi is an important issue. Although most of them are assessed to be safe, malignant melanoma actually develops in such nevi. It is practically impossible to conduct lifetime follow-up to identify the malignant transformation of these nevi, because the congenital melanocytic nevi appear in babies and ordinary malignant melanoma usually develops in the sixth to eighth decades. Therefore, in our study, we established a certain period and checked the incidence of congenital melanocytic nevi and malignant melanoma arising from small/medium congenital melanocytic nevi who visited our hospital.[1] Based on our study, we need to pay attention to possible underestimation of the risk of malignant transformation of such lesions.[1] We agree with the prophylactic surgical excision of the lesions. The surgical factors related to patients are well analyzed in the article. If further research on the factors related to lesion, for example, regarding which lesions should be removed by surgery, is carried out, it will be welcome.

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

Financial support and sponsorship

This work was supported by a National Research Foundation of Korea (NRF) grant funded by the Korean government (MSIT) (No. 2018R1C1B5085905).

Conflicts of interest

There are no conflicts of interest.

Jun Young Kim

Department of Dermatology, School of Medicine, Kyungpook National University, Kyungpook National University Hospital, Daegu, South Korea

Corresponding author:
Prof. Jun Young Kim
Department of Dermatology, Kyungpook National University Hospital,
130 Dongdeok-ro, Jung-gu, Daegu 41944, South Korea.
198kjy@hanmail.net

Reference

1. Kim JY, Kim SM, Park KD, Jang YH, Lee WJ, Lee SJ. A retrospective case series of 10 patients with malignant melanomas arising from small- and medium-sized congenital melanocytic nevi in South Koreans. Indian J Dermatol Venereol Leprol 2020 Oct 27. Online Ahead of Print.

How to cite this article: Kim JY. Author's reply. Indian J Dermatol Venereol Leprol 2021;87:838.

Received: June, 2021 **Accepted:** June, 2021 **EPub Ahead of Print:** August, 2021 **Published:** October 2021

DOI: 10.25259/IJDVL_579_2021 **PMID:** 34379949