

EPILATING HALO NEVUS

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Summary

A case of Sutton's nevus in a young man is reported. The hairs in the halo also were shed spontaneously along with depigmentation.

KEY WORDS: Sutton's nevus, Halo nevus, Epilating halo nevus.

The halo nevus also called Sutton's nevus is a phenomenon where depigmented halo develops around a central nevus. The halo nevus was well described by Hyde¹ and Sutton². Here we report a case of halo nevus on the forehead of a young man. It was interesting to note that the hairs in the halo which involved the right eye brow also were shed along with the depigmentation of the skin. Such an observation has not been reported in the past to the best of our knowledge.

Case Report

A 20 years old male student, attended the Dermatology Department of Medical College, Trivandrum in January 1981 for treatment of a depigmented circular patch on his forehead of two months duration. He had a pigmented raised mole on the forehead since birth. Two months prior to the hospital visit he noticed gradual depigmentation of the skin surrounding the nevus. In this depigmented area, which encroached the right eyebrow, the hairs also were found to be shedding. He had not applied any medication locally.

On examination there was a 2 cm. wide halo of leucoderma surrounding a central pigmented raised mole on the forehead just above the right eyebrow (Fig. 1). There was complete absence of hairs, both vellus and terminal, within the halo. This hair loss was most obvious on the eyebrow. All modalities of sensations in the halo remained intact and the skin texture remained normal. There was no other patch of depigmentation elsewhere. Other systems were clinically normal. Routine examination of the urine and blood did not reveal any abnormality.



Fig. 1
Sutton's nevus on the right eye brow region. Note loss of hairs in the halo.

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Blood VDRL was non-reactive. Histology of the depigmented area revealed absence of melanin pigment in basal layer of the epidermis (H & E stain). There was moderately dense inflammatory infiltration with mononuclear cells, around the partly destroyed hair follicles. Follow up for nine months showed complete regression of the central nevus and persistence of depigmentation and alopecia.

Discussion

Halo nevus is not an uncommon disorder. It is a descriptive clinical term used in reference to the skin lesions characterised by a round peripheral zone of depigmentation with a centrally situated nevus³. Loss of hair in the depigmented halo of Sutton's nevus has not been reported so far to the best of our knowledge. The exact mechanism involved in this alopecia is not clear. Histologically in the evolution of a Sutton's nevus, there is profound inflammatory reaction around the nevus cells⁴ which ultimately gets

destroyed and disappear. It is a form of cellular destruction of the nevus cells. Both humoral and cellular factors have been observed in the blood of patients with halo nevi which react to melanoma cells in vitro⁵. Probably the same immunological reaction was responsible for the destruction of hairs in the halo in this case.

References

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