

## Inflammatory nevus comedonicus in an infant

Sir,

Nevus comedonicus (NC) is an uncommon variant of adnexal hamartoma, clinically appearing as confluent clusters of open comedones.<sup>[1]</sup> Some view it as a morphologic variant of epidermal nevus.<sup>[2]</sup> When it is associated with non-cutaneous findings such as skeletal, CNS, or ocular abnormalities, it is termed as nevus comedonicus syndrome.<sup>[3]</sup> Here we report a case of a 10-month-old infant with NC of external ear with recurrent inflammation.

A 10-month-old boy born of non-consanguineous marriage was seen as an outpatient in the Department of Dermatology and Venereology of Thrissur Medical College for a hyperpigmented plaque on the left external ear. It was noticed at about 3 months of age and had progressively increased in size for about 3 months to reach the present size. There were episodes of erythema and swelling of the plaque lasting for about 3 to 5 days recurring every 2 to 3 weeks. During this period, the baby used to become irritable. There was no history of ulceration. These episodes used to subside spontaneously.

On examination, the baby had a hyperpigmented plaque with rough, irregular surface of size 5×3 cm, consisting of numerous closely set open comedones and erythematous papules mainly on left pinna, extending to the adjacent area of scalp [Figure 1]. Findings from the rest of the physical examination were normal. Growth and developmental milestones were normal.

A clinical diagnosis of nevus comedonicus was made. The parents were not willing for a skin biopsy. The condition was explained to them. Option of surgical treatment and repair was discussed. As the parents were not keen for it, regular follow-up was advised.



**Figure 1: Plaque on left pinna with multiple open comedones and erythematous papules**

Face, neck, and chest are the common sites of NC.<sup>[4]</sup> Usually the lesions are localized and appear in groups and in linear pattern.<sup>[3]</sup> Involvement of an entire half of the body has been reported.<sup>[4,5]</sup> In our patient, the lesions were limited to the pinna and adjacent parts. To the best of our knowledge, lesions limited to these areas have not been reported before. Usually NC is asymptomatic. Our patient had episodes of inflammation of the lesions, which were self-limiting. Inflammatory episodes which worsen during puberty have been reported earlier.<sup>[4,5]</sup> In both of these patients,<sup>[4,5]</sup> the lesions were extensive. Occurrence of inflammatory episodes in an infant with limited lesions was a peculiarity observed in our patient.

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## REFERENCES

1. Manola I, Ljubojevic S, Lipozencic J, Pustisek N. Nevus comedonicus: Case report and review of therapeutical approach. *Acta Dermatovenereol Croat* 2003;11:221-4.
2. Kim SC, Kang WH. Nevus comedonicus associated with epidermal nevus. *J Am Acad Dermatol* 1989;21:1085.
3. Patrzy A, Neri I, Fiorentini C, Marzaduri S. Nevus comedonicus syndrome: A new pediatric case. *Pediatr Dermatol* 1998;15:304-6.
4. Kirtak N, Inaloz HS, Karakok M, Erguven HG, Ozgoztasi O. Extensive inflammatory nevus comedonicus involving half of the body. *Int J Dermatol* 2004;43:434-6.
5. Cestari TF, Rubim M, Valentini BC. Nevus comedonicus: Case report and brief review of the literature. *Pediatr Dermatol* 1991;8:300-5.