

“Melanocytic nevus”, or is it?



Figure 1: Well-defined, regular 4 cm × 2 cm lichenified velvety plaque on right palm

A 40-year-old woman presented with an asymptomatic, well-defined, hyperpigmented, velvety plaque on the right palm [Figure 1]. She gave a history of an electrical burn at the same site 10 years back for which split-thickness skin grafting was done. The donor site of the graft was right upper arm. The recipient site developed wound contracture, gradual thickening and darkening over time that mimicked melanocytic nevus or epidermal nevus. Unlike epidermal nevus, the lesion was confined only to the grafted skin, melanotic in color, non-blaschkoid and velvety in texture. Dermoscopy showed cerebriform pattern on low power [Figure 2a] and plugs with microscales on high power [Figure 2b]. This pattern was similar to acanthosis nigricans, but the sulci were straighter in this lesion. As against this, a benign acral melanocytic nevi would have shown patterns such as parallel furrow, lattice-like, fibrillar, globular, homogenous, reticular or transition. Thus, the diagnosis of melanocytic and epidermal nevus was eliminated. Histopathology showed orthohyperkeratosis, hyperpigmentation of basal layer with thickened

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Figure 2a: Low power view with cerebriform pattern with prominent cristae and sulci, and accentuation of normal skin markings.



Figure 2b: High power view with erythema in between the sulci, plugs and microscales

bundles of vertical array of collagen in the papillary dermis. These changes were similar to lichen simplex chronicus. We concluded that this was an adaptation of donor skin to the site of the recipient skin leading to lichenification. Secondary contracture and graft hyperpigmentation are known complications of split-thickness skin grafts, especially on sites where graft cannot be fixed to the underlying rigid structure.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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