



Pigmented Shoulder Lesion

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A 13-year-old girl presents with a pigmented lesion on her right shoulder that has been present since birth. Over the years, the lesion has increased in size in proportion to the growth of the child.

1. What is the diagnosis?

- Nevus sebaceous
- Dysplastic nevus
- Acquired melanocytic nevus
- Congenital melanocytic nevus

2. What is the treatment of choice?


- Laser
- Chemotherapy
- Surgical excision plus chemotherapy
- Watch-and-wait approach



Congenital melanocytic nevi are melanocytic nevi that present either at birth or within the first few weeks of life. Congenital melanocytic nevi are classified by size according to their expected greatest diameter in adulthood: small (< 1.5 cm), medium or intermediate (1.5 cm to 19.9 cm), and large or giant (> 20 cm). Most congenital nevi are small.

Small and medium congenital melanocytic nevi are usually round or oval and symmetric. Their colour varies from light to dark brown, and they are usually evenly pigmented. The majority of the lesions are palpable but reasonably flat at birth. They may be hairy or hairless. Most nonhairy congenital melanocytic nevi are less than 5 cm in diameter. With time, the lesions tend to become darker and more elevated. Coarse, dark hair may become prominent in late childhood. Sites of

predilection include the upper back, chest, lower trunk, shoulders, and proximal limbs.

All patients with congenital melanocytic nevi and their parents should be instructed on sun avoidance and sun protection to reduce the risk of skin cancer. The watch-and-wait approach is usually adopted for small- and medium-sized congenital melanocytic nevi as is illustrated in the present case. When deciding whether to excise the lesion, cosmetic and psychosocial issues, the potential for malignant transformation, ease of clinical follow-up, complexity of removal, risk of surgery, and functional outcome must be considered. The management must be individualized for each patient. 

Answers: 1-d; 2-d

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