

INTRADERMAL NEVUS WITH GRANULOMATOUS REACTION: A CASE REPORT

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ABSTRACT:

Nevus is a localized benign abnormality of melanocytic system Melanocytic nevi are usually acquired lesion. They are most common in head, neck and trunk. I here report an unusual case of intradermal nevus with granulomatous inflammation and giant cell reaction. A 30 years old female patient presented with brief history of mole over right cheek from 2 years. Swelling was firm, nonmobile and tender. Histological finding shows melanocytic proliferation in the dermis. Superficially melanocytes are in nest and deeper dermis shows presence of granuloma with giant cell reaction. Inflammatory infiltrate is composed of lymphocytes and plasma cells. Histopathology was suggestive of intradermal nevus with granulomatous reaction.

Keywords : *Nevus, Granulomatous.*

Source of support: nil

Conflict of interest: nil

Ethical clearance: consent has been taken from the patient.

WHOLE PAPER:

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INTRODUCTION:

Nevus is a localized benign abnormality of the melanocytic system. Melanocytic nevi are usually acquired lesion. They are more common in the skin of head, neck and trunk.¹ Nevi are classified according to the histological location of nevus cells into junctional, intradermal and compound nevi. We here report an unusual case of intradermal nevus with granulomatous inflammation and giant cell reaction.

CASE REPORT:

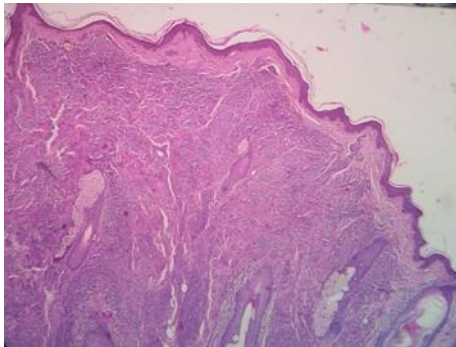
A 30 year old female patient presented to the skin department with a brief history of mole over right cheek from 2 yrs. Swelling was firm, non-mobile & tender.

GROSS FINDINGS

Specimen received in formal saline consist of single tissue piece measuring 2.0x1.0x1.0 cms. External surface- Skin covered ellipse measuring 2.0x1.0 cms. External surface- Dark brown colour skin. On cutting dermis was greyish brown.

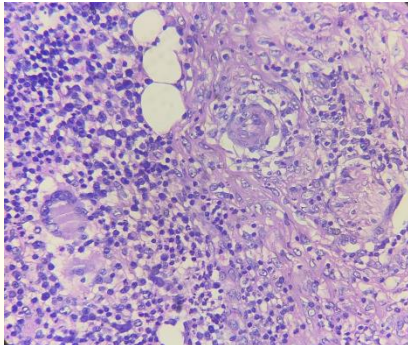
HISTOLOGICAL FINDINGS

The section shows melanocytic proliferation in the dermis separated from the epidermis by a Grenz zone. Superficially melanocytes are in nests. No functional activity seen. The deeper dermis shows presence of granulomas with giant cell reaction and inflammatory infiltrate composed of lymphocytes and plasma cells. Features were suggestive of intradermal nevus with Granulomatous reaction.



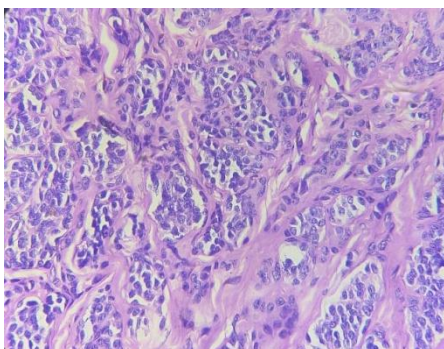
4x

Fig-1 Shows melanocytic proliferation in the dermis separated from the epidermis by a Grenz zone. Superficially melanocytes are in nests.



40X

Fig-2 Shows presence of granuloma with giant cell reaction in deeper dermis



40X

Fig-3 Shows inflammatory infiltrate composed of lymphocytes and plasma cells in deeper dermis

Discussion:

Granulomatous inflammation associated with nevus is an unusual presentation.² It can be seen as a part of halo phenomena is seen as a nevus undergoing regression or associated with folliculitis.³ Histologically it is characterized by a heavy infiltration of the nevus by lymphocytes and histiocytes and represents expression of the host immune response. Our current case had no halo phenomenon clinically but that may indicate initiation of regression.^{4,5} Some authors found epidermal cysts, sufficiently large to permit a dual diagnosis, in 1% of benign naevi.⁶⁻⁹

CONCLUSION:

Granulomatous reaction with giant cells in a benign intradermal melanocytic nevus is an unusual pathological finding. So, this case report highlights this uncommon pathology and the importance of its association with benign nevus.

ACKNOWLEDGMENT:

Nil

REFERENCES:

1. Rosai J. Rosai and Ackerman's Surgical Pathology. St. Louis: Mosby, Elsevier 2011.
2. Kaur K, Nibhoria S, Kaur M, Kaur A. Intradermal Nevus with Granulomatous Reaction and Giant Cells: An Unusual Pathological Finding. J Basic Clin Pharma 2018;9:63-64.
3. Denianke KS, Gottlieb GJ. Granulomatous inflammation in nevi undergoing regression, halo phenomenon: a report of 6 cases. Am J Dermatopathol 2008;30:233-5.
4. Cochran A, Bailey C, Paul E. Nevi, other than dysplastic and spitz nevi. Semin Diagn Pathol 1993;10:18-35.
5. Mooney MA, Barr RJ, Buxton MG. Halo nevus or halo phenomenon? A study of 142 cases. J Cutan Pathol 1995;22:342-8.
6. Milne JA. An introduction to the diagnostic histopathology of the skin. London: Edward Arnold; 1972.
7. Weedon D. Unusual features of nevocellular naevi. J Cutan Pathol 1982;9:284-92.
8. Freeman RG, Knox JM. Epidermal cysts associated with pigmented naevi. Arch Dermatol 1962;85:72-6.
9. Currie AR. On the association of granulomas with simple Cutaneous moles. Glasgow Med 1955;36:111-6