Approach to the patient with numerous nevi

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Conflicts of Interest
None

Learning objectives

• To identify the types of signature nevi that are present in patients with numerous and atypical nevi
• To recognize the “eclipse” nevus and its common occurrence in children
• To describe the natural history of large “fried-egg” nevi of the trunk

What is the right pace for you?

A personal choice which ancillary tools to use ratio of time/effort/cost to benefit...
Physical versus histologic examination of the skin

**Signature Melanocytic Nevi**

- Solid brown
- Large "fried egg"
- Small dark brown-black ± thin brown rim (lentiginous nevi)
- Eclipse – tan with brown rim
- Cockade (cockarde)
- Pink eclipse – pink with brown rim
- Solid pink (often skin phototype 1)
- Perifollicular hypopigmentation
- Halo
- Non-pigmented (white)

*May be discontinuous or irregular*

Recognition of the signature melanocytic nevus

Makes life easier

Doesn’t make life easier, but you have a plan

Signature Melanocytic Nevi

- Solid brown
- "Fried egg" (brown center)
- Small dark brown-black ± thin brown rim (lentiginous nevi)
- Eclipse – tan with brown rim
- Cockade (cockarde)
- Pink eclipse – pink with brown rim
- Solid pink (often skin phototype 1)
- Perifollicular hypopigmentation
- Halo
- Non-pigmented (white)
The eclipse nevus: tan centre with stellate brown rim

Histological examination was performed on 11 melanocytic moles that fulfilled the following clinical criteria: (i) tan centre and brown peripheral rim; and (ii) irregularity of the outline of the brown rim. In some instances, the brown rim was so irregular that it assumed a stellate appearance (Fig. 1b), and the brown rim was occasionally determinate. The eclipse nevus (Fig. 1b, b, h) comprised hair in a mean diameter of 0.6 mm.
Dysplastic Nevi on the Scalp of Prepubertal Children from Melanoma-Prone Families

- Four prepubertal children
- In 3 of 4, scalp lesions were the only evidence of DNS
- Early identification of high-risk family members
- Recommended excision of dysplastic nevi on the scalp

Cockade (Cockarde) Nevi

- Acquired compound melanocyte nevi
- Target configuration

Eclipse and Cockade (Cockarde) Nevi

- The eclipse naevus and cockade nevus: are they two of a kind? — Clin Exp Dermatol. 2006;31:598
- No biopsy needed for eclipse and cockade nevi found on the scalps of children — Arch Dermatol. 2000;136:1134
- Of 88 scalp nevi in 39 white children, 18 were eclipse & 3 were cockade, with the remainder solid brown or solid pink (57% were globular & 27% were globular/reticular); the majority had perifollicular hypopigmentation — Br J Dermatol. 2011;165:127
Decreased pigment in keratinocytes - 14
Decreased number of melanophages - 4
Decreased number of junctional melanocytes - 12
Decreased number of melanocytes in the papillary dermis - 6

Perifollicular Hypopigmentation in Melanocytic Nevi (n=15)
Recognition of the signature melanocytic nevus

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Signature Melanocytic Nevi

- Solid brown
- “Fried egg” (brown center)
- Small dark brown-black ± thin brown rim (lentiginous nevi)
- Eclipse – tan with brown rim
- Cockade (cockarde)
- Pink eclipse – pink with brown rim
- Solid pink (often skin phototype 1)
- Perifollicular hypopigmentation
- Halo
- Non-pigmented (white)
In dermoscopy, it is referred to as the wobble sign.

In a more efficient world based on palpation, it can be referred to as the flabby sign.
Autosomal dominant disorder with inactivating germline mutations in BAP1, which encodes a ubiquitin carboxy-terminal hydroxylase


Signature Melanocytic Nevi

- Solid brown
- ’Fried egg’ (brown center)
- Small dark brown-black ± thin brown rim (lentigines nevi)
- Eclipse – tan with brown rim
- Cockade (conchoid)
- Pink acropigia – pink with brown rim
- Solid pink (often skin phototype 1)
- Portalicular hypopigmentation
- Halo
- Non-pigmented (white)

Signature nevi – additional studies

- Individuals with multiple melanocytic nevi commonly have similar histologic patterns, architectural and cellular
  - Dermatol Pract Concept. 2011;1:13
- Predominant dermoscopic pattern (defined as seen in >40% of the patient’s nevi) was observed amongst nevi in ~85% of patients – J Cut Med Surg. 2006;10:170
- Based upon dermoscopic evaluation of atypical/suspicious pigmented lesions (n= 190) either: (1) in isolation vs (2) alongside photographs of additional lesions from the same patient, excision recommended in 55% (scenario 1) vs 14% (scenario 2); excision of melanomas recommended in both settings – Arch Dermatol. 2011;147:47

White or nonpigmented dysplastic nevi

- To date, 5 patients reported, 4 of whom had melanoma
- >10-100 white macules or slightly elevated papules, demarcated with pigmented melanocytic nvi
- 2-6 mm in diameter with accentuated skin markings
- An I p.i. C to T change at R151C position in both copies of the MC1R gene (homozygous)

Lancet 2002;359;1999; Arch Derm 1997;133:992; JID 2009;129:1305

Signature Nevi

Courtesy, UAB
Where have all the flowers gone?

Present 9 mos
Regrowth 1 mo post removal*
1 yr later
2 yrs later
*via curettage

facial Spitz nevi
Where have all the flowers gone?

*via curettage

Courtesy, Stuart Brown, MD