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Mini Case Study

A Case of Congenital Giant Melanocytic (congenital) Nevus in a Newborn Born to a Mother with Iron Deficiency Anemia

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Abstract

The article presents a rare clinical case of a congenital giant melanocytic nevus in a newborn. Although the diagnosis is not difficult after the birth of a child, the treatment tactics depend on the size of the nevus and the risk of degeneration into melanoma.

Keywords: *Melanocytic Nevus; Newborn; Iron Deficiency Anemia; Melanoma*

Introduction

Congenital melanocytic nevi arise in the fetal development of the fetus and are found in 1% of newborns of both sexes [1,3,13].

Melanomas develop from the pigment cells of melanocytes, which produce the pigment substance melanin in high concentrations in a specific area of the skin. Some authors consider its genetic condition as a disease inherited in an autosomal recessive manner [1].

Favorite localization of congenital melanocytic nevi is the lower body, upper back, chest, and forearm [4-6].

The color of melanoma varies from different shades of brown to blue or black. Congenital melanoform nevi after birth grow in proportion to the growth of this anatomical site [5,8,9]. Depending on the diameter, congenital nevi are divided into small (less than 1.5 cm in diameter), medium (1.5 - 20 cm) and giant (more than 20 cm in diameter). Giant nevi are transformed into melanoma in 6 - 10% of cases [9,10].

Treatment of nevus depends on the degree of risk of degeneration into melanoma. With giant forms, an extensive phased excision can be performed followed by skin grafting [14,15].

Case Report

We give the following clinical case.

On December 28, 2019, a new born was born in the maternity ward of the Neftekamsk city hospital of the Republic of Bashkortstan with a body weight of 3250g, a height of 50 cm, a chest circumference of 33 cm.

Male newborn, from 2 pregnancies, 2 childbirths, mothers 28 years old, mother's pregnancy proceeded against IDA (general maternal blood count: hemoglobin- 90 g/l, red blood cells- 3.68 x 10/12g/l color indicator-0.74) threatened miscarriage at 23 weeks of burden and polyhydramnios.

The condition of the newborn at the time of birth on the Apgar scale was estimated at 7 - 8 points. Above the lungs, peuril breathing. Heart tones are clear, rhythmic, heart rate- 122 in 1 minute.

Locally: At birth, on the lower back with a transition to both gluteal regions, a hyperpigmented area of black skin with dimensions of 10 x 8 cm with clear boundaries was found, the skin in this area is tight to the touch, in folds and towering slightly above the skin, sparse black hair. Clinical diagnosis: congenital giant melanocytic nevus of the back and gluteal region.

Figure 1: *Giant congenital nevus of the newborn.*

Complete blood count: HCT- 54.9%, HGB- 194 g/l, MHC- 39.2, VCB fl- 111.3, color indicator- 118.

A blood biochemical analysis of total protein is 60.5 g/l, total bilirubin is 45.1 μmol/l, ALT- 15.5 ced/l, AST-58 ed/l, potassium- 5.49 mmol/l.

General analysis of urine: color-light yellow, specific gravity- 1015, protein-0.3 g/l, pH- 6.

The newborn was consulted by a pediatric oncologist at the Russian Children's Clinical Hospital in Ufa. Dynamic follow-up after discharge from the maternity ward in a pediatric clinic with a pediatrician and oncologist is recommended for further decision of treatment tactics.

The child was examined 3 months after discharge from the maternity ward, nevus growth is not observed, no ulceration of the skin.

Output

1. Congenital melanocytic nevus is a rare disease found in newborns. It can have a gigantic magnitude (in this case).
2. Children with this pathology should be observed together with the pediatric oncologist and the surgeon of the clinic.

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