**Case report**

“Zosteriform verrucous epidermal naevus”

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**Abstract:** Verrucous epidermal naevus is a common type of keratinocyte hamartoma. They tend to appear between birth and adolescence. It is seen at any site, usually found on the lower extremities but is less common on the head and neck. The naevus usually present as vertical, linear or s-shaped lesion and does not normally cross midline. Our patient presented with multiple verrucous epidermal nevi since the age of 5 years, in a zosteriform pattern, which is an uncommon presentation.

**Keywords:** Hamartoma, Keratinocyte, Verrucous epidermal naevus.

**Introduction:** Verrucous epidermal nevus is a common type of keratinocyte hamartoma, typically present at birth but can occur any time during childhood and may rarely appear in adulthood. Epidermal naevi occur about one in every thousand live births[1]. They are derived from embryonal ectoderm. An estimated one third of individuals with epidermal nevi have involvement of other organ systems.

**Case report:** A 20 year old male presented with dark coloured multiple asymptomatic lesions in a linear pattern over left upper limb, left upper thoracic region and back since 5 years of age with progressive increase in size. The patient was born out of non consanguineous marriage. There was no history of delayed developmental milestones or seizure disorders. The family history was negative as regards to similar lesions. Cutaneous examination revealed multiple hyperpigmented macules as well as verrucous plaques over left upper limb, left upper thoracic region and posteriorly on the same side in a zosteriform pattern, not crossing the midline [Fig:1,2]. Hair, nail, and mucous membranes were normal. No abnormality was detected in skeletal, ophthalmic and neurological. Blood and urine investigations were within normal limit.

Histological examination of nevus revealed marked acanthosis, hyperkeratosis and papillomatosis of stratified squamous epithelium and slight increase in basal melanin pigment.

In the dermis sebaceous gland hyperplasia and groups of dilated apocrine glands were seen. Based on clinical and histological evidence, a diagnosis of verrucous epidermal nevus was made.
Discussion: Epidermal naevi (EN) are hamartomas that are characterized by hyperplasia of the epidermis and adnexal structures. They may be keratinocytic, follicular, sebaceous, apocrine or eccrine in origin\[^2\]. There are two major classifications of epidermal nevi: non-organoid (keratinocytic) and organoid (sebaceous, follicular, and sweat gland). The type of epidermal nevus is determined by its predominant components, keratinocytes or epidermal appendages, both of which originate from embryonic ectoderm\[^3\].

Verrucous epidermal nevus is a common type of keratinocyte hamartoma. The lesion typically occurs on the trunk or extremities along the lines of Blaschko but may occur on the face and neck. These lines are thought to represent examples of cutaneous mosaicism in embryologic development\[^3\].

In general, larger lesions, more widespread lesions, and lesions of the head and neck are more likely to have associated internal complications. The combination of an epidermal nevus and an associated internal problem is called “epidermal nevus syndrome”\[^4,5\].

Conclusion: Verrucous epidermal nevus is due to overgrowth of keratinocytes (horny skin cells). Linear epidermal naevi tend to appear between birth and adolescence. Although congenital lesions tend not to expand significantly, lesions that present after birth may expand during childhood, stabilizing in size at or around puberty\[^6\]. Our patient presented with multiple verrucous epidermal nevi since the age of 5 years, in a zosteriform pattern, which is an uncommon presentation.

References:


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