



## EDİTÖRE MEKTUP / LETTER TO THE EDITOR

### Halo nevus/Leukoderma acquisitum centrifugum of the face

Yüzün halo nevüsü/Lökoderma acquisitum centrifugum

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Dear Editor

Halo nevus (HN) is comparatively common phenomenon usually affects adolescents. HN is clinically characterized by a preexisting melanotic nevus surrounded by hypo pigmented halo which usually disappears with the nevus<sup>1</sup>. At times HN imposes a great challenge to the clinicians and pathologists owing to their similarity to early malignant melanoma<sup>2</sup>.

A 14 year old boy presented to our institution for the evaluation of a painless solitary black nodule on his right side of cheek since birth. Family history and past medical history were non – contributory. Clinical examination showed an oval shaped nodular lesion measuring about 3 × 2 cm on his right cheek. The lesion was black in color with irregular margins and it is covered with a hypopigmented area. (Figure1) The clinical history revealed that he had noted this surrounding depigmented area 2 years back. On palpation the lesion was found to be firm with indurations. No signs of ulcer and discharge were noted. The lesion was completely removed under local anesthesia and soft tissue section was sent to the department of Oral and Maxillofacial Pathology for their expertise. The follow up period of 1 year was uneventful.

Histopathological examination revealed a well encapsulated lesion surrounded by stratified squamous epithelium showing hyperplasia at places. (Figure 2) Collection of spindle shaped nevus cells with pale cytoplasm was noted between the junction of epidermis and dermis;. Few nevus cells were containing granules of melanin. (Figure 3) The dermis was densely infiltrated with chronic

inflammatory cells infiltration, chiefly composed of lymphocytes and plasma cells (Figure 4).

Halo nevus is clinically characterized by the appearance of a nonpigmented patch bordering a melanocytic tumoral lesion; resembling a vitiligo stain<sup>3</sup>. Histopathologically this lesion is formed by a mononuclear infiltrate around nevoid cells, which are progressively destroyed. <sup>4</sup> The possibility of an auto-immune reaction against atypical or even typical cells present in these lesions together with the similarity to that which occurs in the melanoma, has been presented by some authors, although its cause continues to be unexplained.<sup>5</sup> It can conclude that an early differentiation between halo nevus and melanoma is of utmost importance considering the malignant potential of latter.

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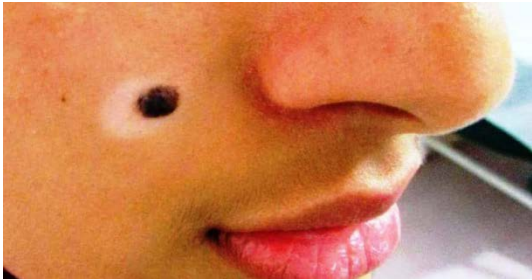


Figure 1. Clinical picture of the lesion

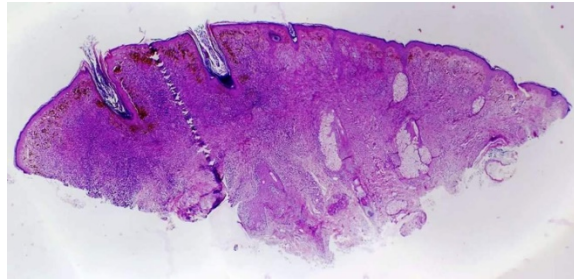


Figure 2. A well encapsulated lesion (Hematoxylin and Eosin stain X 4)

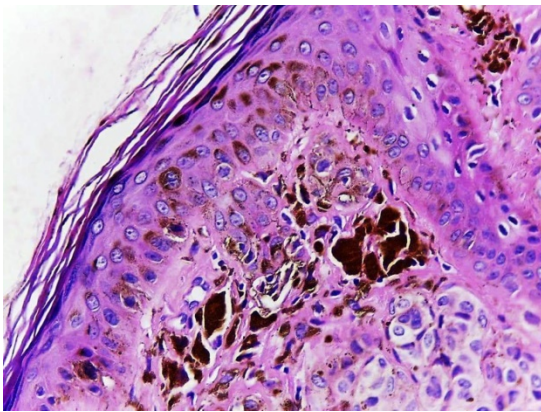


Figure 3. Collection of spindle shaped nevus cells with pale cytoplasm few cells containing granular melanocytic pigment (Hematoxylin and Eosin stain X 40).

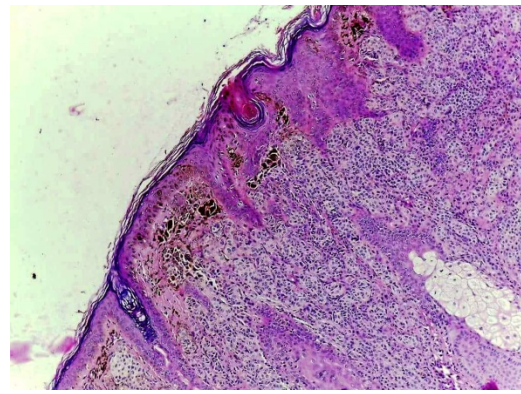


Figure 4. Dense infiltration of lymphocytes and plasma cells in dermis (Hematoxylin and Eosin stain X 20).