

## Nevus Spilus

A four-year-old boy presented with an asymptomatic, well-defined, light brown colored elliptical patch,  $1.5 \times 3.2$  centimetres in size, on left cheek adjoining the angle of lip (Fig. 1). The vermilion border was involved while the oral mucosa was clear. Superimposed on the homogeneous light brown tan, small darker-brown papular lesions were evident, as if sprinkled over the underlying base. Rest of the body was free of any pigmented lesion. History revealed presence of the underlying homogeneous lesion since birth, while the superimposed papular lesions had started appearing from last two years, and were still evolving. Histopathology from the lightly colored base was consistent with that of a *cafe au lait* macule, while from a darker papule was suggestive of a compound melanocytic nevus.

Nevus Spilus (Speckled Lentiginous Nevus) is described as a hyperpigmented patch with superimposed darker macules and/or papules. Surrounded by 'congenital versus acquired' controversy, the lesions are benign and usually start in infancy. Hypothesized to be due to a field defect in melanoblasts, genetic and environmental factors also seem to play a role. Considering a small chance of



*Fig. 1. Nevus Spilus Comprising of well-defined homogeneous café au lait macule with darker overlying compound melanocytic nevi.*

malignant transformation, observation and serial photographs remain the mainstay of management. Surgical excision may be considered in some cases.

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