

Benign Neonatal Hemangiomas

A 3-month-old boy was referred for the evaluation of numerous reddish bumps all over the body, present since birth. Second-born of a non-consanguineous parentage, the baby was normally delivered and was otherwise healthy. Examination showed numerous bright red papules – some with erythematous base – distributed over the trunk, limbs, face, and genitalia (**Fig. 1**). Abdominal ultrasonography was normal. Histopathology of a biopsied specimen showed features of capillary hemangioma, and the child was diagnosed to have Benign neonatal hemangiomas (BNH).

BNH denotes multiple cutaneous lesions without any symptomatic extracutaneous lesions or complications. When one or more extracutaneous organs are involved, the term diffuse neonatal hemangiomas is employed. The lesions of neonatal hemangiomas are small (2-20 mm) bright red papules. The differentials include bacillary angiomatosis (immunocompromised patient), dermal hematopoiesis (purple hue, setting of congenital infections or hemolytic anemia), leukemia cutis (reddish-brown to



FIG. 1 Numerous bright red papules of varying size over the trunk.

violaceous papules or nodules, and tend to localize to sites of trauma, surgery, or infections), or granuloma pyogenicum (collarette of scale at its base, and bleeds on minor trauma). Cutaneous hemangiomas tend to grow during infancy and regress during early childhood.

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Linear Non-epidermolytic Verrucous Epidermal Nevus

A 4-year-old boy presented with a linear velvety brownish plaque in the center of the nasal bridge extending slightly on the forehead and slightly over the septal demarcation of the nose (**Fig. 1**). It was present from birth and increased in size as the age progressed. There was no erythema or itching. A provisional diagnosis of linear verrucous epidermal nevus was kept; epidermal hyperkeratosis, acanthosis and papillomatosis were seen on histopathology – consistent with the diagnosis of epidermal nevus.

Verrucous epidermal nevi are congenital, non-inflammatory, cutaneous hamartomas composed of keratinocytes. At birth they have a white, macerated appearance but within a few days take the form of pink or slightly pigmented, velvety streaks or plaques. Later, they darken and become more warty, sometimes with an erythematous base. They are distinct from inflammatory, acantholytic or porokeratotic epidermal nevi, from sebaceous nevi, and from epidermal nevi derived from skin



FIG. 1 Linear non-epidermolytic verrucous epidermal nevus.

appendages. Non-epidermolytic verrucous epidermal nevi can be differentiated clinically from other types as they are usually present at birth, and are asymptomatic, non-inflammatory and persistent.

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