

Localised Gigantism

A 2-year-old girl presented with enlargement of bilateral index and middle fingers since birth (*Fig. 1*). Rest of the systemic examination was unremarkable. Roentgenogram of both hands revealed bony and soft tissue hypertrophy of the involved digits (*Fig. 2*).

Localized gigantism is a rare non-hereditary congenital malformation presenting with localized, usually asymmetric gigantism involving single or multiple digits, entire limb, or hemihypertrophy of the whole body. It results from hypertrophy of bones and soft tissues of the affected part, and leads to cosmetic and functional impairment. The growth of the involved part continues till puberty. The exact etiopathogenesis is unknown; a novel mutation confined to the affected tissue (mosaicism) has been reported. Management includes multistage reconstructive surgery. Differential diagnosis includes variants of neurocutaneous syndromes, Maffucci syndrome, Proteus syndrome, fibrolipomatous hamartoma and lymphangiomatosis.

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FIG. 1. Localized asymmetric hypertrophy of digits.



FIG. 2 Hypertrophy of bones and soft tissues of involved digits.

Nevus Lipomatosus Cutaneus Superficialis

A 16-year-old girl presented with a few slow-growing asymptomatic swellings on her buttocks since 8 years of age. Examination showed skin-colored, fleshy, non-tender, partially compressible, firm, protuberant mass with a cerebriform surface, located over the right gluteal area extending to the natal cleft (*Fig. 1*). Systemic examination and routine laboratory evaluation was normal. Histopathological examination showed clusters of mature adipocytes arranged in the mid and upper dermis around blood vessels and eccrine glands, along with hyperkeratosis and acanthosis of the overlying



FIG. 1 Multiple skin-colored, fleshy, protuberant mass with a cerebriform surface.

epidermis. A diagnosis of classic type of nevus lipomatosis cutaneous superficialis was made.

Nevus lipomatosis cutaneous superficialis (NLCS) is a rare hamartoma of adipose tissue presenting as multiple, soft, skin-coloured or yellowish lobules that may coalesce to give rise to the distinctive cerebriform surface. The lesions may present at birth or develop in the first two decades of life. Lower back, hip, upper thigh and abdomen are the commonly affected sites. The common differential diagnoses in the present case were: plexiform neurofibromatosis (folded overlying skin and hyperpigmentation), verrucous epidermal nevus (dirty gray or

dark brown coalescing papules with a verrucous surface), superficial lymphatic malformation (grouped, tense vesicular lesions with clear colourless fluid). Since NLCS is usually asymptomatic, treatment is required only for the cosmetic reasons. Excision is usually curative and recurrences after surgery are uncommon.

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Fordyce's Spots

A 14-year-old boy presented with gradually increasing, asymptomatic white elevations over the mucosa of right cheek since 4 years of age. There was no history of tobacco abuse, and the past medical history and family history were unremarkable. Examination showed clusters of small white papules with smooth shiny surface on the right cheek (**Fig. 1**). The lesions could not be scraped off. Rest of the mucocutaneous and systemic examination was normal. The condition was diagnosed as Fordyce spots and the parents were reassured.

Fordyce spots are ectopically located visible sebaceous glands on the genitals, lips and oral cavity, vermillion border of the lips being the commonest site. They appear as small, painless, raised, pale, red or yellow-white spots of 1 to 3 mm diameter. Their presence is considered as normal anatomic variants rather than a true medical condition. They are not usually visible in young children, and tend to appear at about 3 years of age increase during puberty and become more obvious in later adulthood. The condition needs to be differentiated from candidiasis (easily detachable white pseudomembranes), leukoplakia (adherent white plaque often with fissured surface) and white sponge nevus

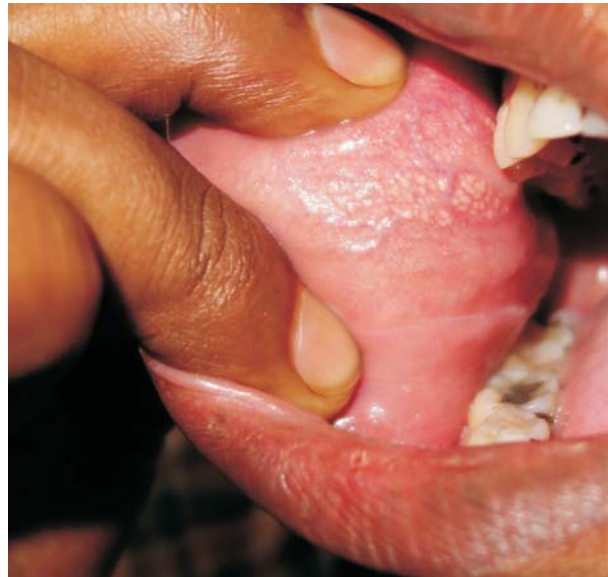


FIG. 1 Fordyce spots on mucosa of right cheek.

(thick, velvety, white spongy-looking plaques on buccal mucosa). No treatment is required; CO₂ laser or electro desiccations may be used to cosmetic concerns.

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