



FIG. 1 Pearly-white papules (Bohn's nodules) on alveolar ridge of a neonate.

lamina or may be remnants of minor salivary glands. They occur on the alveolar ridge, more commonly on the

maxillary than mandibular. Common differential diagnoses include other developmental oral inclusion cysts (Epstein pearl, Dental laminar cyst) and natal teeth. Epstein pearl is a small, firm, white, keratin-filled cyst, located on the mid palatine raphe. Dental laminar cyst (gingival cyst) is a yellow-white cystic lesion over the alveolar crest that arises from epithelial remnants of the degenerating dental lamina. Natal teeth usually erupt in the centre of mandibular ridge as central incisors. They have little root structure and are attached to the end of the gum by soft tissue.

Bohn's nodules usually rupture spontaneously and disappear within a few weeks to a few months. Counseling of the family members regarding its benign and self-limiting nature is all that is required in the management.

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Halo Nevus

A 7-year-old girl presented with a congenital blackish lesion over her forehead that had developed a white halo around it during the last three months. There was no history of white patches elsewhere over the skin. Examination revealed an oval hairy plaque of melanocytic nevus surrounded by a rim of depigmentation just above the left eyebrow (**Fig. 1**). There were no other mucocutaneous or systemic abnormalities. A diagnosis of halo nevus was made and periodic follow-up was advised.

Halo nevus designates the development of a halo of hypomelanosis around a central cutaneous tumor. This tumor is usually a benign melanocytic nevus but rarely blue nevus, neurofibroma or malignant melanoma may show the halo phenomenon. Halo nevi presumably result from immunologically mediated host responses to a nevus. This is usually seen in children or young adults of either sex particularly on the trunk, less commonly on the head and rarely on the limbs. It occurs with increased frequency in patients with vitiligo. Normally no treatment



FIG. 1 Halo of depigmentation around a central melanocytic nevus.

is required. The nevus tends to flatten and may disappear completely. The depigmented areas often persist, but may repigment after a variable period of time.

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