

## Blue Nevus on the Scalp

A 6-year-old boy was referred for a firm 3 cm x 2 cm size smooth-surfaced, dome-shaped blue nodule on the scalp for three years. A possibility of pigmented histiocytoma/dermatofibroma, pilomatricoma, ossifying fibroma or blue nevus was kept. Histology revealed a nodular collection of poorly melanized spindled melanocytes and deeply pigmented dendritic melanocytes within thickened collagen bundles which was consistent with a diagnosis of common blue nevus.

The differentials of a blue nodule include cavernous haemangioma (soft and large), dermatofibroma (firm, small and painful), angiokeratoma (soft and bleeds), blue rubber bleb nevus (multiple and painful), glomus tumour (single, painful) and pilomatricoma (hard). Blue nevi are rarely seen on the scalp. They are consequent to a dermal arrest in embryonal migration of neural crest melanocytes. Larger (>3 cm) lesions warrant a biopsy to rule out malignant changes. A yearly follow up is advisable for any recurrence.



**FIG. 1** Firm, blue nodule, with a smooth surface and prominence of follicular openings.

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## Plaque-Type Polymorphous Light Eruption

A 10-year-old boy presented with a solitary pruritic skin lesion near the right eye which was present since 4 months. To start with, there was a small elevated lesion with mild itching which gradually increased in number and coalesced. Cutaneous examination revealed a well circumscribed 3cm X 1.5cm plaque with lichenification towards the centre. The margin of the lesion was hypopigmented whereas the centre was hyperpigmented. Fine scales were noted in the periphery of the lesion (**Fig. 1**). No similar lesion was present elsewhere in the body; hairs, nails and mucosae were normal. Biopsy showed epidermal spongiosis with a dermal, perivascular, mainly mononuclear cell infiltrate and edema. A diagnosis of plaque-type polymorphous light eruption was made.

Polymorphous light eruption is an acquired sunlight-induced dermatosis, particularly at temperate latitudes, affecting 10-20% of the population. It is usually characterized by an itchy, erythematous, symmetrically distributed, papulovesicular rash, on some exposed areas within hours of exposure to ultraviolet radiation. Classical



**FIG. 1** Solitary well-circumscribed plaque on face.

histopathological findings include epidermal spongiosis with a dermal, perivascular, mainly mononuclear cell infiltrate and edema. It usually responds to broad-spectrum sunscreens and oral or topical steroids. Prophylactic low-dose immunosuppressive phototherapy in spring may be given for frequent episodes. Close clinical differentials are Hansen's disease (presence of hypoesthesia or anesthesia) and psoriasis (silvery white scales over an erythematous plaque).

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