

# Regression of atypical melanocytic nevi of the genital type: a case report

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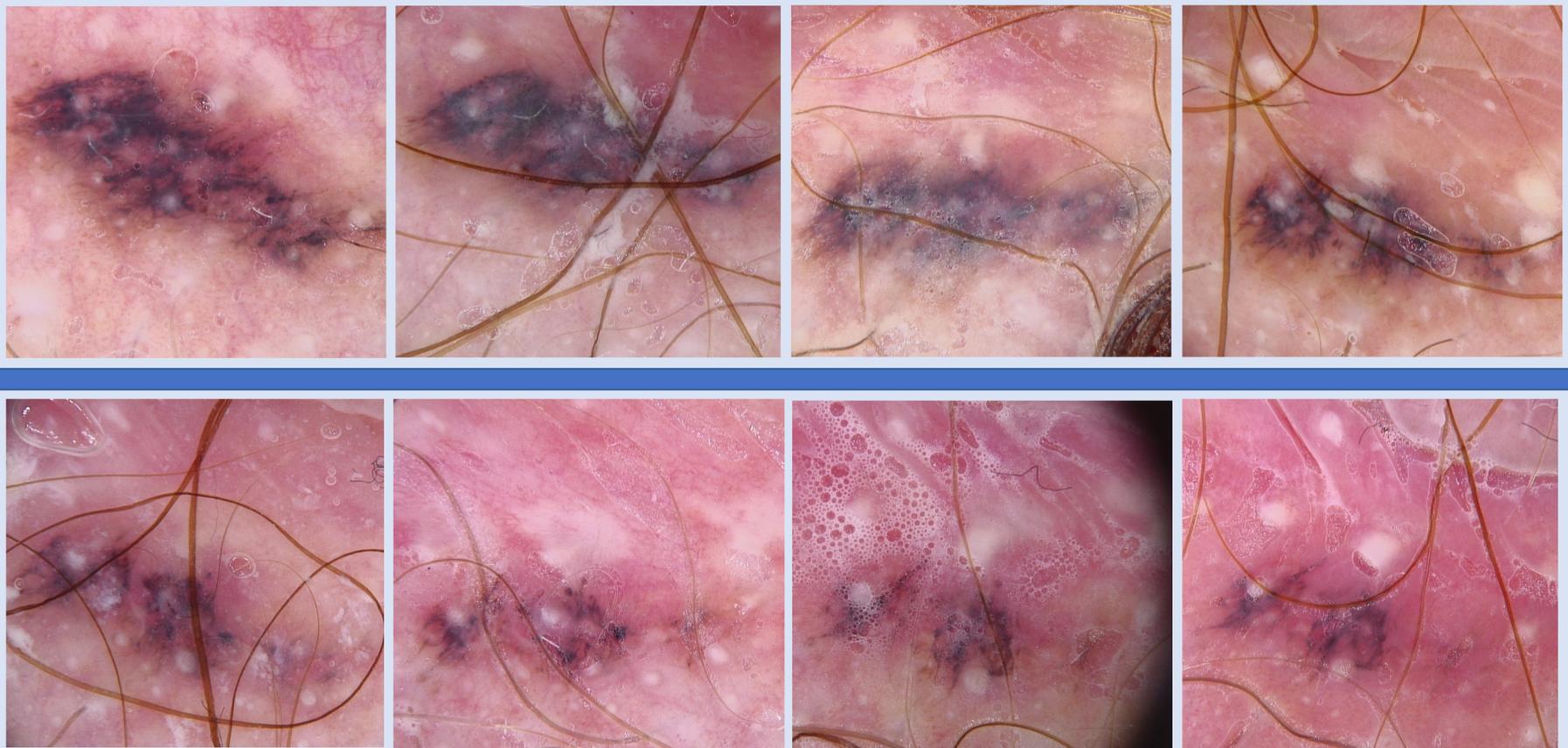
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**Background** – Melanocytic proliferation in the genital area may present clinical, dermoscopic and histologic peculiarities, known as site-related atypia. These aspects often require a differential diagnosis with malignant melanoma (1). Little is known about the other pigmented lesions' characteristics that affect the vulvar area (2). In particular, an atypical melanocytic nevi of the genital type (AMNGT) can be distinguished from melanoma and dysplastic nevi and may display alarming clinical features, such as dark pigmentation, irregular borders, and large size (3). This clinicopathological entity is characterized by an unclassified or non-specific stromal pattern (4). Although atypical melanocytes are present in these lesions, recurrence or metastasis along with evidence of transformation has not been reported in AMNGT (5).



**Figure 1** The lesion at first medical contact

**Case Report** - An adolescent girl presented at the video-dermoscopic service of the Dermatology department with a pigmented lesion on the left labia majora. At the clinical and dermoscopic examination, the lesion appeared to be melanocytic and characterized by atypical features that induced a follow-up. However, the lesion drastically reduced its dimensions with a clinical regression greater than 50% in a period of two years. An excisional biopsy was therefore performed. The pathohistological examination showed a compound melanocytic nevus with focal architectural disorder consistent with a diagnosis of atypical melanocytic lesion of the genital type.



**Figure 2** Progressive regression of the lesion during follow up: quarterly dermoscopic images

**Discussion** – Being melanoma exquisitely rare on the vulva of a prepuberal child in the absence of a congenital melanocytic nevus (4), a strict follow up was scheduled at first. However, when the regression of the lesion resulted to be greater than 50% it was promptly excised (7) in order to exclude a malignant melanoma. In fact, a shared approach from the literature provides that the amount of the clinical and dermoscopic regression serve the purpose to determine whether to choose a wait and see approach or not. However, other variables have been considered over the years. When reflectance confocal microscopy (RCM) is at disposal, the detection of a widespread pagetoid scattering has been highlighted to be the most predictive variable. Therefore, lesions with focal or absent pagetoid cells should be strictly monitored regardless of the entity of regression (7).

**Conclusion** In melanocytic lesions of the vulvar region, follow-up can be conducted in the presence of reassuring features (young age, flat lesion, small size, benign dermoscopic appearance, etc.). On the other hand, when a lesion, in the absence of RCM, is affected by a regression for more than 50% of its size, it should be removed; otherwise, pagetoid scattering can serve the purpose of avoiding invasive surgical procedures.

