

Correspondence

Agminated acquired melanocytic naevus modified by vitiligo vulgaris arising in the elderly

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A healthy 74-year-old Japanese woman, who had a history of vitiligo vulgaris on her neck for several years, visited our dermatology clinic with a 6-month history of slowly growing pigmented macules on her right breast (Fig. 1a).

On physical examination, she had a cluster of approximately 15 melanocytic macules, 15 × 10 mm in size. The cluster was surrounded by vitiligo (Fig. 1b). The vitiligo patch on her right breast had not been seen before the appearance of pigmented macules, which suggested that the vitiligo and pigmented macules had appeared simultaneously.

Dermatoscopic analysis revealed patchy reticular networks for all macules within the cluster, some of which had irregular pigment networks. Bluish-white veils were also seen in the centre of the cluster (Fig. 1c). The number of naevi over the entire body was > 10. Because malignant melanoma (MM) was suspected on clinical observation, the lesion was excised.

Histopathologically, small nests of a few naevus cells with small nuclei were scattered within the basal cell layer of the epidermis in the pigmented lesions. Basal pigmentation was also seen. A continuum of band-like nests of naevoid cells intermingled with small numbers of melanin-rich naevus cells was mainly located in the reticular dermis. Atypical features suggesting melanoma were not found in these cells. In contrast, in the lesions with a bluish-white veil, there were no nests of naevus cells in the basal cell layer. There were a few normal dispersed melanocytes without basal pigmentation, consistent with the characteristic features of vitiligo vulgaris (Fig. 1d–f). Using S-100 immunoperoxidase staining after demelanization, we could not detect any S-100-positive melanocytes in the basal cell layer of the epidermis with in these lesions.

Therefore, we considered the possibility that not only the dermatoscopic bluish-white veil, but also the 'agminated' morphology itself, may reflect histopathological discontinuity of the epidermal pigmentation modified by vitiligo. HMB-45 staining, which is a useful immunological marker to distinguish between melanocytes and melanomas, gave

a negative reaction. Based on these findings, we diagnosed the lesion as agminated acquired melanocytic naevus (AAMN) modified by vitiligo vulgaris.

To ensure the diagnosis of pigmented skin lesions, some algorithms of dermatoscopic analyses have been proposed.^{1,2} Consequently, dermatoscopy gives an improvement in diagnostic sensitivity compared with clinical visual inspection alone. However, even with dermatoscopic analysis there can be difficulty in diagnosis in some presentations: in cases of rare pigmented skin diseases without reported dermatoscopic features and in pigmented lesions modified by another disease.

AAMN belongs to a category of 'agminated' pigmented lesions that usually develop before the onset of puberty. AAMN can be divided into two subtypes, with or without underlying dysplastic naevus syndrome (DNS).³ Only two cases of AAMN without DNS have been reported previously, both of which arose in puberty.^{3,4} In contrast, our case occurred in an elderly woman who had no underlying DNS. In addition, our case had a modification due to vitiligo that made it more difficult for us to distinguish the lesion from MM.

In conclusion, this case showed atypical agminated morphology by traditional clinical criteria and dermatoscopic criteria for pigmented skin lesions. This case may represent a new clinical and histopathological variant of AAMN modified by vitiligo arising in elderly patients.

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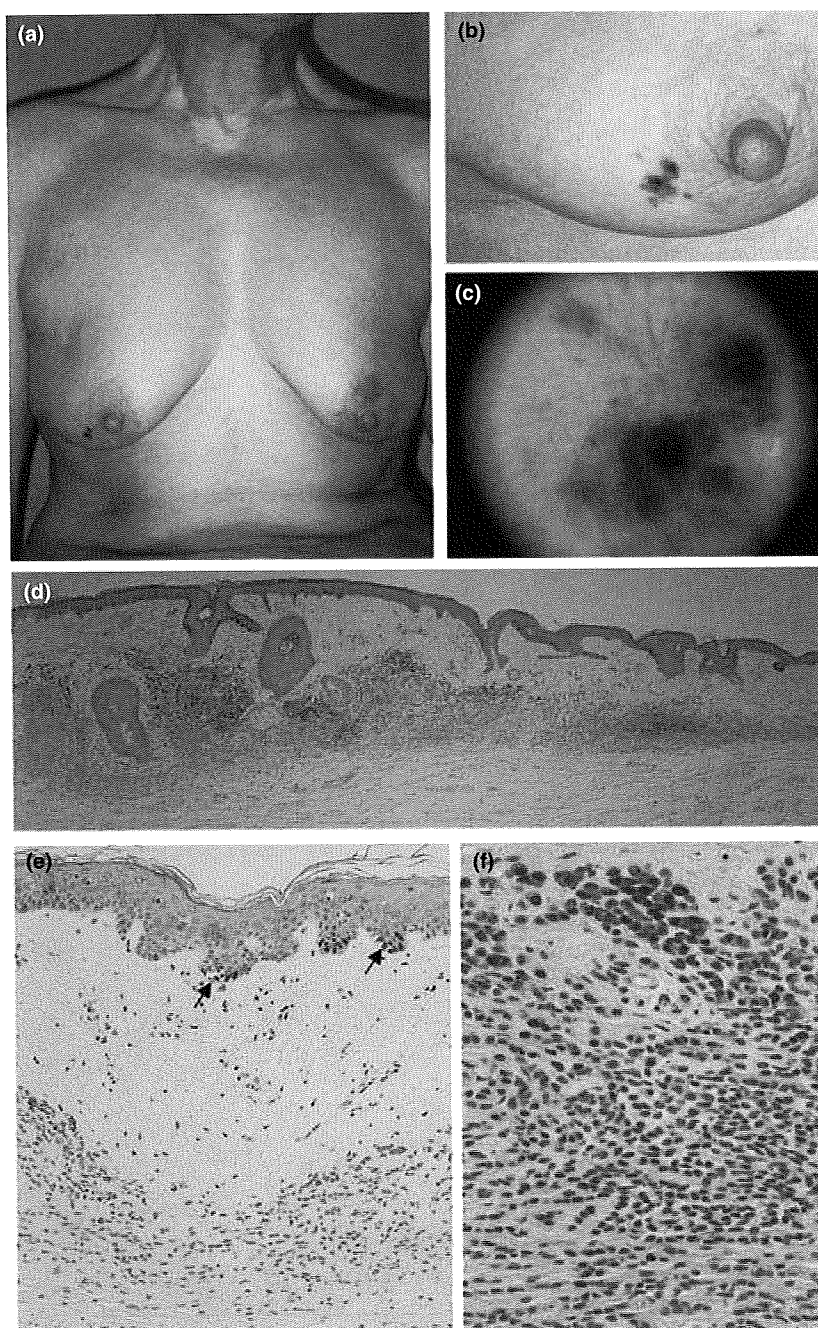


Figure 1 (a) Vitiligo vulgaris on the neck; (b) pigmented macules of the right breast surrounded by vitiligo; (c) dermoscopic image of the cluster of pigmented macules, showing a bluish-white veil and irregular pigment network; (d) pathological features of the agminated macules; (e) epidermal naevus cells with small nuclei formed some small nests in the basal layer (arrow); (f) melanin-rich cells in the nest of the upper reticular dermis showed normal naevus morphology with rich melanin, whereas naevus cells in the nest of the lower reticular dermis appeared smaller than those in the upper part of the nest. Haematoxylin and eosin, original magnification (d) $\times 40$; (e) $\times 100$; (f) $\times 400$.

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