

# “I have a booboo on my back!”

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A six-year-old male presents with a whorled, tan-brown plaque on his back that has been present for several years and is becoming increasingly raised (Figure 1).

## What's your diagnosis?

This is a case of linear epidermal nevus. Epidermal nevi are congenital hamartomas of embryonal ectodermal origin and are classified according to the predominant cell type. Epidermal nevi rarely have involvement with other organ systems, at which point it is termed an epidermal nevus syndrome.

Linear epidermal nevi often start off as patches, eventually becoming raised plaques. They are usually localized and several centimetres in size, although they can present as segmental or, rarely, systematized. They are usually asymptomatic, with the head, neck and trunk most commonly affected.

Epidermal nevi are usually a shade of brown and, with increasing age, develop a verrucous texture.

The diagnosis is clinical, although if diagnosis is uncertain, histopathology reveals marked hyperkeratosis, papillomatosis and acanthosis in a psoriasiform pattern.

Management consists of reassurance in iso-



Figure 1. Linear epidermal nevus.

lated epidermal nevi. There are very few case reports of malignant changes. Treatment is mainly for cosmesis and includes topical or systemic retinoids, topical calcipotriol, cryotherapy and topical steroids with no consistent best medical treatment. Laser resurfacing with an erbium-yttrium aluminum garnet or a carbon dioxide laser can produce acceptable results. Smaller lesions can be excised.

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