



## Giant Sebaceous Nevus of Scalp

Nambi GI\*

Department of Plastic, Hand & Microsurgeon, Kavin Medical Center, India

### Clinical Image

A 65-years-old woman presented with a black pigmented lesion in her left scalp. She gave history of trauma in childhood at the age of 10 years following which there was a swelling which increased to the present size. Her current problem was that she found difficulty in combing the hair and occasional episodes of bleeding from trauma of combing the scalp hair (Figure 1).

On examination, there was a hairless, cereberiform, pigmented and painless lesion over the left temporo parietal region measuring about 10 cm × 12 cm. The lesion was mobile over the underlying bone and there were no regional lymph node enlargement. A clinical diagnosis of sebaceous nevus was made followed by wide excision of the lesion and split skin grafting of the defect (Figures 2-4). Histopathology of the lesion confirmed the diagnosis.

### Discussion

Sebaceous nevus also known as nevus sebaceous of Jadassohn or organoid nevus is a congenital, hairless plaque that is seen most commonly on the scalp followed by face and neck. It is present at birth and persists throughout life and tends to become more verrucous and nodular during puberty. Over a period of time there is a risk of basal cell carcinoma (10%) developing in these lesions and is best managed by surgical excision and reconstruction. Surface vaporization with CO<sub>2</sub> laser can be used for smaller lesions and radiotherapy is contraindicated.

### OPEN ACCESS

#### \*Correspondence:

Nambi GI, Department of Plastic, Hand & Microsurgeon, Kavin Medical Center, Erode, Tamil Nadu, India,

E-mail: nambi75@rediffmail.com

Received Date: 23 Feb 2017

Accepted Date: 03 Apr 2017

Published Date: 07 Apr 2017

#### Citation:

Nambi GI. Giant Sebaceous Nevus of Scalp. *J Dermatol Plast Surg.* 2017; 2(1): 1009.

Copyright © 2017 Nambi GI. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



Figure 1: Cerebriform lesion.



Figure 2: Wide excision of the lesion.



Figure 3: Skin grafting of the defect.



Figure 4: Late post op view.