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CASE REPORT

Treatment of a large congenital melanocytic nevus with dermabrasion and autologous cell suspension (ReCELL[®]): A case report

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KEYWORDS

Congenital melanocytic naevi (CMN);
Dermabrasion;
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Summary Congenital melanocytic naevi (CMN) are present at birth in between 1 and 6% of all neonates.¹ They are caused by malformations of the neuroectoderm that are comprised of melanocytes and occasionally neural elements, following dysregulated growth and arrest of melanocytes during migration from the neural crest to the skin.³ Most commonly they are sub-classified according to size.⁵ They are at risk of malignant transformation, but the psychological impact of prominent CMN's is arguably of greater potential concern to the parent and child.^{6,7} Treatment modalities to date have included complete surgical excision with defect reconstruction, as well as less invasive methods such as dermabrasion, curettage, chemical peels and laser therapy.⁶

We present an illustrated case of a healthy, term, 4 week-old male neonate with a large CMN on his face. The lesion was dermabraded, and non-cultured epithelial autograft harvested from the right post-auricular area was applied.

Dressings were no longer required by the 8th post-operative day, and excellent skin pigmentation and texture was achieved by 5 months post-op.

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Introduction

Congenital melanocytic naevi (CMN) are usually defined as melanocytic nevi which are present at birth and occur in between 1 to 6% of all neonates.¹ In tardive CMN's however, the nevus may not be visible for up to two years post

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Figure 1 Pre-operative extent of CMN.

partum, as the pigment develops slowly over time.² It is thought that they develop in-utero between weeks 5 and 25. Strictly speaking they are tissue malformations of the neuroectoderm that are comprised of melanocytes and occasionally neural elements, following dysregulated growth and arrest of melanocytes during migration from the neural crest to the skin.³ There may be familial tendencies to forming CMN's, though most are reported to occur

spontaneously.⁴ The sub-classification of CMN varies in the published literature. Most commonly they are sub-classified according to size with small CMN's being <1.5 cm, medium being 1.5–20 cm and large being greater than 20 cm⁵ Occasionally the term "Garment Nevus" is used, and this refers to nevi situated on the trunk and which measures >40 cm in its greatest diameter.⁶ Periodically they are classified by the size that the CMN is predicted to attain in

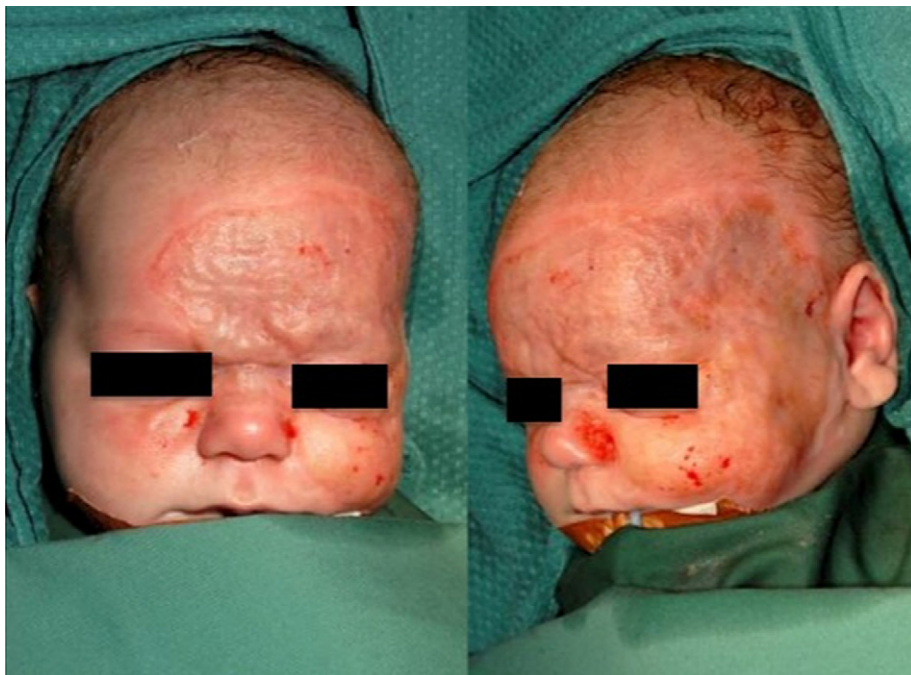


Figure 2 Intra-operative image following dermabrasion and meticulous haemostasis.

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