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CASES FOR DIAGNOSIS

Bluish Papules on the Forehead

Pápulas azuladas en la frente

Medical History

A woman aged 45 years with a history of uterine myomatosis consulted for the presence of various pigmented lesions on the right frontal region. The lesions had appeared more than 10 years earlier and had remained stable since that time.

Physical Examination

Approximately 25 bluish round papules of 1 mm to 2 mm in diameter were observed on physical examination.The skin between the lesions showed no abnormalities (Figure 1). Dermoscopy of the lesions showed a zone of homogeneous bluish pigmentation.

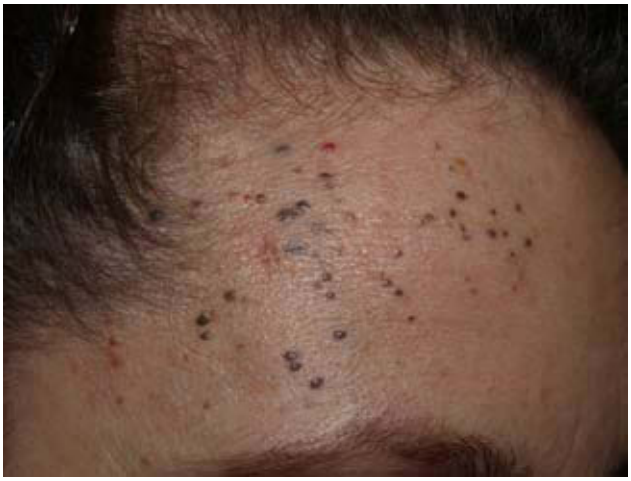

Figure 1

Additional Tests

Histology showed a normal epidermis with the presence of spindle cells containing melanin pigmentation in the interstitium of the middle and upper dermis. Nests of nevus cells were present at the dermoepidermal junction and in the papillary dermis (Figure 2). No further tests were requested.

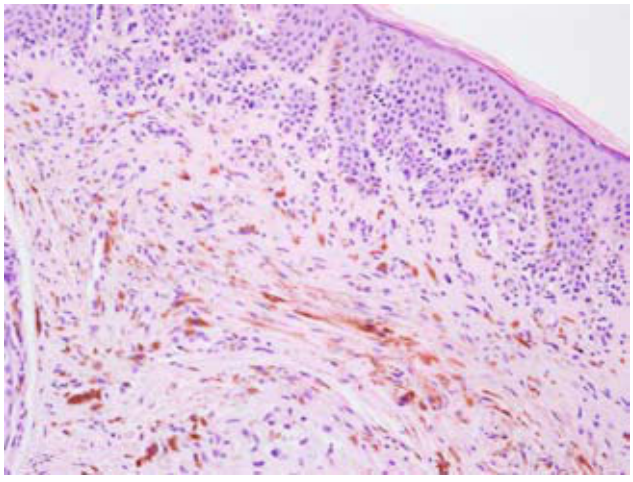

Figure 2 Hematoxylin-eosin, original magnification ×20.

What Is Your Diagnosis?

Diagnosis

Agminated blue nevi.

Clinical Course and Treatment

The patient was followed up periodically and the number and size of the lesions remained stable.

Comment

The blue nevus typically appears as a single, well-circumscribed lesion of a few millimeters in diameter, although multiple nevi may rarely develop.[1]

Upshaw et al[2] reported the first case of agminated blue nevi in 1947,and the few cases published since then have used varied terms of reference including plaque-type blue nevi or eruptive blue nevi.

Agminated blue nevi may be congenital or acquired. The condition is twice as common in men than women.[1] There are 2 published cases of familial agminated blue nevi that exhibit autosomal dominant inheritance.[3]

Hendricks coined the term eruptive blue nevi to describe the sudden appearance of the condition on previously sunburned skin in a boy of 14 years.[4]

An association has also been described between mucocutaneous lentigines, mucocutaneous and cardiac myxoma, and agminated blue nevi (LAMB syndrome).[3]

Clinical presentation is with multiple blue papules of between 5 mm and 15 mm in diameter grouped in a circumscribed area generally less than 10 cm across.[1]They are typically located on the trunk and lower limbs, although there is one reported case of a multiple blue nevi on the mucosa of the penis.[5] The skin between the papules tends be of a bluish-grey or brown color, although there are sometimes no changes in pigmentation.[1]Dermoscopy reveals a homogeneous blue pattern similar to that observed in a single blue nevus.[6]

Most patients remain asymptomatic and report no changes in the size, color, or texture of the lesions.[2]

Histopathology shows similar changes to those observed in the common or cellular single blue nevus, in which groups of spindle-shaped melanocytes appear in the middle and upper dermis, sometimes with the presence of cell islands, under a normal or slightly hyperpigmented epidermis.[1]

At the present time, the most widely accepted theory on the etiology and pathogenesis is that the cells are residual melanocytes that have undergone incomplete migration from the neural crest to the epidermis.[1]

Agminated blue nevus presents a challenge to dermatologists as it must be distinguished from Spitz agminated nevus and primary and metastatic melanoma. Histopathology is therefore required for a definitive diagnosis.[6]

In principle, this is a benign dermatosis, but the low number of reported cases means no exact prognosis can be given, and periodic follow-up of these patients is required.

Conflict of Interest

The authors declare that they have no conflict of interest.

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