

Cerebriform nevus

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DESCRIPTION

A 38-year-old man presented with insidious onset, gradually progressive and non-painful swelling over skull since childhood. His parents gave a history of noticing a dark-coloured patch over the right side of the head at birth which increased in size and attained the present form at around puberty and has been static since then. As it was asymptomatic and covered with turban (religious), they didn't bother about it much. Clinical examination revealed a sessile, non-tender, soft, 11×5 cm swelling over the right parieto-temporal scalp with sulci and gyri giving the characteristic 'cerebriform' appearance (figure 1). The rest of the clinical examination was unremarkable. The patient was informed about the benign nature of cerebriform nevus requiring close observation versus surgical excision and reconstruction in view of the possibility of malignant transformation. The patient took an informed decision of no surgical intervention. Twelve months

later, the scalp swelling continued to be asymptomatic and static in size.

Cerebriform nevus is an extremely rare hamartoma of skin usually present since birth.¹ It usually presents as a hyperpigmented patch most commonly over the scalp, trunk and lower limb.² It has a propensity to increase in size during puberty under hormonal influence and acquires multiple convolutions over the surface giving rise to characteristic 'cerebriform' appearance. Although a benign lesion, it has a potential of transformation into melanoma and the estimated life time risk is 6.3%–12%.³ Usually, it remains asymptomatic and reason of consultation is often cosmetic. Treatment favoured is wide excision followed by skin graft; however, when not feasible, close observation is recommended.

Learning points

- ▶ Cerebriform nevus is a rare and atypical morphological variant of the nevus sebaceous.
- ▶ Cerebriform nevus remains asymptomatic and patients often present for cosmetic reasons.
- ▶ Cerebriform nevus has a potential for malignant transformation into melanoma.
- ▶ Surgical excision followed by skin graft is favoured treatment; if not feasible, this warrants close observation.

Contributors KM, AJ, AK and PM were involved in management of the case at various stages. KM and AJ prepared the manuscript that was vetted by all.

Competing interests None declared.

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Figure 1 Clinical photograph showing non-pedunculated, swelling over the parieto-temporal area with contour of the surface having multiple furrows, giving the 'cerebriform' appearance.



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