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Multiple Agminated Acquired Melanocytic Nevi

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Dear Editor:

'Agminated' derives from the Latin word 'agmen', meaning an aggregation, and indicates a clustering or circumscribed grouping of lesions localized to a body area. It should be differentiated from other types of segmental distribution without a definite clustering[1]. Herein, we describe an acquired case of multiple clusters of agminated melanocytic nevi.

A 9-year-old girl visited our department with multiple clusters of pigmented moles on her trunk and inguinal area. They began to appear approximately 2 years ago and continuously increased in number. Upon physical examination, multiple circumscribed groups of dark brown colored macules lacking background pigmentation were noted on both sides of the flank and right inguinal area (Fig. 1). The patient was otherwise healthy and had no signs of developmental anomaly. A skin biopsy revealed discrete nests of nevus cells at the dermoepidermal junction, mostly located on the accentuated tips of rete ridges (Fig. 2). A markedly increased amount of melanin pigment was observed in the epidermis with melanophages in the superficial dermis. No nuclear atypia or mitosis was seen among the nevus cells. With the histological features of a junctional nevus, their unique clustered arrangement drew the diagnosis of agminated acquired melanocytic nevi. Three sessions of alexandrite laser treatment was performed with cosmetically acceptable results.

Pigmented lesions that are known to occur as agminated include blue nevi, multiple lentigines, Spitz nevi, congenital melanocytic nevi, acquired melanocytic nevi, and nevus spilus. The main differential diagnosis of agminated nevi is nevus spilus without clinically visible background pigmentation[2]. Nevus spilus, also known as speckled

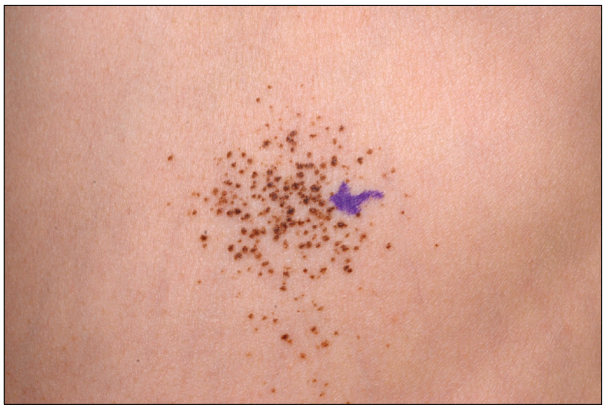

Fig. 1. Multiple agminated melanocytic nevi were distributed on the left flank.

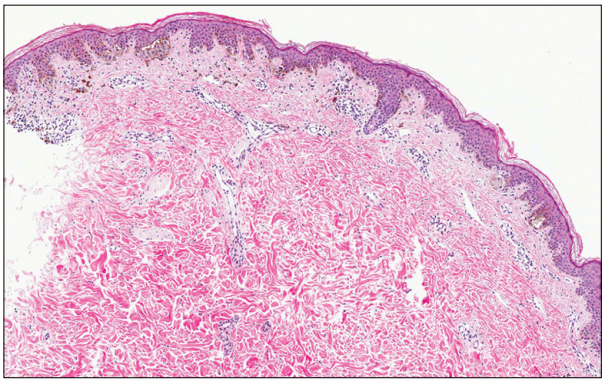

Fig. 2. Discrete nests of nevus cells at the dermoepidermal junction, mostly located on the accentuated tips of rete ridges (H&E, ×100).

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lentiginous nevus, is considered within the spectrum of congenital melanocytic nevi[3], due to its usual occurrence during late infancy or early childhood. Dark brown pigmented macules and papules lying on a tan lentiginous patch is the characteristic finding. Histologically, the background area resembles lentigo simplex, whereas the darker spots usually show the features of a lentiginous nevus with lentigo-like areas progressing to junctional and even small compound nevi[4]. In contrast, agminated nevi usually occur during puberty and lack background pigmentation. In our case, background pigmentation was not clinically visible, and the small amount of normal tissue surrounding the excised nevus did not reveal a lentiginous feature.

Since melanoma arising from acquired agminated melanocytic nevi has been described[5] and the patient is relatively young, long-term follow-up for any malignant change as well as development of background pigmentation is warranted.

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Successful Treatment with Tacrolimus in a Case of the Glucocorticoid-Dependent Recurrent Cutaneous Eosinophilic Vasculitis

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Dear Editor:

Recurrent cutaneous eosinophilic vasculitis (RCEV) is a rare type of necrotizing vasculitis. The cases present with inflamed small dermal vessels with eosinophilic infiltration and no systemic organ involvement. The disease is also associated with peripheral blood eosinophilia[1]. Although the systemic glucocorticoid treatment is usually effective, a relapse often occurs during the reduction of the glucocorticoid dosage. However, there are few reports of RCEV ameliorated by other immunosuppressive medications.

We report a case of RCEV in which the oral tacrolimus treatment not only improved the clinical manifestations including eosinophilia and vasculitis-induced purpura, but also decreased the corticosteroid dosage required to control eosinophilic vasculitis.

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