CASE REPORT

Clinical, dermoscopic and histopathological evaluation of the Meyerson nevus - Case report*

Avaliação clínica, dermatoscópica e histopatológica do nevo de Meyerson - Relato de caso

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Abstract: Meyerson nevi occur whenever a rare focal and transitory eczematous eruption arises around melanocytic lesions. The same phenomenon has also been observed in non-melanocytic lesions as well. Herein we report the case of a 25 year old, male patient, who had noticed, two months before, the arising of a pruriginous and erithematous halo around two nevi localized on his abdomen. The lesions were found to be atypical on dermoscopic examination and he was submitted to surgical excision of both nevi. Histopathological examination revealed displastic compound melanocytic nevi, surrounded by intraepidermical vesicles and spongiosis. Present report suggests that Meyerson phenomenon does not seem to alter dermoscopic features of nevi.
Keywords: Dermoscopy; Nevus; Nevus, pigmented

Resumo: O nevo de Meyerson ocorre quando uma rara erupção eczematosa focal e transitória surge ao redor de lesões melanocíticas. O mesmo fenômeno também foi observado em lesões não melanocíticas. O caso relatado é o de um doente masculino, 25 anos, que há dois meses notara surgimento de eritema e prurido, circundando dois nevos, localizados no abdome. As lesões eram atípicas à dermatoscopia e procedeu-se à excisão cirúrgica dos dois nevos. O exame histopatológico revelou nevos melanocíticos compostos displásicos, envolvidos por espongiose e vesículas intraepidérmicas. O presente relato sugere que o fenômeno de Meyerson não modifica as características dermatoscópicas dos nevos.
Palavras-chave: Dermoscopia; Nevo; Nevo pigmentado

INTRODUCTION

In 1971, Meyerson described two patients that presented erythema, desquamation and pruritus concerning exclusively nevi, localized on the trunk and close extremities and that improved after therapeutics with topic corticosteroids. [1] Since then, this phenomenon has been described in various pigmented lesions including junctional nevi , Sutton nevi, atypical nevi [2]and congenital ones.[3] It was even documented in non-melanocytic lesions such as basal cells carcinomas, spinocellular carcinomas, seborrheic keratosis, keloids, histiocytofibromas and insect bites.[4] We report here the case of a young patient that clinically presented two Meyerson nevi which made it possible for us to document the dermatoscopic and histopathological findings of this rare phenomenon.

CASE REPORT

Male patient, hygienic, aged 25, white, sought the dermatologic service of our hospital complaining of eruption he had noticed two months before, in two nevi situated on his abdomen (Picture 1A). Apart from that, the patient did not present other complaints or comorbidities and denied the use of medication. It was observed, in his dermatological examination, two

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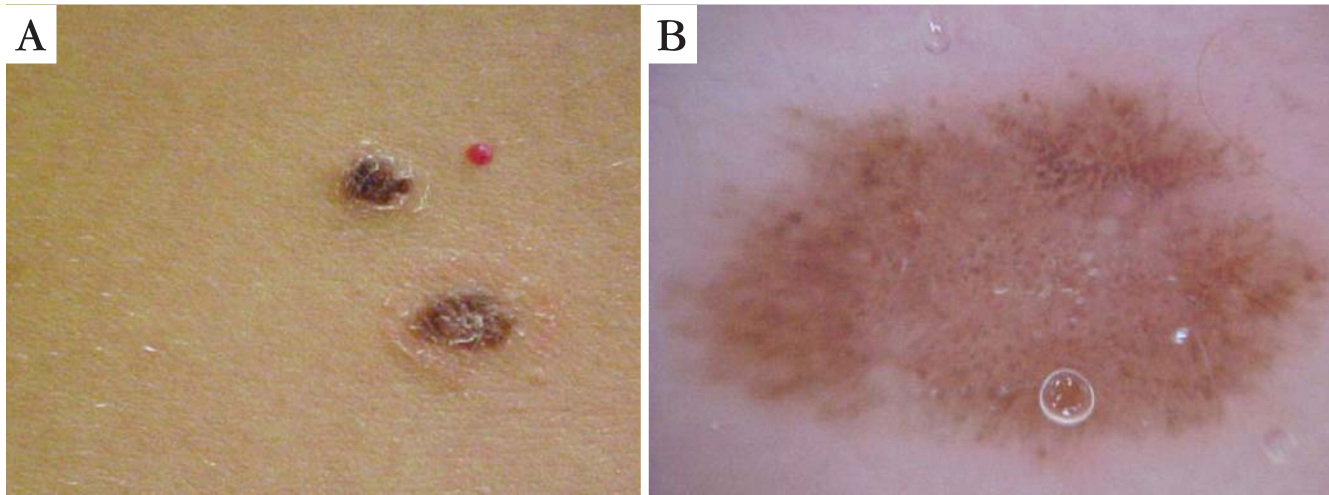

FIGURE 1: A. Erythemal-edematous halo localized in two atypical melanocytic nevi; **B.** Dermatoscopy of one of the nevi (inferior in picture 1A), shows a mixed pattern: globular in the centre and reticular in the periphery

brownish papulous lesions situated on his abdominal region surrounded by a halo of erythema and edema topped by crusts. (Picture 1A).There were a few other common nevi distributed along the whole body which had been preserved. Dermatoscopy suggested the diagnosis of atypical melanocytic lesion in the two cases (Pictures 1B and 2). One nevus (Picture 2) presented asymmetry in two axes, four different colours and the presence of amorphous areas and peripheral globules, leading to a score (TDS) of 5.3, according to the ABCD rule, described by Stolz et al.[5] The other lesion presented a similar aspect and a combination of patterns: globular in the centre and reticular in the periphery, with discreet asymmetry and presence of more than one (Picture 1B). Surgical excision was carried out in the two nevi. The histopathological examination confirmed the dermatoscopic findings and revealed melanocytic nevi, with epidermical vesicles and spongiosis around them and in the epidermical component of the nevi. (Pictures 3 and 4). There were nests of melanocytes in dermo-epidermic junction and in the superior dermis apart from bridges of melanocytes between epithelial crystals and fibroplsia in the papillary dermis (Picture 3). Enlargement made it possible to visualize some atypical malanocytes. The nevi were diagnosed as atypical compound nevi with associated spongiotic dermatitis (Picture 4).

DISCUSSION

The physiopathology involved in this case remains unknown. Hypothesis such as pityriasis rosea restricted to the neus [1], solar exposition, subacute allergic dermatitis and immunological reaction[3] were suggested. Our patient denied solar exposition or

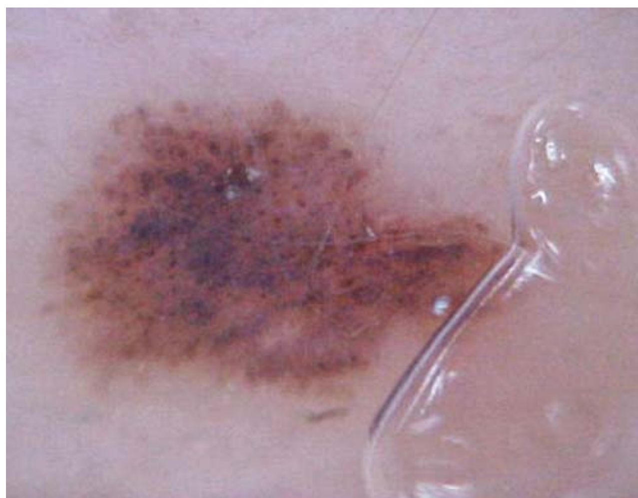

FIGURE 2: Dermatoscopy of the superior nevus in picture 1A presents asymmetry, streaks and pigmentary globules, irregularly distributed

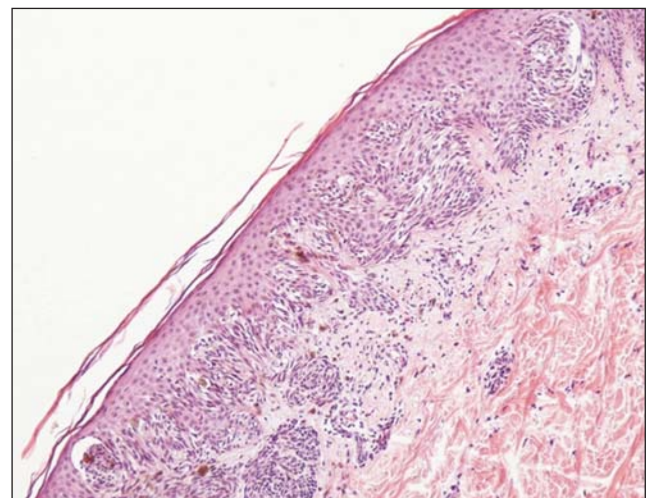

FIGURE 3: Histopathology of picture 1B nevus: epidermic hyperplasia with melanocytic proliferation and discreet spongiosis. H&E, original enlargement 100x

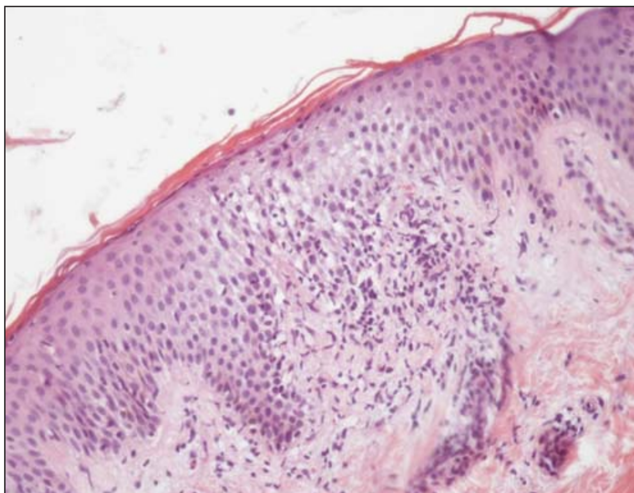

FIGURE 4: Lateral border of picture 3 nevus shows epidermis with findings of subacute eczema: parakeratosis and spongiotic vesicles. H&E, original enlargement 200x

allergies. The phenomenon of Meyerson tends to affect young adults, without associated disesases, as it seems to be the case of our patient.

The clinical aspects of the Meyerson nevus are of a pruriginous, symmetric and eczematous halo that appears around a pigmented lesion. An asymmetric halo was also described in the medical literature[2]. Recently, Longo and collaborators[6] published a case of atypical Meyerson nevus that did not present clear signs of eczema although the patient complained of light pruridus in the site. Compound eczema may or may not be cured after treatment with topic corticosteroids creams. Clarifying of the eczema after the excision of the nevus only was also described.[7] Contrary to the Sutton nevus, the Meyerson nevus persists after the resolution of the halo of eczema.[3]

Histopathology shows a nevus, generally compound, with associated dermatitis.[3] In this present case, the two nevi that were excised were compound nevi.

The inflammation of the eczema might be seen as hypopigmented areas and of cicatricial aspect in dermatoscopy.[2,6] In the same article previously mentioned,6 Longo and collaborators opted by the surgical removal of a Meyerson nevus based on dermatoscopy that had revealed a suspicious lesion : hypopigmented multifocal areas and areas of regression, with some sparse brownish marks

The present report suggests that the phenomenon of Meyerson does not modify the dermatoscopic characteristics of the nevi. Our patient had a surgery due to a strong suspicion of atypical nevi based on the findings of dermatoscopic exam, fact that was lately confirmed by histopathology. ❑

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