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Halo Naevus - A Case Series

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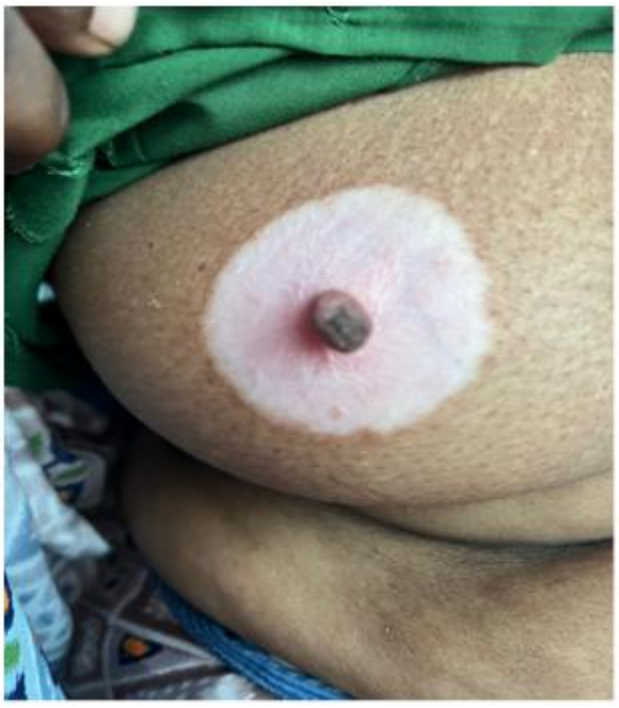
1. Introduction

A halo naevus consists of a naevus (mostly a compound naevus, could also be a junctional or dermal naevus) surrounded by an area of depigmentation resembling a "halo" hence the name.

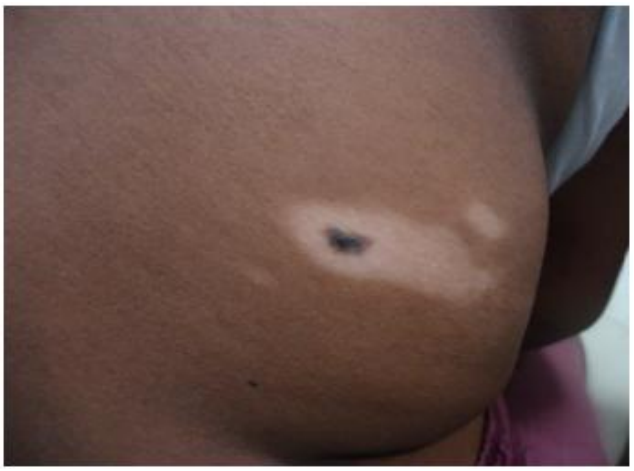
It is also known as - leukoderma aquisitumcentrifugum, perinaevoid vitiligo, depigmentosacentrifugum, or Sutton naevus as it was first described by Sutton in the year 1916.

2. Case Reports

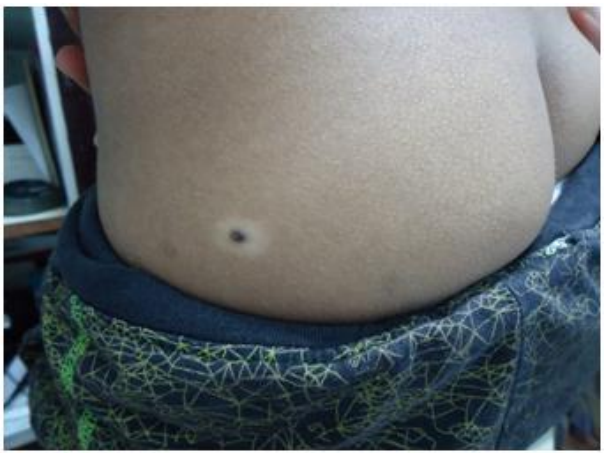
1) A 46yearold female patient came with complaints of depigmentation of her areola for the past 6 months, not associated with any other symptoms. She was also a known case of hyperthyroidism on regular medication.



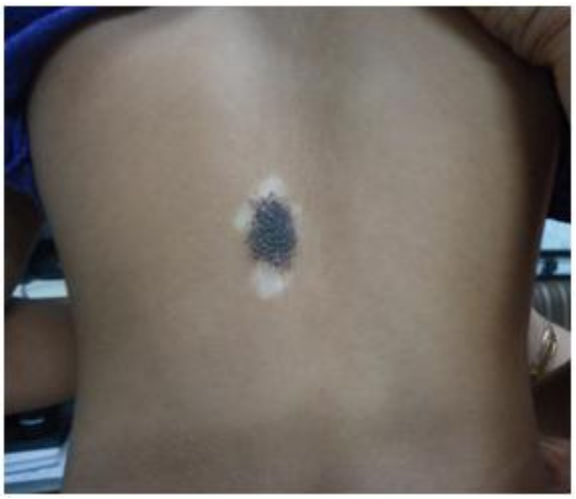
2) An 18 year oldgirl came with complaints of the lesion depicted below present on her back for a duration of almost 4 years.



3) A 9 year old child was brought in by his mother with complaints of the of skin surrounding an already existing naevus on his left gluteal region showing sudden hypopigmentation.



4) A 13 year old male child was brought to the OPD by his grandmother who said she noticed an unusual patch of skin on her grandson's back for almost a month.



3. Discussion

They are commonly found in children or young adults, with the back being to be the most common site of occurrence for these lesions. The early lesion is usually a brown or black naevus with asurrounding rim of vitiligolikedepigmentation. In some instances, the central nevus may lose its pigmentation and might become pinkish with a peripheral halo. The central papule may disappear leading to an area of macular depigmentation, or the depigmented area mayalso rarely repigment. There are 4 stages that are thought to be present during the course of a halo naevus being - 1. Halo or rim of depigmentation around the naevus appears 2. Naevus undergoes loss of pigmentation3. Naevus itself disappears in due time leaving behind only the halo 4. Loss of halo as well leading to the skin regaining its natural colour. Sometimes halo nevi are also more than one in number, occurring eithersimultaneously or at different time periodsin the same individual.

Pathophysiology: of this disorder is not entirely known but some theories suggest an autoimmune response against the naevoid cells. It is also thought to be associated with autoimmune disorders such as Hashimoto's thyroiditis, alopecia areata and vitiligo which further help support this theory. There has also been a case report on the disappearance of vitiligo in a patient after the removal of halo nevi, thus causing speculation that halo naevi could be a forerunner for vitiligo. It was thought that the vitiligo had disappeared due to an immunological reaction similar to a reverse koebner's reaction. Many recent studies also show a strong correlation between Halo naevi and melanomas, where halo naevi are thought to be a harbringer of melanoma in adults. An immunological mechanism has been postulated for this as well.

Histopathological picture: shows a dense lymphocytic infiltrate with naevomelanocytic aggregates in the mid and deep portion of the dermis.

Differential diagnosis: Recurrent naevi in a scar, Melanoma with surrounding depigmentation probably due to regression and solar lentigines or a seborrheic wart undergoing regression.

Management: No particular treatment is required for halo naevi. Reassurance should be provided to the patient after adequately educating them about the benign nature of the condition. However, in older patients, we must rule out melanomas after a thorough full body clinical examination and make sure to call them in for regular follow ups. If associated with melanoma, targeted therapy with BRAF inhibitors or immunotherapy with pembrolizumab and nivolumab can be tried. Surgical excision is required only if atypical features persist.

Regular sun protection must also be advised to all patients.

References

[1] Rook's textbook of dermatology 9th edition chapter 132
[2] Association between halo naevi and melanoma in adults a multicentre retrospective case series - Dylan Haynes MD, Jennifer L. Strunck – JAAD
[3] Halo Nevus, competent surveillance of potential melanoma? - John A. Krebs, M. D. Henry H. Roenigk, Jr., M. D. Department of Dermatology Sharad D. Deodhar, M. D., Ph. D. Barbara Barna, M. S. Department of Immunopathology - Cleveland clinic journal of medicine
[4] Disappearance of vitiligo after removal of halo nevi - A CASE REPORT, Dr Archana M, Indira Reddy. D, Prof. Jayakar Thomas- International journal of scientific research volume 9, issue - January 2020
[5] Halo Naevus – Dr. Amanda Oakley, Dermatologist, Hamilton, New Zealand – DermNet, updated January 2018.