

More on “Naevus Lentiginosus Linearis”

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Sir,

Happle et al. (1) recently described two patients with a unique form of unilateral lentiginosis following strictly the lines of Blaschko. They stated that such a pattern had never been described before and named it “naevus lentiginosus linearis”. However, this picture has indeed been reported previously.

In 1978, Port et al. (2) described a 26-year-old Hispanic man with small hyperpigmented macules, present since the age of 1 and arranged in multiple Blaschkolinear streaks on the left side of the trunk. Fernández Canedo & Fernández Rodrigo (3) more recently presented a 22-year-old white woman with a 12-year history of a longitudinal band of lentigines stretching from the

left breast to the adjacent axilla. A year later, Medina-Castillo et al. (4) described a 20-year-old Hispanic woman with a 2-year history of an S-shaped pattern of lentigines on the right side of the face (crossing the eye and involving the sclera). And last year, Monteagudo et al. (5) reported on a 52-year-old white man presenting with an S-shaped band of lentigines on the right side of the chest and back that had been present since childhood. Interestingly, three of these four previous cases also featured isolated café-au-lait spots within the lesional area (2, 3, 5).

These observations further support the existence of naevus lentiginosus linearis as a distinct entity within the spectrum of lentigo-associated naevi.

Response to More on “Naevus Lentiginosus Linearis” by Torchia

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Sir,

We read with great interest Dr. Torchia’s comment on naevus lentiginosus linearis. The author concurs with us that this disorder represents a distinct entity.

On the other hand, we still have some doubts that the cases reported by Dr. Torchia can be considered examples of naevus lentiginosus linearis. In the case published by Port et al. (2) the linear lesions predominantly showed a rather uniform hyperpigmentation, which in our view would be more consistent with a diagnosis of “linear and whorled nevoid hypermelanosis”. The disorder described by Medina-Castillo et al. (4) likewise appears to be different because a rather large, segmentally arranged café-au-lait macule was present on the patient’s forehead. The pigmentary disorder

reported by Fernández Canedo & Fernández Rodrigo (3) is reminiscent of naevus lentiginosus linearis but because of the presence of a café-au-lait macule within the lesion we cannot exclude the differential diagnosis of a mosaic manifestation of neurofibromatosis 1. On the other hand, the case of “partial unilateral lentiginosis” as reported by Monteagudo et al. (5) may indeed represent an example of naevus lentiginosus linearis, but the quality of the presented clinical photograph renders it difficult to confirm this unequivocally.

Regardless of the uncertainty surrounding these previous cases, future clinical research will certainly help improving the criteria to distinguish between naevus lentiginosus linearis and other pigmentary disorders arranged along Blaschko’s lines.

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