

A TYPICAL MONGOLIC SPOT IN AN INFANT: CASE REPORT**Juan Tafur Delgado^{1*}, Michael Muñoz Ortiz¹ and Víctor Otero Marrugo²**¹ *Second-year Pediatric Resident. University of Sinú, Colombia*² *Doctor, Specialist in Dermatology. Montería, Colombia*

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Conflict of interest: Nil

Abstract

Congenital dermal melanocytosis, or Mongolian spot, is the most common pigmentary dermatosis in newborns. It is frequently located in the lumbo-sacral region, although very infrequently it can be located in extra sacral areas. We present the case of a young infant with an atypical Mongolian spot on the trunk and extremities, which undoubtedly represents a diagnostic challenge for primary care physicians, since this presentation is very rare and may be associated with other clinical situations that should be suspect.

Keywords: Melanocytosis, dermatosis, congenital, Mongolian spot.

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Introduction

Mongolian spot, also known as dermal melanocytosis, is a pigmented lesion seen in newborns. Morphologically it is a large macula of blue, greenish, grayish color or combinations of these, of more or less 10 cm, with diffuse limits of typical location in the lumbo-sacral region [1]. Its coloration is due to the presence of remaining dendritic melanocytes that are trapped in the dermis in their transit from the neural crest to the dermo-epidermal junction [2]. It is more frequent in certain types of ethnic groups, with East Asians being the ones who show the most prevalence of this dermatosis. In very few cases, the Mongolian spot may have unusual or a typical topography, in which case there is a risk of persistence in to adulthood [3]. We present the case of a minor infant with congenital dermal melanocytosis of

a typical topographic present at birth from the city of Montería - Colombia.

Clinical Case

It is a minor infant, male, 6 months old, who attended the dermatology consultation accompanied by his mother for the evaluation of blue-grey lesions on the upper, lower extremities and back, which appeared from birth. The patient had no relevant pathological, perinatal or family history. The mother denied applying creams, emollients or any other type of medicine to the spots.

On physical examination, it was a disseminated dermatosis to the lumbo-sacral region, upper limbs (Fig. 1) and lower limbs (Fig. 2), formed by 8 spots, the largest of which was approximately 15 cm in diameter (Fig. 3), blue-gray in color,

homogeneous, with partially defined limits, of the physical examination was normal. which did not white nonacupressure. The rest



Figure 1: Mongolian spot located on the left upper limb.



Figure 2. Mongolian spot located on the lower limbs.



Figura 3. Lumbosacral Mongolian spot.

Discussion

The Mongolian spot is a benign dermatosis characterized by hyper pigmentation, which varies in size, color and shape, with a predominance of blue-green or blue-gray. It is most frequently located in the lumbosacral region. Its characteristic coloration is due to the presence of spindle-shaped and dendritic melanocytes that are detained between the collagen bundles in the dermis during the migration from the neural crest in the embryonic stage [4]. Normally these spots disappear in the first years of life, however, a small percentage can remain until adulthood, these being the ones that present atypical locations (not lumbosacral) [5].

The atypical locations of the Mongolian spot are poorly documented in the medical literature. Islas LP et al. They described in 2001 the percentage and frequency of presentation of 91.5% of 3,760 newborns included in the study, with an incidence of 6 cases per 1,000 newborns. In this report the aberrant locations were distributed in the following decreasing order: buttocks, ankles, knees, feet, hands, and scapular region [6].

Mongolian spot has been associated with different pediatric disorders, recent data support its relationship with type I mucopolysaccharides (MPS 1), especially when it comes to atypical, extensive and multiple presentations, as described in different case reports [7, 8, 9, 10]. As well as with other lysosomal storage diseases [11, 12]. The hypothesis suggests that defects in melanocyte migration are secondary to the accumulated products of the underlying enzyme disorder.

Similarly, its concomitance with type II pigmentary vascular phakomatosis has been described, especially when there are also

vascular malformations (portwine stains and otanevus) [13].

The diagnosis of this dermatosis is based on clinical findings; in our case, no additional data were found that warranted complementary studies such as skin biopsy.

Conclusion

The Mongolian spot is one of the most frequent pigmentary lesions in newborns, they are not always innocuous, especially if it is extensive, aberrant or multiple, and more so if it is associated with other findings on physical examination, for which the patients should be thoroughly evaluated to rule out other underlying clinical conditions.

Conflict of interests

The authors declare that they have no conflict of interest in relation to the preparation and publication of this article.

Authors contribution

All authors contributed and approved the publication of this manuscript.

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