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Clinical and Dermoscopic Features of Nevii in Preschool Children in Padua

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In a recent article, Aguilera et al. [1] have reported a prevalence study of nevi in children and analyzed dermoscopic, constitutional and environmental factors. Here, we report some clinical and dermoscopic features of pigmented lesions in our population of 81 consecutive preschool children (aged 2–6 years) examined at the pigmented lesion clinic of our Unit of Pediatric Dermatology. Each patient underwent clinical and dermoscopic evaluation combined with full-body photography. Of the 81 children, 35 (43.2%) were boys and 46 (56.8%) were girls, with a mean age of 5.6 years. All nevi in each patient, including those less than 2 mm in diameter, were clinically and dermoscopically examined by trained dermatologists with both a manual dermoscope (Heine Delta 20, Heine Optotechnik) and a digital dermoscope (Teach Screen Fotofinder GmbH Software). With regard to Fitzpatrick's phototypes [2], 19 (23.6%) of the patients had skin type II, 59 (72.8%) skin type III, 2 (2.5%) skin type IV and 1 (1.2%) skin type V. No patient had skin type I or VI. The great majority of our population had skin type III, whereas the population examined by Aguilera et al. showed a more homogeneous distribution, with 27.8% of patients with skin type II, 49.3% with skin type III and 27.2% with skin type IV. The mean number of nevi in our population was 1.5, whereas in the study by Aguilera et al. it was 17.5. This could reflect the difference in age of the populations exam-

ined: in our study we examined children aged 2–6 years, whereas in the study of Aguilera et al. the age range was 1–15. With regard to the number of nevi per anatomic site, the mean number of nevi was 1.43 in the head and neck area, 1.57 in the chest, 0.98 in the upper extremities, 2.53 in the back, 0.70 in the lower extremities and 0.33 in the feet. The dominant dermoscopic pattern in our patients, defined as the pattern present in more than 40% of all nevi [3], was reticular in 30 (37%) patients, globular in 36 (44.4%), cobblestone in 1 (1.2%), homogeneous in 2 (2.5%), starburst in 3 (3.7%), multicomponent in 2 (2.5%), globular-reticular in 3 (3.7%), reticular-homogeneous in 2 (2.5%) and globular-homogeneous in 2 (2.5%) patients. Interestingly, the reticular pattern, usually more prevalent in the older population, was more represented in our 2- to 6-year-old population (37%) than in the 1- to 15-year-old population studied by Aguilera et al.

In conclusion, we report some clinical and dermoscopic features of melanocytic nevi in a population of 81 consecutive preschool children presented to the Dermatology Unit of the Department of Pediatrics in Padua. Our results are partially in agreement with those of Aguilera et al. indicating that a different selection of patients can determine variations in both clinical and dermoscopic patterns.

References

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