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# Dermoscopy of an uncommon lesion in the umbilicus

## *Dermatoscopia de lesão incomum na cicatriz umbilical*

### ABSTRACT

The present article discusses the importance of differential diagnosis with lesions located in the umbilicus. A case of verrucous nevus is described in this location, emphasizing the role of dermoscopy in the diagnosis.

**Keywords:** melanoma, epidemiology, skin neoplasms.

### RESUMO

*Discute-se neste artigo a importância do diagnóstico diferencial das lesões localizadas no umbigo. É relatado caso de nevo verrucoso nessa localização, ressaltando-se o papel da dermatoscopia na elucidação diagnóstica.*

**Palavras-chave:** umbilicus; dermoscopy; nevus

## INTRODUCTION

The umbilicus is a body site that can be affected by inflammatory, infectious, and tumorous diseases, the most classic examples being umbilical endometriosis and the Sister Mary Joseph's nodule.<sup>1</sup> Nevertheless, other more rare conditions, such as the verrucous epidermal nevus, should also be considered when assessing this region.

The verrucous epidermal nevus is a congenital malformation originated by the hyperplasia of the basal layer of the epidermis, erupting in the first year of life in 80% of cases.<sup>2</sup>

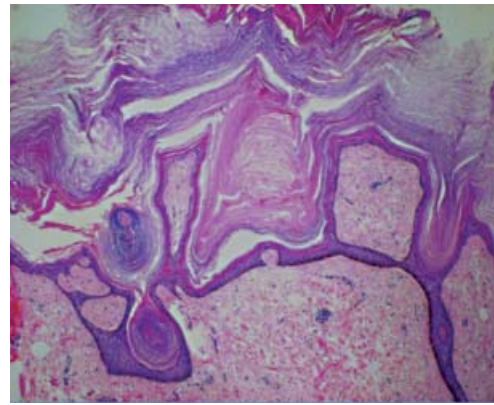
It can be located in the cephalic segment, cervical region, trunk and limbs – the latter two being the most frequent sites.<sup>3,4</sup>

This paper reports a case of verrucous epidermal nevus in an atypical location, as well as the dermoscopic findings.

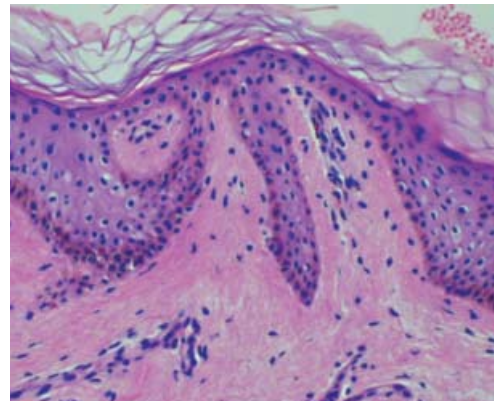
## CASE REPORT

A 27-year-old woman presented a hyperkeratotic lesion with a central conical projection and a verrucous adjacent area, located in the umbilicus for 10 years. The lesion was firm, rough, painless, and not adhered to any deep layers (Figure 1). Dermoscopy evidenced areas of a yellow-orange color in the center, verrucous lesions on the wall of the umbilical scar, and debris. In addition, there was a fine regular pigmented network in the margins of the lesion (Figure 2).

Histologic examination demonstrated laminar hyperkeratosis, acanthosis, and papillomatosis – findings that are consistent with the diagnosis of verrucous epidermal nevus (Figures 3, 4, 5).



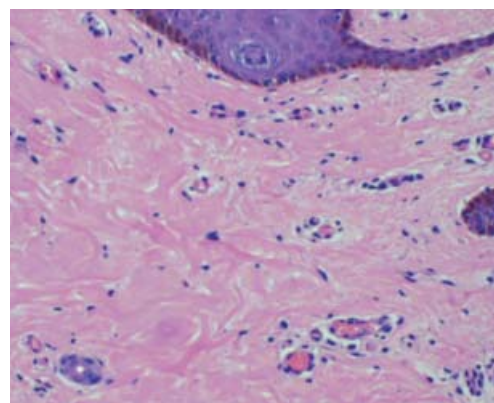
**FIGURE 3:**  
: Histological appearance of the lesion (HE - 40X); epidermal hyperplasia with papillomatosis and laminar hyperkeratosis



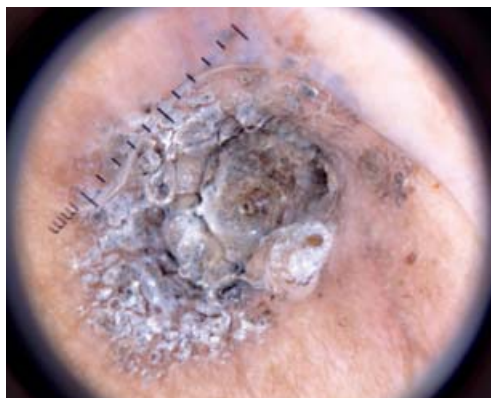
**FIGURE 4:**  
Histological appearance of the lesion (HE - 200X); keratinocytes with increased melanin pigmentation in the basal layer



**FIGURE 1:**  
Hyperkeratotic lesion with central conical projection and verrucous adjacent area in the umbilical region



**FIGURE 5:**  
Histological aspect of the lesion (HE - 200X); dermal fibrosis corresponding to the umbilical scar



**FIGURE 2:**  
Dermoscopy - presence of yellow-orange areas in the central region, with verrucous lesions in the periphery

## DISCUSSION

The verrucous epidermal nevus appears as papules and/or single or multiple plaques that can be hyperkeratotic or basically verrucous, hyperpigmented, and well-defined, predominantly in the trunk and limbs. Although no specific dermoscopic pattern has been described, the finding of yellow-orange areas suggests the presence of keratin, indicating a keratinocyte proliferation process. The absence of dermoscopic findings typical of other lesions has helped the authors to exclude some differential diagnoses.

In cases where seborrheic keratosis is suspected, comedone-like lesions (yellowish-brown structures), pseudocysts

(creamy white structures) and an amorphous yellowish area would be observed. In the case of viral warts, there would be normochromic papules and thrombosed vessels. In angiokeratomas, three patterns are described: dark, wine colored gaps or a whitish veil, peripheral erythema, and hemorrhagic crusts.<sup>5</sup>

Extremely rare yet important, is the neoplastic transformation of a verrucous nevus into a basal cell carcinoma or a

squamous cell carcinoma. Bleeding, ulceration, and thickening can be clinical signs of malignant transformation.<sup>2</sup> In the case reported in the present paper, dermoscopic or histological abnormalities suggestive of malignancy were not found.

Based on the case reported, the authors stress the uniqueness of the location and the importance of dermoscopy in the diagnosis and monitoring of this rare malignant transformation. ●

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