e - ISSN - 2349 - 8005

INTERNATIONAL JOURNAL OF ADVANCES IN CASE REPORTS

Journal homepage: www.mcmed.us/journal/ijacr

NEVUS LIPOMATOSIS SUPERFICIALIS – A CASE REPORT

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Article Info
Received 15/11/2015
Revised 29/12/2015
Accepted 03/02/2016

Key words:
Nevus lipomatosus superficialis, Dermis.

ABSTRACT
Nevus lipomatosus superficialis (NLS) is rare, benign hamartomatous condition characterized by the presence of mature adiopocytes in the dermis. It was considered to be a connective tissue nevus by most authorities. It can occur either as a solitary dermal papule or as a cluster of papules & nodules. We report a case of a 25-year-old female who came with an asymptomatic lesion over the right side of the hip.

INTRODUCTION

Hoffman and Zurhelle first reported it in 1921 [1]. Clinically it is classified into two forms. The classical form is characterized by groups of multiple, soft, Cerebriform, pedunculated, yellowish or skin-colored papules, non-tender, nodules or plaques. The other form of NLS is characterized by solitary dome-shaped, sessile papule. The classical NLS is mostly reported to involve the pelvic/ gluteal region [2, 3].

CASE REPORT:

A 25-year-old female came with complaints of asymptomatic well defined multiple smooth, soft, and non-tender nodular growth over the left side of the hip since 5 years. Examination revealed multiple, soft, hypo pigmented nodules coalescing to form a plaque (4x1.5cm) over the left side of the hip extending towards the midline. Multiple open comedones were noted over the surface of the plaque .A few discrete, soft, yellowish papules were also scattered around the lesions. There was no associated, hypo pigmented macules or café-au-lait or hypertrichosis. There was no tenderness on palpation. The lesion was neither indurated nor ulcerated. There was no regional lymphadenopathy. Systemic examinations were normal. Routine laboratory examinations were done and found to be within normal limits. Histopathology was not done patient was not willing for a skin biopsy.

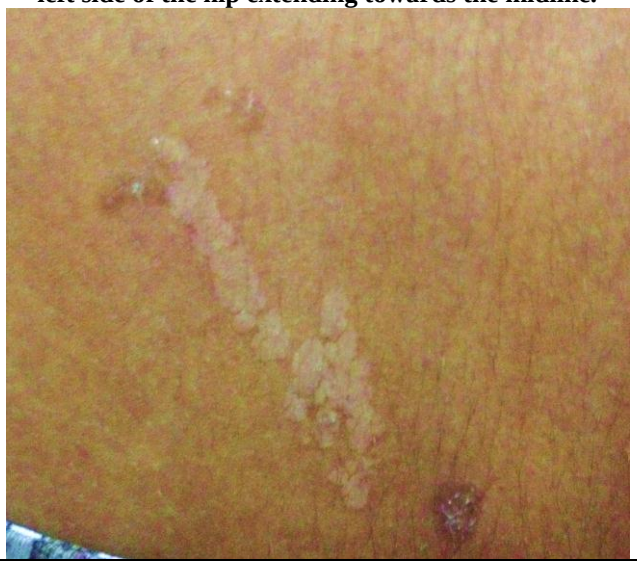
DISCUSSION

Synonyms: Hoffman-Zurhelle Nevus, Superficial Lipomatous Nevus. This uncommon nevoid anomaly of the skin is present at least partly at birth. Clinically there are two main types. In the classical form, a clustered group of soft, fleshy, skin-colored to yellow papules coalesce to form a plaque. The lesions are usually asymptomatic, whose surface may be smooth, wrinkled or peau d'orange in appearance. The lesions have a predilection towards the pelvic girdle; commonly over the lower back, gluteal region, and upper thighs. Hair follicles in the affected areas may show widened infundibula with or without comedones. There are sporadic case reports, where NLS coexist with café-au-lait macules and scattered leucoderma [5].Comedo-like lesions and increased hairiness [4] on the surface of the NLS have also been reported, though rarely.

Occasionally, ulceration is present. There is no observed sexual or familial trend. Apart from a tendency to increase in size, they remain unchanged throughout life. In the solitary form, a domed or sessile papule develops in adulthood and persists for life long. Lesions over knee,

axilla, arm, ear and scalp have been reported. Histologically: Nevus lipomatosus superficialis is composed of mature lipocytes and fat interspersed with connective tissue. It is non-encapsulated and continuous with the subcutaneous fat. Electron microscopy has revealed that the blood vessels are infiltrated with fat cells.

Figure 1. Clinical picture showing multiple soft hypo pigmented nodules coalescing to form a plaque (4x1.5cm) over the left side of the hip extending towards the midline.



CONCLUSION

Therefore the ectopic fat cells may originate from pericytes, following the mode of embryonic lipogenesis.

Differential diagnosis: Focal dermal hypoplasia (Goltz Syndrome), histologically differentiated by the superficial disposition of fat & distinctive clinical presentation. It should also be remembered that intradermal melanocytic nevi might show similar collections of adipose tissue.

NLS should be differentiated from nevus sebaceous, skin tags, neurofibroma, lymphangioma, and hemangioma. Histopathologic evaluation usually helps in the differentiation. Similar dermal collections of adipocytes are seen in pedunculated lipofibromas, and in Goltz syndrome. In the case of Goltz syndrome, there is an absence of collagen in the atrophied dermis and appendages are absent. Treatment: Treatment is not necessary other than for cosmetic reasons. Systemic abnormalities and malignant changes have not yet been reported with NLS. Excision is curative and recurrence after surgery is rare.

ACKNOWLEDGEMENT: None

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

STATEMENT OF HUMAN AND ANIMAL RIGHTS

All procedures performed in human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors.

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