Yellowish Plaque on the Scalp of a Nursling, what’s your Diagnosis?

Mounia Bennani*, Jihane Ziani, Sara Elloudi, Zakia Douhi, Hanane Baybay, Fatima Zahra Mernissi
Department of Dermatology, University Hospital Hassan II of Fez Morocco.

*Corresponding author: Mounia Bennani, Department of Dermatology, University Hospital Hassan II of Fez Morocco.

Received date: February 29, 2020; Accepted date: March 19, 2020; Published date: March 23, 2020

Citation: Bennani M, Ziani J, Elloudi S, Douhi Z, Baybay H, Fatima Z Mernissi (2020). Yello wish plaque on the scalp of a nursling. What’s your Diagnosis? Journal of Dermatology and Dermatitis. 5 (1); Doi: 10.31579/2578-8949/64

Copyright: © 2020 Sara Oukarfi. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Case report

A 6-month-old girl presented with a 2-month history of a solitary slowly enlarging soft yellow plaque located at the vertex, with no other associated sign.

General examination had found a baby in good general condition, toned and reactive, with dermatological examination a yellow plaque of 3 cm of large roughly oval, with hairy surface (Figure 1)

The rest of the somatic examination was unremarkable

Given the age of the infant, the clinical history, the appearance of the lesion, and the dermoscopy strongly suggestive of the diagnosis, a conservative management was adopted, with the beginning of regression of the lesion in the following year, without the appearance of new injury with a hindsight of four years

What is your Diagnosis?

Juvenile xanthogranuloma (JXG) is a common form of non-Langerhans cell histiocytosis, mild, with good prognosis, First described by Adamson in 1905[1], its current nomenclature was adopted in 1954.[2] and its manifests as asymptomatic yellow-red papulonodules that usually occur in childhood [3] usually in the first months of life [4] and spontaneously regress within a year of formation.[3] Lesions may be solitary or multiple, and although they are most often found in the skin, they can also develop within other organs [5]

In early stages it is pink to red with a yellow tinge, but with time it acquires a yellow-brown hue and may develop occasional telangiectases on the surface[6]
Because of its benignity and transitory character, it is estimated that it is an underdiagnosed entity and, therefore, of unknown incidence [7].

Extracutaneous involvement is described, and is estimated to occur in 4% of cases, affecting any organ or tissue [8]. Risk factors for extracutaneous involvement are age under two years and the presence of multiple lesions [5].

Diagnostic is fundamentally clinical, but dermoscopy can improve diagnostic sensitivity by showing a characteristic orange-yellow background colouration, with ‘clouds’ of paler yellow deposits consistent with a xanthogranulomatous dermal infiltrate. The ‘clouds’ of paler yellow deposits are similar to those seen in sebaceous hyperplasia [3] as in our patient.

The prognosis of patients with exclusively cutaneous involvement is excellent, with spontaneous remission in months or a few years, and relapses are rare [7]. In some cases, a small residual hyperpigmented scar may remain.

Surgical removal may be considered only for cosmetic reasons, especially in cases of giant JXG [9].

References:

7. Xantogranuloma juvenil solitario congénito.(2017) Caso clínico. Archivos Argentinos de Pediatria [Internet]. Sociedad Argentina de Pediatria.1:115(1).

Ready to submit your research? Choose Auctores and benefit from:

- fast, convenient online submission
- rigorous peer review by experienced research in your field
- rapid publication on acceptance
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more https://www.auctoresonline.org/journals/dermatology-and-dermatitis/article-in-press