

Differential Diagnosis in Pediatric Dermatology

Nevus depigmentosus/Nevus anemicus.

A single white patch, which is present at birth or from the first period of life, is more frequently nevus depigmentosus. The latter may be more or less extended, sometimes segmental or distributed according to the Blaschko lines. However, also nevus anemicus manifests itself as a white patch at birth or from the first period of life. Some clinical features and some semyology maneuvers help in differentiating the two types of nevi. With regard to the maneuvers, physicians should remember that all the stimuli able to dilate vessels make nevus anemicus more visible.

NEVUS DEPIGMENTOSUS



Fig. 1: Nevus depigmentosus.

NEVUS ANEMICUS



Fig. 2: Nevus anemicus.

NEVUS DEPIGMENTOSUS

Nevus due to a functional defect of melanocytes.

Defect of synthesis of melanin or of its transfer to keratinocytes.

0.4% of all dermatoses*.

Hyperpigmented nevus, hypomelanosis of Ito.

First months of age.

White patch with indented borders or linear on the median line, sometimes with linear mosaic distribution.

DEFINITION

PATHOGENESIS

FREQUENCY

ASSOCIATED DISORDERS

AGE OF ONSET

CLINICAL FEATURES

NEVUS ANEMICUS

Nevus due to persistent vasoconstriction of the papillary vessels.

Increased and persistent vasoconstriction of the superficial dermal vessels.

Very rare.

Neurofibromatosis, port-wine stain.

First months of age.

White patch. At its periphery there are often 1-2 mm in size white areas, isolated close to each other or partially confluent.

NEVUS DEPIGMENTOSUS

NEVUS ANEMICUS



Fig. 3: Nevus depigmentosus.



Fig. 4: Scratched nevus anemicus.

NEVUS DEPIGMENTOSUS

NEVUS ANEMICUS

Trunk,
root of the limbs.

*MORE FREQUENTLY
AFFECTED SITES*

Trunk,
root of the limbs.

From less than 1 centimeter
to more than 50 square centimeters.

*SIZE OF
THE LESIONS*

From a few centimeters
to more than 10 square centimeters.

It persists with time.

DURATION

It persists with time.

After the first years the clinical evidence of
the nevus decreases with sun exposure.

*INFLUENCE
OF SUN*

The actinic erythema makes the nevus
more evident, whereas tanning makes it
less visible.

The difference between normal and
affected skin does not change.

*DIASCOPY
OF THE
BORDERS*

The peripheral normal skin
turns to the same color of the skin
with nevus anemicus.

No difference in reddening between
healthy and affected skin.

RUBBING

The skin of nevus anemicus does not
redden, making the nevus more evident.

Reference

* Bonifazi E., Garofalo L., Meneghini C.L. - Considerazioni epidemiologiche su 11.061 casi di dermatosi infantili. Dermatologia Clinica 1, 87-94, 1981.