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IMAGE ARTICLE

Meyerson Phenomenon Simulating a Halo Nevus

Salma Salim[1*], Senouci Karima[1], Znati Kaoutar[2] and Badredine Hassam[1]

[1]*Department of Dermatology and Venereology, Ibn Sina University Hospital, Rabat, Morocco*

[2]*Department of Histopathology, Ibn Sina University Hospital, Rabat, Morocco*

***Corresponding author:** *Salim Salma, Department of Dermatology and Venereology, Ibn Sina University Hospital, Rabat, Morocco, Tel: +212651705575*

Abstract

Meyerson phenomenon (MP) is an uncommon clinical condition that is characterized by an eczematous halo surrounding a preexisting melanocytic nevus (MN) and numerous other lesions. The etiology is unknown and the main concern is malignant transformation. We report an original case of a MP simulating a halo nevus.

Keywords

Meyerson phenomenon, halo nevus, malignant transformation, histopathological examination

Abbreviations

MP: Meyerson Phenomenon; MN: Melanocytic Nevus; MyN: Meyerson Nevus

Introduction

MP is an uncommon clinical condition that is characterized by an eczematous halo surrounding a preexisting MN and numerous other lesions [1]. The etiology of this condition is unknown and the main concern with it is malignant transformation [2]; hence the interest of our case report.

Case Report

We report a case of a 40-year-old woman, with no significant past medical history. Who presented with a cutaneous lesion which existed for her whole life. In the past 2 months, it has become scaly and itchy from no apparent cause. Clinical examination showed a 15 mm brownish nodule, situated on the lower back, surrounded by an irregular hypopigmented and lightly reddish halo topped by scales (Figure 1).

Treatment was surgical excision of the lesion with 2 mm margins. Histopathological examination revealed a dermal nevus, with epidermal hyperkeratosis, vesicles, spongiosis and perivascular lymphocytic infiltrate around it. Based on the clinical and histopathological findings, a diagnosis of Meyerson nevus (MyR) was made.

After treatment, there was complete resolution of the eczematous eruption and the hypopigmented halo (Figure 2). No recurrence was observed during 9-month follow-up.

Comments

MP, also termed MyN or halo dermatitis, is an inflammatory reaction surrounding a preexisting MN and numerous other lesions [1]. Meyerson first described this rare finding in 1971 [3].

This condition is typically seen in the trunk and proximal extremities of healthy young adults, with male predominance. A preexisting nevus may present with pruritus and scaling over the lesion. The eczematous halo is sharply defined and surrounds a central nevus symmetrically. In two-thirds of cases, multiple nevi are involved and can present either separately over time or simultaneously [2].

Common histological features, which were consistent with our patient, are spongiosis with a cellular infiltrate made of lymphocytes and eosinophils. Other characteristics include irregular acanthosis, parakeratosis and an unchanged nevus [4].

However, MP is not limited to benign MN. It can be present in atypical nevi and non-melanocytic lesions such as seborrheic keratosis, molluscum contagiosum, dermatofibromas, stucco keratosis, lentigo, keloid, and insect bites, as well as basal cell and squamous cell carcinomas [3].

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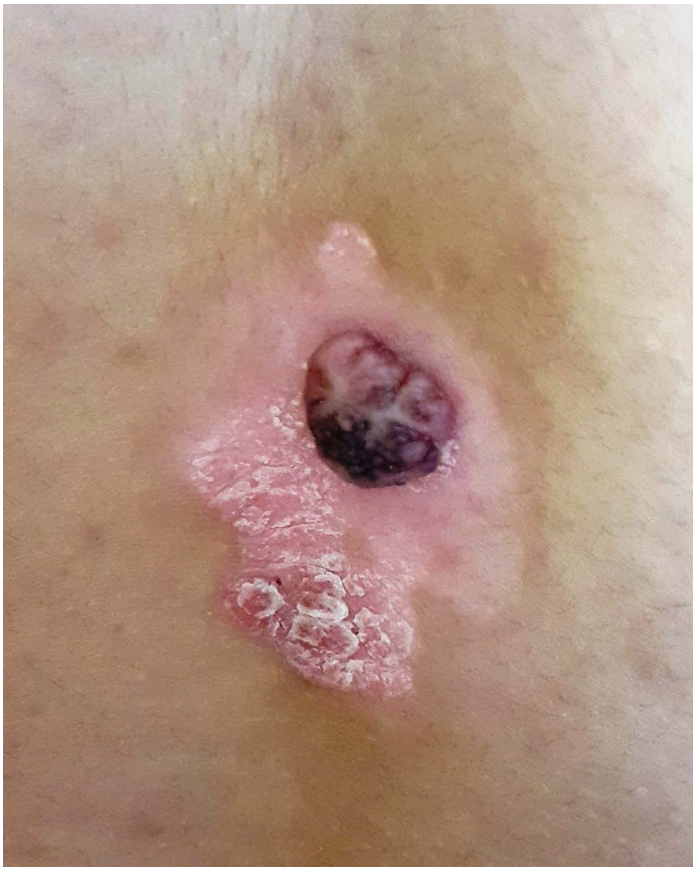

Figure 1: 15 mm brownish nodule, situated on the lower back, surrounded by an irregular hypopigmented and lightly reddish halo topped by scales.

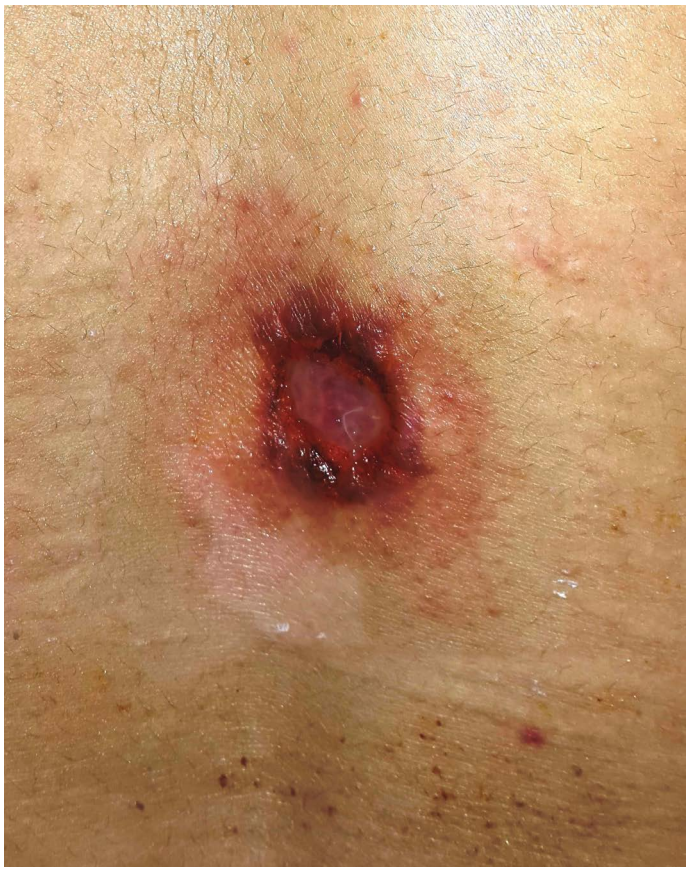

Figure 2: Control photo one month after surgery, showing the resolution of the eczematous eruption and the hypopigmented halo.

The pathogenesis of MP is unknown. It has been suggested that it could be the result of allergic contact dermatitis, a hypersensitivity reaction, or a response to solar exposure, or some medications. There is substantial evidence that halo dermatitis is immune-mediated, by CD4 T lymphocytes as the major cellular infiltrate [3,5].

MyN can be mistaken for malignant melanoma or Sutton's nevus, also known as halo nevus. The latter begins as a benign nevus which evolves toward a zone of depigmentation followed by regression of the nevus. Histopathology will help in the differential diagnosis showing a dense inflammatory infiltrate mainly made by CD8 T lymphocytes [5,6].

The concern with benign lesions presenting with inflammation is malignant transformation [3].

The dermatitis can resolve with excision or spontaneously within a few months without any involution of the nevi. It has also been shown to clear with application of potent topical steroids [3].

Conclusion

MP is rarely mentioned in the dermatology literature. The main concern with this condition is malignant transformation; thus, clinicians need to be more aware and consider it in the differential diagnosis of itchy melanocytic lesions.

Conflicts of interest

None.

References

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