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Surgical Treatment of Giant Facial Nevus in a Young People in a Context of Limited Means

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Abstract **Case Report**

Giant naevus is a pigmented naevus present from birth. Some authors consider that the giant character is better defined as one whose size makes it impossible to eradicate it completely with direct closure at the same surgical time. Congenital giant nevus is a rare condition. Its incidence is estimated at 1/2,000 newborns. Giant congenital nevi are associated with a high risk of melanoma. Cases of basal cell and squamous cell carcinoma have been reported in relation to congenital nevi. If the giant naevus causes an aesthetic discomfort, it also poses a risk to those who carry it since it can degenerate into skin cancer. The only solution is early preventative and reconstructive surgery. The purpose of this work is to report the case of a 23-year-old man with a giant congenital nevus taking almost the entire left side face since birth. The treatment undertaken was a complete surgical resection of the entire tumor together leaving a defect that was repaired with partial skin grafts. The operative course was quite simple and no recurrence was observed after a year-long decline. The time of evolution, the eminence of the nevus, its location and the possibility of surgical management in an environment of limited resources motivate us to make this postponement.
Key words: excision, giant nevus, skin graft, CNAM.

INTRODUCTION

The giant naevus is a pigmented naevus present from birth [1, 2]. With descriptive purposes, the nevus is considered giant when it exceeds 20 cm [2] although some authors consider that the giant character is better defined like the one whose size makes it impossible to eradicate it completely with direct closure at the same surgical time [1,2].

If the giant naevus causes an aesthetic discomfort, it also poses a risk to those who carry it since it can degenerate into skin cancer. The only solution is early preventative and reconstructive surgery, but it often happens that this treatment is done late for various reasons.

In our context, beliefs about spells, fatalism, poverty and even ignorance mean that patient's first resort to the traditional healers, the marabou's; or undertake unsuitable treatments indicated by persons not appropriate for their harm; which means that they often arrive in the advanced phase with specialists. This delay very often causes serious difficulties in the care of these patients because the rather would be the best.

The purpose of this work is to report the case of a 23-year-old man with a giant congenital nevus taking almost the entire left half of face since birth.

The time of evolution, the eminence of the nevus, its location and the possibility of surgical management in a limited resource environment motivates us to make this postponement.

OBSERVATIONS

This is a patient O.B. 23-year-old, rural, farmer and single with no particular antecedents who consulted for a mass at the level of the face occupying largely the left half of face; a small part of the right side of the forehead and nose of the same side since birth. The tumor increased in volume gradually until reaching its current size at the age of puberty and with a psychological impact to our day pushing it to constantly cover the face. After consulting traditional healers and other colleagues without success he was referred to our service by the dermatologists of our center for better care.

The clinical examination found a huge tumor with keratotic papular lesions arranged in a sheet in the

face predominantly of the left face side and encompassing the eye of said side thus causing visual difficulties (Figure 1).

Fig-1: Preoperative stat, front and left profile views

The results of the preoperative assessment were without peculiarity. The treatment undertaken was a complete surgical resection of the entire tumor together leaving a defect (Figure 2) that was repaired with partial skin grafts (Figure 3).

Fig-2: Tumor complete resection, Resulting fault area and operative piece

Pathological examination shows in macroscopic point of view, Warty growths lesions localized on the left side face evolving since birth. While the histological study objectified a discretely thinned epidermis; rose in the superficial and deep dermis by a proliferation of nevic cells pigmented occupying all the dermis encompassing appendages; there was no mitosis. The study concluded the histological image of a benign dermal nevus.

The operative course was quite simple except for a smaller edema observed around the right eye on day 3 (Figure 3) and small slippage of the grafts in parts (Figure 3), which then healed spontaneously. At three weeks, the transplant was totally taken. Forty days after operation the result can be observed on the Figure 4. No recurrence was observed after a year-long decline.

Fig-3: D-3 postoperative, the skin graft seen from the front and left profile

Fig-4: Postoperative stat on day 40, front and left profile views

DISCUSSION

The management of the giant nevus remains a surgical challenge and especially in a context of limited resources.

The plastic surgeon has a variety of techniques ranging from surgical resections (iterative excisions, skin expansions, skin grafting) to surface techniques (dermabrasion, curettage, and laser). [1] As can be seen, several methods of treating giant congenital nevi have been postponed, but the best procedure remains controversial and it is difficult to have complete excision and a good cosmetic result in these patients [4].

The management is different depending on the location of the nevus and all plastic surgery techniques should be used to the best. This skin capital management is sometimes a real surgical challenge with hazards that are difficult to support psychologically and physically by these young patients [3].

The location of the giant nevus at the level of the face and scalp is of special importance. The scalp is a unique tissue in the body; however, the only technique possible in this area is the use of expansion tanks [2].

The tissue expansion gives tissues of the same quality for the repair of the defect [6]. Excision of giant congenital nevi is recommended in principle for dermatological reasons. Their excision is a surgical challenge, but it is also a real obstacle course for the child (the patient) and his family [7].

This intervention must take into account the deep dermis, since the nevus may reoffend [5]. In this case, the excision with the scalpel seems very satisfactory from the point of view of cancer because it involves the removal of the entire dermis or even the hypodermis [8]. In addition, the coverage with a total skin graft to the face, obtained with a single surgical operation surprisingly good aesthetic results in long baths [2].

Given the size of the defect area, often obtaining the total skin without prior expansion is very difficult. Not having expansion balls, the use of partial skin becomes the only alternative to our point of view in our context. This result could be improved if we had a dermal matrix.

The use of a dermal matrix (Integra ®) followed by grafting allows more satisfactory approaches when expansion is not possible or insufficient, with a cosmetically and biomechanically acceptable result [9, 10]. Techniques such as dermabrasion, curettage and laser, are aesthetic solutions with acceptable results in some series, but it has not been shown that they reduce the risk of melanoma [11, 12]. Electrocoagulation, cryotherapy in

addition to techniques the above mentioned, only extract the superficial part of the nevus, so long as recurrence is frequent. Podophyllin, retinoic acid, antillin and alphahydroxy acids are not very useful [5].

Previously programmed lipofilling could improve the result but the patient being from distant and rural sources lack of livelihood has led him to give up this alternative even though he had already expressed his gratitude for being relieved.

Conclusion

The surgical management of the giant naevus in a context of limited resources is a big challenge. Fortunately in these environments, conventional surgical methods remain relevant because they allow at least eliminating the risk of melanomatosis transformation even the unsatisfactory cosmetic result would need to be improved with the availability of necessary equipment.

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