

**CONGENITAL MELANOCYTIC NEVUS OF THE PALM AND FINGER: A RARE
CASE REPORT**

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Abstract: Congenital melanocytic nevi (CMN) are pigmented lesions present at birth, with varying size, morphology, and risk of malignant transformation. Palm and finger involvement is rare and clinically important due to cosmetic and functional concerns. We report the case of a 5-year-old boy with a pigmented nevus located on the right palm and finger, with no associated symptoms or family history. Clinical evaluation revealed a stable, well-defined lesion without alarming features. This case highlights the importance of careful long-term monitoring and parental counseling in rare presentations of CMN.

Keywords: congenital melanocytic nevus, palm, finger, pediatric dermatology, case report

Introduction

Congenital melanocytic nevi (CMN) are benign proliferations of nevomelanocytes, occurring in approximately 1% of newborns. While small and medium CMN are often asymptomatic, their location may raise diagnostic and cosmetic concerns. CMN of the palm and digits are rarely reported in the literature, making them noteworthy for documentation and follow-up.

Case Report

A 5-year-old boy presented with a pigmented lesion on the right palm and extending to the base of the finger, present since birth. There were no associated symptoms such as pain, pruritus, or bleeding. The lesion had not increased in size according to the parents. No personal or family history of similar conditions or melanoma was reported.

On examination, a well-circumscribed, darkly pigmented macule measuring approximately 1.5 × 4.5 cm was observed on the palmar surface and finger (Figure 1a, 1b). The lesion showed uniform color, smooth borders, and absence of ulceration or nodularity. No regional lymphadenopathy was detected.

The clinical impression was congenital melanocytic nevus. No dermoscopic abnormalities were detected. Given the absence of alarming features, the patient was advised long-term dermatological follow-up.

Figure Legends

Figure 1a. Congenital melanocytic nevus on the right



palm.

Figure 1b. Close-up view of the nevus on the finger.



Discussion

Congenital melanocytic nevi are classified based on size into small (<1.5 cm), medium (1.5–20 cm), and large (>20 cm). While small CMN have a very low lifetime risk of malignant transformation, atypical localizations such as the palm require close monitoring.

Palm and digital involvement is rare, with only a few cases reported in the literature. Functional considerations are important, as surgical excision in these areas may lead to scarring or limited mobility. Dermoscopy and parental education are essential for early recognition of suspicious changes.

Our case demonstrates the benign course of a medium-sized CMN on the palm and finger in a child, emphasizing the need for individualized management strategies.

Conclusion

Congenital melanocytic nevus involving the palm and finger is an unusual presentation. Although asymptomatic and stable in this patient, long-term follow-up is crucial due to cosmetic implications and rare but potential malignant transformation. Parental counseling remains a cornerstone of management.

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