

## Multiple Lentigines – A Case Report

T. SHRI SINDHUJA<sup>1</sup>, D. MANOHARAN<sup>2</sup> and SHWETHA<sup>3</sup>

Department of Dermatology, Sree Balaji Medical College and Hospital, Bharath University,  
CLC Works Road, Chrompet, Chennai - 600044, India.

\*Corresponding author Email: dr.shrisindhuja.t@gmail.com

DOI: <http://dx.doi.org/10.13005/bpj/752>

(Received: July 25, 2015; accepted: September 10, 2015)

### ABSTRACT

Lentigines are hyperpigmented macules that appear mostly over the skin of fair skinned individuals. They represent proliferation of melanocytes as a response to sun exposure. The skin lesions generally appear first in childhood and progress to increase in number till 3<sup>rd</sup> decade <sup>(1)</sup>. Lentigines characteristically exhibit increased number of melanocytes at the dermo-epidermal junction. We report a case of multiple lentigines over face and palms in a 19 year old girl.

**Key words:** Lentigines, melanocytes, sun exposure.

### INTRODUCTION

Lentigines are benign lesions that appear as a result of sun exposure. They present as hyperpigmented macules with discrete borders and irregular shape. The lesions are almost always asymptomatic, range from brown to black in colour, and surrounded by normal coloured skin. Common sites of occurrence are face and hands. Diagnosis of Lentigines plays a key role in suspecting a number of conditions, such as LEOPARD syndrome, Peutz-Jeghers syndrome, Laugier-Hunziker syndrome, myxoma syndrome (LAMB, NAME, Carney)<sup>2</sup> and Noonan syndrome.

#### Case Report

A 19 year old girl presented to our OPD with multiple asymptomatic dark coloured lesions over face, front of neck and palms for the past 10 years. It initially appeared as dark coloured spots over the neck which gradually progressed to involve the whole face, front of neck and palms. There was no history of seasonal exacerbation. There was no history of hearing difficulty, breathlessness, palpitation, visual disturbances, or seizures in the

past. Family history was not significant.

Dermatological examination showed multiple hyperpigmented brown coloured macules of varying size scattered over the entire face, anterior aspect of neck, and palm. Oral mucosa, nails and hair were normal. Systemic examination was normal.

Skin biopsy was taken from the palm at the site of a lentigine and histopathology examination was coherent with the clinical diagnosis.

### DISCUSSION

Lentigines are pigmented macular lesion with higher than normal number of epidermal melanocytes. Lentigines are benign lesions, however they are markers of excessive sun exposure, and aid as skin markers for suspecting increased risk of developing melanoma, and hence they need to be differentiated from lentigo maligna. Lentigines may be subclassified into simple, actinic (or, solar), psoralen UVA (PUVA) and ink-spot

lentigines, although they are continuum of one particular disorder. Lentigo simplex is a term that is used for few scattered lesions over areas that have fewer predilections for sun exposure. Special forms of lentigo simplex are lentiginosis profusa, multiple lentiginos syndrome (LEOPARD syndrome) and speckled lentiginous nevus (nevus spilus).



**Fig. 1: Clinical photograph showing pigmented macules scattered over the face and anterior aspect of neck.**

do not show contiguous melanocytic proliferation and are devoid of nests of melanocytes<sup>(9)</sup>.

There are several syndromes associated with lentigines, among which is LEOPARD syndrome, a dominant trait first introduced by Gorlin et al. It is a syndrome in which lentigines, ECG abnormalities, ocular hypertelorism, pulmonary stenosis, abnormalities of genitalia, growth retardation and deafness, have been diagnosed to be co-existent in individuals. Another syndrome that needs mentioning is Peutz-Jeghers syndrome, in which there is basal cell hyperpigmentation and intestinal polyps.

Histopathological examination will reveal localized area of elongated rete ridges, with hyperpigmented basal cells intermingled with slightly increased number of melanocytes, elastosis of upper dermis with scattered melanophages. Distinguishable from lentigo simplex, lentiginous nevi, and lentiginous melanomas, solar lentigines



**Fig. 2: Clinical photograph showing brown spots over bilateral palms**

Occasionally giant melanin granules have been reported in various forms of lentigines. Although conferring no specificity, as they have also been reported in lentiginous nevi, café au lait macules with or without neurofibromatosis, and also in healthy persons, these giant melanin granules are called macro melanosomes, also considered as autolysosomes. On electron microscopy, they represent lysosome-mediated accumulation of melanosomes to form large rounded to ellipsoid melanized bodies.

Treatment of lentigines although not warranted, patient should be given reassurance, advised periodic self examination, to reduce sun exposure.

#### REFERENCES

1. J.A. Newton Bishop. Lentigos, Melanocytic Naevi and Melanoma. Rook's Textbook of Dermatology 8<sup>th</sup> Ed; 54.2-54.5
2. Ed Rook A, Wilkinson DS, Ebling FJB, Champion RH, Burton JL. Textbook of Dermatology 4<sup>th</sup> Ed [DermNet NZ]
3. David E. Elder, Rosalie Elenitsas, George F. Murphy, Xiaowei Xu. Benign Pigmented Lesions and Malignant Melanoma. Lever's Histopathology of the Skin 10<sup>th</sup> Ed; 706-710
4. Robert A Schwartz MD. MPH, William D James MD. LEOPARD SYNDROME [Medscape]