Abstract: Epidermal nevi are hamartomatous lesions that are typically present at birth, but can occur any time during childhood and may rarely appear in adulthood. These are hamartomas of embryonal ectodermal origin classified on the basis of their main component the component may be sebaceous, apocrine, eccrine, follicular, or keratinocytic. An estimated one third of individuals with epidermal nevi have involvement of other organ systems, hence this condition is considered to be an epidermal nevus syndrome. Here we present a case of epidermal nevus in a patient with skin lesions over face, neck, chest and back. The patient underwent staged treatment of the epidermal nevi with tangential excision, dermabrasion and electro cauterisation. All wounds healed without complication. Epidermal nevi can be treated safely, effectively, with excision, dermabrasion and electro cauterisation.

INTRODUCTION
An epidermal nevus (plural: nevi) is an abnormal, noncancerous patch of skin caused by an overgrowth of skin cells. Epidermal nevi are typically present at birth or develop in early childhood. They can be flat, tan patches of skin or raised velvety patches. As the affected individual ages, the nevus can become thicker and darker and develop a verrucous (wart-like) appearance. There are several types of epidermal nevi that are defined in part by the type of skin cell involved. The epidermis is the outermost layer of skin and is composed primarily of a specific cell type called a keratinocyte. One group of epidermal nevi, called keratinocytic or nonorganoid epidermal nevi, includes nevi that involve only keratinocytes. Other types of epidermal nevi involve additional types of epidermal cells, such as the cells that make up the hair follicles or the sebaceous glands. Here we present a case report of 36 year old female with neglected congenital epidermal nevi present over face, neck, and chest and back.

CASE REPORT
HISTORY
A 36 yrs old female referred to our department with history of hyperpigmented extensive warty lesions over the face, neck, chest and back. At the age of one year she developed hyperpigmented verrucous papules on the left side of the neck. The lesions have progressed in elevation and extend to the face, neck, chest and back. The lesions are not painful and not pruritic.
dermabrasion and chemical peels with various therapeutic results. Since the lesion was so extensive we planned for combined approach of tangential excision, dermabrasion, and electro cauterisation in stages. On table the more warty lesions are excised by tangential excision. The linear plaques like lesions are excised by dermabrasion and electro cauterisation. In the first stage we did excision of lesions in neck and chest.

FIG.3 POST OP-FRONT VIEW
In the second stage we planned to excise the lesions over the back. Same procedure was repeated in the back. All the lesions healed without complications.

FIG.4 PRE OP-2nd stage BACK VIEW
FIG.5 POST OP (3rd DAY)
FIG.6. POST OP (7th DAY)
FOLLOW UP AFTER FIVE MONTHS

FIG.7 POST OP(after 5 months)

FIG.8 POST OP (after 5 months)
FIG .9 POST OP (after 5 months)

DISCUSSION
Epidermal nevi occur in approximately 1 to 3 per 1000 live births; males and females tend to be equally affected. Most epidermal nevi occur sporadically as an isolated finding, but they also may occur in association with a variety of developmental abnormalities. Familial cases have been reported. Epidermal nevus is a developmental malformation of the epidermis. These lesions are commonly located on the neck, trunk or extremities (1). Macroscopically epidermal nevus present as warty brown plaque, scaly discolouration or linear lesions. When they first appear at birth or in infancy they are flat tan or brown marks but as the child ages they become thickened and often warty. The nevus may also become more extensive for a few years. There are several types of epidermal nevi that are defined by the type of skin cell involved. The epidermis is the outermost layer of skin and is composed primarily of a specific cell type called keratinocytes. One group of epidermal nevi, called keratinocytic or nonorganoid epidermal nevi, includes nevi that involve only keratinocytes. Other types of epidermal nevi involve additional types of epidermal cells, such as the cells that make up the hair follicles or the sebaceous glands. These nevi comprise a group called organoid epidermal nevi. Some affected individuals have only an epidermal nevus and no other abnormalities. However, sometimes people with an epidermal nevus also have problems in other body systems, such as the brain, eyes, or bones. In these cases, the affected individual has a condition called an epidermal nevus syndrome (2). There are several different epidermal nevus syndromes characterized by the type of epidermal nevus involved. Mutations in the FGFR3 gene have been found in approximately 30 percent of people with a type of nevus in the keratinocytic epidermal nevi group. The gene mutations involved in most epidermal nevi are unknown. Mutations associated with an epidermal nevus are present only in the cells of the nevus, not in the normal skin cells surrounding it. Because the mutation is found in some of the body cells but not in others, people with an epidermal nevus are said to be mosaic for the mutation (3)

HISTOLOGY
The common variant displays laminated hyperkeratosis, papillomatosis and acanthosis. There is thickening of the granular layer and mild increase in basal melanin pigment. Some of the rare histologic patterns resembles
seborrheic keratosis, acrokeratosis verruciformis or epidermolytic hyperkeratosis.

**TREATMENT**
- Depending on the location and size of the lesions, excision may be merited for cosmetic reasons, but may not be feasible if underlying structures are involved.
- Other possible treatments are:
  - Laser treatment may be successful in some cases.
  - Topical vitamin D (calcipotriol) may be helpful in treating inflammatory linear verrucous epidermal naevus (ILVEN), although there is conflicting evidence about its effectiveness.
  - 5-fluorouracil was used with good results in one case of a large linear epidermal naevus.
  - Tacrolimus and fluocinonide, in combination, were successfully used in one case of ILVEN.
- Shave excision followed by phenol peeling was used with good outcome in one case of verrucous epidermal nevus.

**COMPLICATIONS**
- Poor cosmetic appearance.
- Inflammation of the lesion in certain forms (inflammatory linear verrucous epidermal naevus (ILVEN)).
- Benign or malignant tumours arising within the lesion

**CONCLUSION**
The prognosis of epidermal nevus is very good. The lifetime risk of malignant transformation in sebaceous naevi is thought to be less than 1%. Malignant transformation of the lesion is rare before adolescence/adulthood. Management is depending on the location and size of the lesion.

**References:**