

Leucoderma Acquisitum Centrifugum (*Sutton's Halo Naevus*):

A case report



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History

P.C. (S.L.H. No.: 240480), a 17-year old youth from Qormi, presented in October 1984 with a pigmented papule on the chest wall, which developed an area of depigmentation around it (Fig. 1).

Examination

His general condition was excellent, but a careful examination of the rest of the skin revealed one patch of vitiligo (leucoderma) on the trunk.

Investigation

The papule was excised and routine histology revealed a compound melanocytic naevus with no evidence of malignancy (Slide No.: 5159/84).

Comment

Leucoderma acquisitum centrifugum describes

the development of a depigmented halo around a central lesion which is almost always of neuroectodermal origin. The lesion, as in this case, is usually a benign melanocytic naevus, and its association with vitiligo is not uncommon. These patients develop melanotoxic antibodies which destroy the naevus and damage the melanocytes in the vicinity and at distant sites. Treatment is normally not required. In fact, the naevus may disappear completely. Nevertheless, histological examination of the central tumour may be necessary to exclude a melanoma.

Further reading

Copeman, P.W., Lewis, M.G., Phillips, T.M. et al. *Immunological Association of the Halo Naevus with Cutaneous Malignant Melanoma*. Brit. J. Derm. (1973) 88, 127.

