ABSTRACT
We report here an association between giant hairy melanocytic nevus and vitiligo in a 7 year old male presented with giant congenital hairy melanocytic nevus since birth with no other medical illnesses.

INTRODUCTION
Congenital melanocytic nevi (CMN) are nevi that are present at birth. Small lesions are most often unapparent but large nevi can carry a psychosocial burden and increased risks of malignant melanoma (MM).\(^1\) Exact definition for Giant congenital melanocytic nevus (GCMN) with some authors includes a surface area of 20cm,\(^1\)\(^3\) while others have used varying body surface area measurements or other definitions.\(^4\)\(^6\) We will use the term GCMN to nevi measuring 20 cm. Regardless of the size it can be associated with MM, and Neurocutaneous melanosis.\(^1\)

Vitiligo is an acquired disorder of the skin and mucous membranes,\(^6\) and may appear at any age.\(^7\) Approximately 0.5% to 1% of the population is affected and ratio appears to be equal between men and women.\(^7\) It can be a psychologically burden especially in darker skinned individuals, in whom it is more noticeable. The actual pathogenesis is under debate and has been attributed to autoimmune causes.\(^6\) Vitiligo can be divided into two major classes: non segmental vitiligo (NSV), which is more common and segmental vitiligo (SV). We present here a distinguished association between giant hairy melanocytic nevus and vitiligo in a patient which is not present in any case in literature.

CASE PRESENTATION
A 7 year old male presented to dermatology clinic with giant melanocytic nevus since birth. It was completely asymptomatic except for the disfiguring appearance. He was investigated thoroughly after birth but no other birth defect was found and there was no other complaint. It affected about 80% of back and for the last 3 years it extended over his face. (Rawal Med J 2014;39: 240-241).

Key words: Vitiligo, melanocytic nevus.

CONGENITAL HAIRY MELANOCYTIC NEVUS ASSOCIATED WITH VITILIGO
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subcutaneous tissue which proved the diagnosis of GCMN and no melanoma was found. Skeletal and brain MRI were normal and skull x ray had frontal bossing but it was not of clinical significance,

**DISCUSSION**

Vitiligo typically occurs in uncovered areas and has a major impact on self-esteem. In some societies, women with vitiligo have difficulty to engage or study. Many worry about the disease worsening, have their social life affected and feel depression. Exacerbated factors include severe sunburn, pregnancy, skin trauma and/or emotional stress. A significantly higher incidence of koebnerization and disease progression is seen in NSV.

Nevus cells are derived from neural crest melanocytes. Many CMN have been found to harbor N-Ras mutations. This differs from acquired nevi and melanomas arising on intermittently sun-exposed skin, which typically have B-RAF mutations. In addition, some suggest a genotype phenotype correlation for CMN size and mutation types. Specific dermatoscopic features for CMN include argot network, globules, and perifollicular hypopigmentation. Skin biopsy findings that support the diagnosis include a presence of deep nevus cells, particularly reaches adnexal structures.

We found different association between vitiligo and many condition rare or common especially with other endocrine and autoimmune disorder. And the same is about congenital melanocytic nevus as it is associated with a wide spectrum of other congenital defect but the feature in our patient was the unique association between GCMN and vitiligo, which is the first in the literature.

**REFERENCES**


