LETTERS TO THE EDITOR

Prevalence of Congenital Nevus in 1000 Live Births in Granada, Spain

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To the Editor:

Congenital nevi are benign tumors that are present at birth or that appear during the first few months of life. Their prevalence varies between 0.2% and 5.9% according to the population studied.

They are classified as small (1.5 cm), medium (1.5 to 19.9 cm), or giant (≥20 cm). This classification is important in view of the cosmetic and psychological implications, as well as the risk of a malignancy, which is greater in larger nevi; thus, small and medium nevi have a low risk of malignancy and large nevi are associated with a risk of between 1% and 31%.

We undertook a study of newborn babies in the Hospital Clínico Universitario San Cecilio, Granada, Spain, to investigate the prevalence of congenital nevi in live births in Granada. We analyzed 1000 babies at birth (between November 2005 and December 2006). Only term births and white babies were included. Premature births and black babies were excluded.

The skin surface was examined in the first 72 hours of life in search of nevi, defined as round or oval brown pigmented lesions, whatever the size and intensity of color, whether flat or elevated, and wherever they were located.

All babies were examined naked by the same physician (an investigator from the Skin Oncology Group of the University of Granada) in the perinatology department after consent had been obtained from the mother. For each examination, a data collection protocol was followed that included personal details, sex, presence or absence of nevi, site of nevi, and nevus characteristics such as size, color, and shape.

Overall, 53.2% of the babies were female and 46.8% were male. Fourteen babies had congenital nevi (7 boys and 7 girls), corresponding to a prevalence of 1.39%. The most common site was the limbs (10), followed by the chest (3), and the head and neck (1).

The sizes of the nevi ranged from 0.1×0.1 cm to 3.8×2.3 cm. Overall, 85.7% of the nevi were small and 28.5% were medium-sized; we did not encounter any giant nevi. Eleven of the 14 nevi were flat and 3 were raised. Of the 3 raised nevi, 1 was a compound blue nevus.

Although there have been few studies of nevi in newborn babies, we did find differences in the reported prevalences. In Iranian newborn babies, the prevalence of congenital nevi (0.7%) was half that found in our series, the nevi were located mainly on the trunk, and all corresponded to small nevi. The prevalence among Finnish neonates was 1.5%. Among Chinese babies, 1% had congenital nevi, and among babies born in Israel, the highest frequency was reported in Jewish children of European ancestry.

In our series, we found a larger number of nevi among boys and almost all were small nevi, in contrast to the findings of other authors.

The prevalence and preferred site (limbs) in our study differed from those published by other investigators in different populations at different latitudes. An important aspect of our study is the large sample of babies examined in the first few hours after birth, making our results reliable and free of recall bias. However, this approach excludes nevi that appear later, and so it is also important to carry out subsequent studies to follow-up these children during their first 2 years of life.

References