

# BÖLÜM 56

## EPİDERMAL NEVUS SENDROMLARI

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### GİRİŞ

Bu bölümde öncelikle ‘epidermal nevüs’ terimi genel hatlarıyla tanımlanacak, daha sonra epidermal nevüs alt tiplerinden ve bunların eşlik ettiği sendromlardan bahsedilecektir.

### EPİDERMAL NEVÜS NEDİR?

#### Epidermal Nevüs

Epidermal nevüsler, embriyonik ektodermden gelişen hamartomatöz proliferasyonlardır. Çoğunlukla doğuştan ya da ilk bir yaş içerisinde, lineer pigment yama veya daha az sıklıkta lineer pigment bir plak olarak görülür. Epidermal nevüsler nadir olarak, çocukluk döneminde başlayabilir. Doğal seyri sürecinde, pubertede daha infiltre, verrüköz ve hiperpigmente hal alır.<sup>1</sup> Genellikle sporadik olarak görülür ve epidermal göç yollarını temsil edecek şekilde, Blaschko çizgileri olarak tarif edilen yolları takip eder (Resim 1). Embriyonik ektodermde bulunan pluripotent hücreler, hem keratinositlere, hem de ekrin ve apokrin bezler, kıl folikülleri ve sebase bezler gibi deride bulunan birçok yapıya farklılaşırlar. Bu nedenle epidermal nevüsler çok çeşitli komponentleri içerisinde taşıyabilirler. Belirgin olarak sebase,

foliküler ve/veya apokrin bezler gibi adneksiyal bileşenlere sahip olan nevüsler “organoid”, sadece epidermal farklılaşma içeren nevüsler ise “organoid olmayan” veya “keratinositik” olarak adlandırılmıştır.

#### Epidermal Nevüs Epidemiyolojisi

Epidermal nevüsler, yaklaşık olarak % 0.001-0.003 oranında görülür ve her iki cinsiyeti de eşit oranda etkiler.<sup>2</sup> Tek başına izole bir bulgu olarak görülebileceği gibi, bazı sendromlara da eşlik edebilir. “Epidermal nevüs” terimi, geniş bir konu olduğu için akılda kalıcılığını artırmak adına halen kullanılmasına rağmen, son zamanlarda değişik tipte epidermal nevüslerin farklı somatik mutasyonlar sonucu ortaya çıktıkları ve farklı mozaik fenotiplerin deri bulgusu oldukları düşünülmektedir. Bu nedenle epidermal nevüsü olan bir hasta ile karşılaşıldığında, ilişkili sendromlar açısından farkında olunmalı ve gerekli durumlarda ileri incelemeler yapılmalıdır.<sup>1,2</sup> Bunun için de, tam bir anamnez ve fizik muayene gereklidir. Nadir de olsa, epidermal nevüsler tek başına yaygın deri tutulumu ile karşımıza çıkabilir. Literatürde bu durumu tanımlamak için ‘sistematize epidermal nevüs’ veya ‘nevüs unius lateralis’ terimi kullanılmaktadır.

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ya da hipoplazisi eşlik edebilir.<sup>213</sup> Yarık dudak ve umblikal herni gibi nadir olarak bildirilen anomaliler de mevcuttur.<sup>217</sup> Nörolojik anomaliler arasında, ipsilateral hemisferlerin<sup>207,213,218</sup> ya da kranial sinirlerin hipoplazisi,<sup>213</sup> elektro-ensefalografik anomaliler,<sup>201</sup> entelektüel kapasitede hafif derecede bozulma,<sup>215</sup> hemiparezi,<sup>219</sup> dokunma ve ısı hassasiyetinin azalması<sup>206</sup> ve ipsilateral ya da bilateral sensorinöral işitme kaybı sayılabilir.<sup>196,215</sup>

Sınırlı sayıda CHILD sendromu vakasında malignite bildirimi yapılmıştır. Bunlar, kontralateral adrenal bezde ganglionöroblastom ve CHILD nevüs zemininde gelişen bir skuamöz hücreli kanserden ibarettir.<sup>220,221</sup> Eğer CHILD nevüs çok geniş boyutta değilse, dermabrazyon ve nüksü engellemek amacıyla, kontralateral etkilenmemiş vücut yarısından elde edilen deri grefti uygulması ile tedavisi mümkün olabilmektedir.<sup>222</sup>

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