

JACKSON (G.T.)

NAEVUS LIPOMATODES x x x

x x x x



Jackson (G. J.)

[Reprinted from the JOURNAL OF CUTANEOUS AND GENITO-URINARY DISEASES, February, 1895.]

NÆVUS LIPOMATODES : A REPORT OF A CASE.

By GEORGE THOMAS JACKSON, M. D.,

Professor of Dermatology in the Woman's Medical College of the New York Infirmary, etc.

DR. ISABELLE DELANY very kindly brought to my clinic at the Woman's Medical College the little Italian child whose picture accompanies this article. The child is about four years old. As the parents were unable to speak English and there was no interpreter, nothing could be ascertained in regard to the history of the case beyond the fact that the growth was congenital. The distribution of the nævus is well shown in the picture, and is remarkable not only for its extent but also for the fact that on the scalp were two distinct patches of baldness. (See cut.) These were not complete, but had in them some straggling hairs. They were slightly elevated and felt soft. They were divided by a narrow line of hair. In my experience such patches are unique.

Upon the face and neck the growth bore a disagreeable resemblance to a brownish-black snake, and as the child moved its head up and down it seemed to undulate like the skin of a snake in rapid motion. The whole mass was elevated, soft and velvety to the touch, with a finely uneven surface, somewhat like the pile of a silk rug; or between that and the papillary appearance of a wart. It ended abruptly at the middle line of the neck. Below its lower border and upon the upper part of the chest there were two small nævi of the same character, that reminded one forcibly of a pendant to a necklace.

We are by no means clear as to the ætiology of nævi, but they are probably due to nerve influence. If the nævus in this case is compared with the picture of the distribution of the facial nerve and its anastomoses as shown in Gray's *Anatomy*, it will be seen that the two correspond nearly enough to suggest a causal connection between that nerve and the nævus. The correspondence is quite as close as that so often seen in facial zoster.



For ordinary nævi, whether vascular, pigmentary, or fibrous, electrolysis offers an efficient means of treatment. In so large a growth as the one here depicted this agent could not be used to advantage. The best means of treatment is excision with the knife. In places skin



grafting would have to be employed. It would be useless to operate on the scalp, because we would have a cicatrix left that would be no better æsthetically than the nævus; besides, the hair can easily be brushed so as to cover the growths entirely.

14 East Thirty-first Street.

